



IFFCO-TOKIO GENERAL INSURANCE CO. LTD
 Regd. Office: IFFCO Sadan, C-1, Distt. Centre, Saket, New Delhi-110017

Group Saral Suraksha Bima, IFFCO-Tokio General Insurance Company Limited
Proposal Form
UIN: IFFPAGP21634V012021

PROPOSER DETAILS

Proposer's Name					
Address					
City		State		Pin Code	
Occupation					
Email Address		Mobile No.			
Policy documents will be sent to the above email-ID			Do you still need the physical Copy? Yes <input type="checkbox"/> No <input type="checkbox"/>		

COVERAGE DETAILS

Optional Opted	Temporary Total Disablements Yes <input type="checkbox"/> No <input type="checkbox"/>	Education Grant Yes <input type="checkbox"/> No <input type="checkbox"/>	Hospitalisation Expenses due to Accident Yes <input type="checkbox"/> No <input type="checkbox"/>
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Proposed Period of Insurance:	From		AM/PM	To		PM
(Subject to acceptance of proposal by Insurer and payment of premium before commencement of Risk)						

PREMIUM DETAILS

Mode of Premium Payment	<input type="checkbox"/> Yearly	<input type="checkbox"/> Half Yearly	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Monthly
Mode of Payment	<input type="checkbox"/> Cheque	<input type="checkbox"/> DD	<input type="checkbox"/> NEFT	<input type="checkbox"/> ECS (Auto Debit)
Bank Name			Date	
Amount (in ₹)				

Details of each Insured person are attached in Annexure

DECLARATION

- I hereby declare, on my behalf and on behalf of all persons proposed to be insured, that the above statements, answers and/or particulars given by me are true and complete in all respects to the best of my knowledge and that I am authorized to propose on behalf of these other persons.
- I understand that the information provided by me will form the basis of the insurance policy, is subject to the Board approved underwriting policy of the insurer and that the policy will come into force only after full payment of the premium chargeable.
- I further declare that I will notify in writing any change occurring in the occupation or general health of the life to be insured/proposer after the proposal has been submitted but before communication of the risk acceptance by the company.
- I declare that I consent to the company seeking medical information from any doctor or hospital who/which at anytime has attended on the person to be insured/proposer or from any past or present employer concerning anything which affects the physical or mental health of the person to be insured/proposer and seeking information from any insurer to whom an application for insurance on the person to be insured /proposer has been made for the purpose of underwriting the proposal and/or claim settlement.

5. I authorize the company to share information pertaining to my proposal including the medical records of the insured/proposer for the sole purpose of underwriting the proposal and/or claims settlement and with any Governmental and/or Regulatory authority."

I, hereby declare and warrant that the above statements are true and complete. I agree that this proposal shall form the basis of the contract should the insurance be effected. If after the insurance is effected, it is found that the statements, answers or particulars stated in the proposal form and its questionnaires are incorrect or untrue in any respect, the insurance company shall incur no liability under this insurance.

I have read the prospectus/sales literature and am willing to accept the coverage subject to the terms, conditions and exceptions prescribed by the insurance company therein. The policy Coverage and exclusions, Rates, terms & Conditions have been explained to me in my language and have been understood by me

Date

Signature of Proposer:

Place:

Name of Proposer:

SECTION 41 OF THE INSURANCE ACT 1938

PROHIBITION OF REBATES

Payment of rebates is expressly prohibited under Section 41 of the Insurance Act, 1938.

- No person shall allow or offer to allow either directly or indirectly as an inducement to any person to take out or renew or continue an insurance in respect of any kind or risk relating to lives or property in India any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy nor shall any person taking out or continuing a policy accept any rebate except such rebate as may be allowed in accordance with the prospectus or tables of the Insurer.
- Any person making default in complying with the provisions of this Section shall be punishable with fine, which may extend to ten lakh rupees.

Annexure-Group Member's to be Insured

S No	Group Member Name (Insured)	Email-ID	Contact No	Address	Are you a professional sportsperson or engage in nay adventure sports	Kindly give us full details , if Insured is suffering from any disability or disease	Nominee Name	Sum Insured	Relation with Policyholder
1									
2									