

SECURE PREMIUM PROPOSAL FORM

IO No/Win No.	:
App No	:
Client Code	:
Receipt No	:
Payer ID	:
SB / CA Account No	:
Journal No / Bank Name	:

GUIDELINES FOR FILLING THIS PROPOSAL FORM

- 1) Insurance is a contract of utmost good faith. It requires of the proposer and the insured to not only disclose all material facts, but also to not suppress any material facts in response to the questions in this proposal form. It is highlighted that this proposal form is the basis of the policy contract, if and as may be issued hereon.
- 2) Please complete all sections in capital letters and tick the appropriate boxes, wherever applicable. It is mandatory to furnish all information for fields marked with an asterisk [*].
- 3) Failure to disclose facts material to the assessment of the risk or providing misleading/partial information may lead to rejection of this proposal / cancellation of the policy, if and as may be issued.
- 4) This proposal form shall have to be signed by the proposer.
- 5) We are under no obligation to accept any proposal for insurance. Our liability will commence only when this proposal is accepted by us. Our liability shall be subject to the terms and conditions mentioned in the policy schedule, as may be issued, and the corresponding policy wordings. Our liability will not arise, unless the premium amount is received by us.

Receive Date:

Branch Name:

Branch Code:

I. POLICY DETAILS:

Base Product Name*

II. INSURED DETAILS#

Sr. No.	Name of Insured
1	
2	
3	
4	
5	
6	
7	
8	
9	

Note: All Proposer and Insured details, Nominee details, Medical and Health Information, Premium Payment and Bank details, Electronic Insurance account details of proposer, declarations / terms and conditions as per the base policy proposal form would apply.

III. True to our Go Green initiative, we will send the digitally signed and authenticated policy document to your e-mail address, as you've mentioned in this proposal, and you may download and save a copy of it. If you still wish for a physical copy, you may tick on this box Yes No

All Proposer and Insured details, Nominee details, Medical and Health Information, Premium Payment and Bank details, Electronic Insurance account details of proposer, declarations / terms and conditions as per the base policy proposal form would apply.

Date: _____ Place: _____ Proposer Name: _____ Signature / Thumb Impression of Proposer: _____

FOR OFFICE USE ONLY

Intermediary Name	:	_____	Intermediary Code	:	_____
Sales Manager Name	:	_____	Sales Manager Code	:	_____
POSP Name & Code	:	_____	POSP PAN No.	:	_____



ISO No. FGH/UW/RET/316/01

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