

## General Insurance

### Proposal Form for Group Personal Accident

NOTE: PLEASE ANSWER EVERY QUESTION FULLY

The policy does not commence until the proposal is accepted by the Company and full premium is received.

Intermediary Details		
Intermediary Name	<input type="text"/>	Code <input type="text"/>
Branch Name	<input type="text"/>	Code <input type="text"/>
Sales Manager Name	<input type="text"/>	Code <input type="text"/>

Proposer's Details (To be filled in block capitals)											
1. Name of the Proposer	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="text"/>										
2. Address for Communication											
Flat Building	<input type="text"/>										
Road/Street/Sector	<input type="text"/> Area <input type="text"/>										
Taluka/Village/District/City	<input type="text"/> Pin Code <input type="text"/>										
State	<input type="text"/> Country <input type="text"/>										
Phone	<input type="text"/> Mobile <input type="text"/>										
Email	<input type="text"/> Fax <input type="text"/>										
No. of location to be covered	<input type="text"/> Pan No. <input type="text"/>										
UID Aadhaar No.	<input type="text"/>										
Source of Funds	<input type="checkbox"/> Business <input type="checkbox"/> Profession <input type="checkbox"/> Salary <input type="checkbox"/> Agricultural Income <input type="checkbox"/> Savings <input type="checkbox"/> Others										
Monthly Income	<input type="checkbox"/> Upto ₹ 20,000 <input type="checkbox"/> ₹ 20,001 to ₹ 50,000 <input type="checkbox"/> ₹ 50,001 to ₹ 1,00,000 <input type="checkbox"/> ₹ 1,00,000 and above										
3. Name of Contact Person	<input type="text"/>										
Phone	<input type="text"/> Email <input type="text"/>										
4. Profession, Trade, Business or Occupation of the Proposer	<input type="text"/>										
Please describe fully with nature of duties											
<input type="text"/>											
5. Does your trade or business require employees to be engaged in manual labour?	<input type="checkbox"/> Yes <input type="checkbox"/> No										
Please specify <input type="text"/>											
6. Whether all eligible employees/members of group/association/institution/Corporate Body are proposed for insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No										
7. Is this insurance is taken first time?	<input type="checkbox"/> Yes <input type="checkbox"/> No										
If no, Please mention no. of renewal year <input type="text"/>											
8. Benefits required?	<input type="text"/>										
9. Please attach a separate list of employees/members proposed for insurance in the following format:											
Sr. No	Name of the employee (& names of family members)	Emp. ID No. or identification No. (for employees)	Nature of duty performed (for employees)	Date of Joining of Employee	Date of Birth	Gender	Relationship with the employee	Annual Income (₹)	Capital Sum Insured (₹)	Nominee Name	Risk Category
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Policy Period Start Date		<input type="text"/>	Policy Period End Date		<input type="text"/>						
10. Do your employees engage in :											
a) Racing on wheels or horseback	<input type="checkbox"/> Yes	<input type="checkbox"/> No									
b) Big game hunting	<input type="checkbox"/> Yes	<input type="checkbox"/> No									
c) Mountaineering	<input type="checkbox"/> Yes	<input type="checkbox"/> No									
e) Winter Sports, Skiing or Ice Hockey	<input type="checkbox"/> Yes	<input type="checkbox"/> No									
f) Ballooning or Polo or sports of similar nature	<input type="checkbox"/> Yes	<input type="checkbox"/> No									
g) Any other activity coming under risk category Group III as per prospects	<input type="checkbox"/> Yes	<input type="checkbox"/> No									

Reliance General Insurance Company Limited.

Registered Office: 19, Reliance Centre, Walchand Hirachand Marg, Ballard Estate, Mumbai 400001.

Corporate Office: 570, Rectifier House, Naigaum Cross Road, Next to Royal Industrial Estate, Wadala (W), Mumbai 400031.

Corporate Identity Number: U66603MH2000PLC128300.

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An ISO 9001:2008  
Certified Company

**Proposer's Bank Details**

11. Name of the Bank Account Holder  Mr.  Mrs.  Ms. F I R S T M I D D L E L A S T  
 12. Bank Account No.: \_\_\_\_\_ 13. Account:  Saving  Current  
 14. Name of the Bank \_\_\_\_\_  
 15. Branch \_\_\_\_\_  
 16. MICR Code (9 digit MICR code number of the bank and branch appearing on the cheque issued by the bank) \_\_\_\_\_  
 17. IFSC Code (11 character code appearing on your cheque leaf) \_\_\_\_\_

I Wish:  Any refund due on the premium payment / any payment / claims will be directly credited to my aforesaid Bank Account.\*

\*As per IRDAI, its mandatory that all payments made to the insured only through electronic mode.

**Previous Insurance Details**

18. The terms agreed are same as per your existing policy?  Yes  No  
 if yes please provide expiring policy copy along with this proposal form and provide policy no \_\_\_\_\_  
 If no, please list out the additional coverages : \_\_\_\_\_

19. Details of previous / expiring insurance policy for last 3 years?

	1st Year	2nd Year	3rd Year
No of lives covered at inception	_____	_____	_____
No. of lives at expiry	_____	_____	_____
Incurred Claims Paid + O/s (Count & Amount)	_____	_____	_____
Premium before service tax	_____	_____	_____
Name of the insurance company	_____	_____	_____

20. Has any Company

a. Declined to issue a policy to you ?  Yes  No  
 b. Declined to continue your insurance?  Yes  No  
 c. Not invited renewal of your policy?  Yes  No  
 d. Imposed any restriction or special conditions?  Yes  No  
 if so, give names and address of each company in respect of a), b), c) and d) above \_\_\_\_\_

**Payment Details**

Cheque  DD  
 Cheque or DD Amount \_\_\_\_\_ /- Amount in words ( \_\_\_\_\_ )  
 Bank Name \_\_\_\_\_  
 Cheque/DD No. \_\_\_\_\_ Cheque/DD Date d | d | m | m | y | y | y | y  
 PAN No. \_\_\_\_\_

**Declaration and undertaking by the Proposer**

- i. We have read and understood the brochure, prospectus, sales literature & Policy wordings and confirm to abide by the same.
- ii. We understand that the information provided by us will form the basis of the insurance policy, is subject to the Board approved underwriting policy of the insurance company and that the policy will come into force only after full receipt of the premium chargeable.
- iii. We further declare that we 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.
- iv. We declare and consent to the Company seeking medical information from any Doctor or from a hospital who at anytime has attended on the life to be insured / proposer or from any past or present employer concerning anything which affects the physical or mental health of the life to be assured / proposer and seeking information from any insurance company to which an application for insurance on the life to be assured / proposer has been made for the purpose of underwriting the proposal and / or claim settlement.
- v. We authorize the company to share information pertaining to our proposal including the medical records for the sole purpose of proposal underwriting and/or claims settlement and with any Governmental and / or Regulatory Authority.
- vi. Receipt of the Proposal form by the Company shall not be construed as acceptance of proposal. We hereby agree that the insurance coverage shall commence only on realization of full premium and on receipt of complete medical reports (wherever applicable) and subject to underwriting by the Company. The Company at its sole discretion reserves the right to accept or reject or load any proposal without assigning any reason thereof.
- vii. We understand that the Policy shall become void at the Company's option, in the event of any untrue or incorrect statement, misrepresentation, non-description or non-disclosure of any material fact in the Proposal form/personal statement, declaration and connected documents or any material information having been withheld by us or anyone acting on our behalf.
- viii. We hereby declare that the person(s) proposed to be insured would submit to medical examinations, before the nominated doctors of the Company, or undergo diagnostic or other medical tests, as suggested by the Company for its underwriting.
- ix. We consent to provide a valid age proof and identity proof of insured or insured person/beneficiary covered under the policy at the time of claims or any other time when required by the Company.
- x. We consent to receive information from the Company through physical, electronic or telecommunication means from time to time.
- xi. We further agree and undertake not to receive from Reliance General Insurance Company Limited any rebate other than that mentioned in the published prospectus in accordance with the provisions of Section 41 of the Insurance Act, 1938 as amended by Insurance Laws (Amendment) Act, 2015.
- xii. We hereby declare and warrant on our behalf & on behalf of all persons proposed to be insured that the above statements, answers and/or particulars given by us in this proposal form are true and complete in all respects to the best of my knowledge and that I/We am/are authorized to propose on behalf of these other persons.

Place: \_\_\_\_\_

Date: d | d | m | m | y | y | y | y

Signature of Proposer & Seal of Company

**Prohibition of Rebates - Section 41 of the Insurance Act, 1938 as amended by Insurance Laws (Amendment) Act, 2015.**

1. 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 of 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 renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectuses or tables of the insurer.
2. Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to ten lakh rupees.