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PROPOSAL FORM

**SARAL SURAKSHA BIMA,
FUTURE GENERALI INDIA INSURANCE COMPANY LIMITED**

IMPORTANT GUIDELINES:

- Insurance is the contract of utmost good faith requiring of the proposer and the insured not only to disclose all material facts but also not to suppress any material facts in response to the questions in the proposal form.
- It is important to fill all questions, information for fields marked with asterisk [*] is mandatory
- Cover shall commence not earlier than the date and the time of acceptance and subsequent to payment of the premium.

PERIOD OF INSURANCE*:

D	D	M	M	Y	Y	Y	Y
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D	D	M	M	Y	Y	Y	Y
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Name of the Proposer* Sur Name First Name Middle Name		
Full Address*			
State			Pin code
Contact Number	Landline:	Mobile*:	
Email Id			
Date of Birth*	DD/MM/YYYY	Gender*	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Third Gender
PAN		Aadhaar Number	
Note: PAN number is mandatory where the premium is Rs.50000/- and above in cash and additionally PAN copy is mandatory where premium is more than One Lakh in any mode.			
e-IA Number (e-Insurance Account Number)	If not available request you to kindly download the form from our website and request you to kindly submit along with this proposal form		
Marital Status*	<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widow/Widower <input type="checkbox"/> Divorced		
Nationality*			
Do you have a child / children?*			<input type="checkbox"/> Yes <input type="checkbox"/> No

DETAILS OF INSURED*

	Name	Gender	Date of Birth	Any pre-existing illness/ injury/ disability		Occupation. Describe job profile/ business activities in detail.	Gross Annual Income (wherever applicable)
				Yes/ No	If Yes, please provide details of the pre-existing illness/ injury/ disability		
Self				<input type="checkbox"/> Yes <input type="checkbox"/> No			
Spouse				<input type="checkbox"/> Yes <input type="checkbox"/> No			
Parent 1				<input type="checkbox"/> Yes <input type="checkbox"/> No			
Parent 2				<input type="checkbox"/> Yes <input type="checkbox"/> No			
Parent in Law 1				<input type="checkbox"/> Yes <input type="checkbox"/> No			
Parent in Law 2				<input type="checkbox"/> Yes <input type="checkbox"/> No			
First Child				<input type="checkbox"/> Yes <input type="checkbox"/> No			
Second Child				<input type="checkbox"/> Yes <input type="checkbox"/> No			
Third Child				<input type="checkbox"/> Yes <input type="checkbox"/> No			
Fourth Child				<input type="checkbox"/> Yes <input type="checkbox"/> No			
Fifth Child				<input type="checkbox"/> Yes <input type="checkbox"/> No			

Insured	Nominee **	Name of Nominee	Nominee's Relation with the Insured Person	% of Sum Insured	DOB/Age
Self	Nominee 1				
	Nominee 2				
	Nominee 3				
	Nominee 4				
	Nominee 5				

**Nominee needs to be above 18 years only. Please provide the name of the appointee in case the nominee is a minor. Nominee for self has to be among the following mentioned relations- (Father / Mother / son / daughter / spouse). Please note for members other than self, 100% nomination to the proposer only

Name of the Appointee	
Relationship to the Nominee	

Coverages and Premium* (Fill all Figures in INR)

Coverages & Sum insured	Base Covers (Death , Permanent Partial disablement, Permanent Total disablement)	Optional Covers		
		Hospitalisation Expenses due to Accident #	Temporary Total disablement###	Education Grant####
Self		<input type="checkbox"/> Not Opted <input type="checkbox"/> Opted	<input type="checkbox"/> Not Opted <input type="checkbox"/> Opted	<input type="checkbox"/> Not Opted <input type="checkbox"/> Opted
Spouse		<input type="checkbox"/> Not Opted <input type="checkbox"/> Opted	<input type="checkbox"/> Not Opted <input type="checkbox"/> Opted	<input type="checkbox"/> Not Opted <input type="checkbox"/> Opted
Parent 1		<input type="checkbox"/> Not Opted <input type="checkbox"/> Opted	<input type="checkbox"/> Not Opted <input type="checkbox"/> Opted	Not Applicable
Parent 2		<input type="checkbox"/> Not Opted <input type="checkbox"/> Opted	<input type="checkbox"/> Not Opted <input type="checkbox"/> Opted	Not Applicable

Parent in Law 1		<input type="checkbox"/> Not Opted <input type="checkbox"/> Opted	<input type="checkbox"/> Not Opted <input type="checkbox"/> Opted	Not Applicable
Parent in Law 2		<input type="checkbox"/> Not Opted <input type="checkbox"/> Opted	<input type="checkbox"/> Not Opted <input type="checkbox"/> Opted	Not Applicable
First Child		<input type="checkbox"/> Not Opted <input type="checkbox"/> Opted	Not Applicable	Not Applicable
Second Child		<input type="checkbox"/> Not Opted <input type="checkbox"/> Opted	Not Applicable	Not Applicable
Third child		<input type="checkbox"/> Not Opted <input type="checkbox"/> Opted	Not Applicable	Not Applicable
Fourth Child		<input type="checkbox"/> Not Opted <input type="checkbox"/> Opted	Not Applicable	Not Applicable
Fifth Child		<input type="checkbox"/> Not Opted <input type="checkbox"/> Opted	Not Applicable	Not Applicable

Maximum sum insured offered will be up to the limit of 10% of the base sum insured,

Maximum Sum insured offered is 0.2% of the base sum insured per week maximum upto 100 weeks

Education Grant is only applicable for Dependent Child/ Children(s) who is/are pursuing an educational course as a full time student in an educational institution.

If Education Grant cover is opted, please provide the basic details of children

Child	Name	Age	Education details (Name of institution/course enrolled)
First Child			
Second Child			
Third Child			
Fourth Child			
Fifth Child			

Premium payment (please tick the term opted):

Annual

Installments: Please tick any one option in case you want to opt for instalment option: Monthly Quarterly Half Yearly

Note: In case of installments please select from the below options

ACH (Duly filled and signed ACH form to be submitted for instalment option along with Proposal form)

E-Mandate / E-NACH# (Please provide Bank Name* _____)

* Link will be sent to the registered mobile number mentioned in the proposal form for activating E-Mandate/ E-NACH. If the same is not activated,

The updated list of Banks for E-Mandate/E-NACH is available under National Payments Corporation of India (NPCI) website <https://www.npci.org.in/>

Premium details

Gross Premium	
Discount Applicable	
Loading Applicable	
Goods and Services tax	
Total Premium including Goods and Services tax	

Additional Details*

Insured Person	Do you have any other personal accident policy with Future Generali India Insurance or any other insurance company?	Policy No	Name of the insurer	Policy sum insured	Period of Insurance	Claims Received/ Receivable
Self	<input type="checkbox"/> Yes <input type="checkbox"/> No					
Spouse	<input type="checkbox"/> Yes <input type="checkbox"/> No					
Parent 1	<input type="checkbox"/> Yes <input type="checkbox"/> No					
Parent 2	<input type="checkbox"/> Yes <input type="checkbox"/> No					
Parent in Law 1	<input type="checkbox"/> Yes <input type="checkbox"/> No					
Parent in Law 2	<input type="checkbox"/> Yes <input type="checkbox"/> No					
First Child	<input type="checkbox"/> Yes <input type="checkbox"/> No					
Second Child	<input type="checkbox"/> Yes <input type="checkbox"/> No					
Third Child	<input type="checkbox"/> Yes <input type="checkbox"/> No					
Fourth Child	<input type="checkbox"/> Yes <input type="checkbox"/> No					
Fifth Child	<input type="checkbox"/> Yes <input type="checkbox"/> No					

Non-disclosure or misrepresentation of above information, whether deliberate or not, shall make policy issued voidable and no claim shall be admitted under this policy

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 authorised 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 any time 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.
- 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 authorize the company to authenticate and/or verify my Aadhaar number for e-KYC purpose.

I/ We hereby declare that the premium for the said policy is paid out of the legally declared and assessed sources of my/ our income OR

I/ We hereby declare that the premium is paid from the Bank Account of Mr. / Ms. _____, the payment is allowed under the Income Tax Act 1961, and there is insurable interest with the payee.

Note: I hereby acknowledge that I have read and understood the contents of the prospectus and have been explained the features, contents and terms of the * Prospectus/Product by the Intermediary/Agent to my/our satisfaction (*To download a copy of the Prospectus and for further details about the product, please visit our website <https://general.futuregenerali.in/>)

Date: DD / MM / YYYY

Place:

Proposer's Name:

Proposer's Signature/ Thumb Impression:

Vernacular declaration

I hereby confirm that the product features and terms of the above product have been explained to the prospect in detail (including product suitability) and to the prospects' complete satisfaction. (In case prospect signs in a different language/or is not literate)

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UIN: FGIPAIP21623V012021

Intermediary / Agent Name:

Intermediary / Agent Signature:

**applicable only when proposer has signed in thumb impression and is witnessed by someone other than agent/ employee of the company.*

I hereby declare that, I have clearly explained the content of this form to the proposer there after the proposer has fixed the thumb impression above after fully understanding the content thereof.

Intermediary / Agent Name:

Intermediary / Agent Signature:

Witness Name:

Witness Signature:

Date:

Place

Payment Details

Premium paid by Cash/ Cheque No		Date:	DD	MM	YYYY
Bank Name		Amount (INR):			
Amount (in words)					
Mode (for renewal premium)	<input type="checkbox"/> ECS <input type="checkbox"/> Direct Debit <input type="checkbox"/> Cheque / DD <input type="checkbox"/> Cash <input type="checkbox"/> Credit Card <input type="checkbox"/> Others				
Account No. (As appearing in Cheque Book)					
Account Type (Please Tick)	<input type="checkbox"/> Savings <input type="checkbox"/> Current				
GSTIN (If more than one GSTIN, kindly attach an annexure with details)					
<i>Please fill up the request for authorization form attached with this proposal form to receive Claim/ Refund payments if any, directly into your bank account through NEFT if the Premium is more than ₹25000/-</i>					

For Office Use Only

Intermediary Name:	Intermediary Code:
Sales Manager Name:	Sales Manager Code:

SECTION 41 SUB-SECTION (2) OF INSURANCE LAWS (Amendment) ACT, 2015 - PENALTY FOR ACCEPTING AND/OR OFFERING OF REBATE:

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.



ISO No: FGH/UW/RET/256/01

Future Generali India Insurance Company Limited. IRDAI Regn. No. 132 | CIN: U66030MH2006PLC165287.

Regd. and Corp. Office: 801 and 802, 8th floor, Tower C, Embassy 247 Park, L.B.S. Marg, Vikhroli (W), Mumbai - 400083.

Call us at: 1800-220-233 / 1860-500-3333 / 022-67837800 | Fax No: 022 4097 6900 | Website: <https://general.futuregenerali.in> |

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