

Insured Name	Name of disease/ illness/ injury suffering from	Disease/ illness/ injury suffering since when	Treatment/ medication received/ receiving	When first treated	Name of attending medical practitioner /surgeon with his address and telephone no.	If fully cured?

15. Family doctor details:

Name: _____

Address & Contact No.: _____

IMPORTANT NOTE

- The Company will not be on risk until the proposal and insured person's details have been accepted by the company and communication of the acceptance has been given to the proposer in writing on full payment of premium.
- This proposal for insurance will be the basis of any subsequent insurance policy that we issue to you. It is essential that you answer fully and accurately all of the questions contained in this proposal, and that you provide us with any and all additional information relevant to the risk to be insured or our decision as to the acceptance of the risk or the terms upon which it should be accepted. Your failure to comply with this obligation now may result in the rejection of your claim and the avoidance of your policy when a claim is made. If you are in any doubt about the information to be given, please seek the advice and guidance of your insurance advisor or agent. If there is insufficient space in this proposal for you to provide relevant information, whether as requested or otherwise, please attach a separate sheet to this proposal and return it to us.
- The company reserves the right to reject the said proposal or to terminate the insurance contract unilaterally and/or freeze the funds if the Customer, or persons associated with him/her, found to be named in any recognized black list.

DECLARATION

- I/We 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/We am/are authorized to propose on behalf of these other persons.
- I/We 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 insurance company and that the policy will come into force only after full receipt of the premium chargeable.
- I/We further declare that I/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.
- I/We declare and consent to the company seeking medical information from any doctor or from a hospital who at any time 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 purpose of underwriting the proposal and/or claim settlement.
- I/We authorize the company to share the information pertaining to my proposal including the medical records for the sole purpose of proposal underwriting and /or claims settlement and with any Governmental and /or Regulatory authority.
- I/We hereby acknowledge that I/we 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. I agree to undergo medical tests as advised by the Insurance Company. I agree to a medical underwriting loading as per underwriting guidelines of the Company (* To download a copy of the Prospectus and for further details about the product, please visit our website www.futuregenerali.in)
- I agree that this proposal and the declaration shall be the basis of the contract between me and FUTURE GENERALI INDIA INSURANCE CO LTD and I/We agree to accept a policy, subject to the conditions prescribed by FUTURE GENERALI INDIA INSURANCE CO LTD.
- 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.

Date: _____ Place: _____ Proposer's Name: _____ Proposer's Signature: _____

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)

Intermediary/Agent Name _____ Intermediary/Agent Signature _____ Prospect's Thumb Impression _____

PAYMENT DETAILS

Premium paid by Cash/ Cheque No _____ Date: DD/MM/YYYY Bank _____

Amount (Rs.) _____

GSTIN: _____ (If more than one GSTIN, kindly attach an annexure with details)

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 Rs 25000/-

For Office Use Only:

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

SECTION 41. OF INSURANCE ACT, 1938-PROHIBITION OF REBATES:

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 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. 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.

UIN: IRDAI/HLT/FGII/P-T/V.I/30/16-17

BAP UIN: FGITOP16005V011516



Future Generali India Insurance Company Limited, Corporate & Registered Office : 801 and 802, 8th floor, Tower C, Embassy 247 Park, L.B.S. Marg, Vikhroli (W), Mumbai - 400083. Maharashtra Care Line:- 1800-220-233, 1860-500-3333, 022-67837800 Email : fgcare@futuregenerali.in. Website: www.futuregenerali.in IRDAREgn. No 132, CIN- U66030MH2006PLC165287.