

IO No	
App No	
Client Code	
Receipt No	
Payer ID	

PROPOSAL FORM ACCIDENT SURAKSHA

<input type="checkbox"/>	For POS
<input type="checkbox"/>	For Other distribution channels

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*							
PAN Enrolment Form				Aadhaar Number*			
				Aadhaar Enrolment Form			
Note:							
➤ If PAN / Aadhaar numbers are not available and applied for the same kindly provide the enrolment form numbers OR							
➤ If you doesn't hold PAN and not applied for PAN then kindly submit FORM 60 / 61 as per your income status.							
➤ In case proposer is resident of in the States of Jammu and Kashmir, Assam or Meghalaya and does not submit the Permanent Account Number, needs to submit any one "Officially Valid Document" – please seek your sales person assistance for the form to get signed by designated person.							
e-IA 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
Do you or your family member to be insured have any Loan from Financial organization?*						<input type="checkbox"/> Yes	<input type="checkbox"/> No

DETAILS OF INSURED*

	Name	Gender	Date of Birth	Details of any pre-existing illness/ injury/ disability	Occupation. Describe job profile/ business activities in detail.	Gross Annual Income (wherever applicable)
Insured						
Spouse						
First Child						
Second Child						

Name	Nominee **	Name of Nominee	DOB/Age	Relation **	% of Sum Insured
Self	Nominee 1				
	Nominee 2				
	Nominee 3				
	Nominee 4				

**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	

Policy term* (please tick the term opted): 1 Year 2 Years 3 Years

In case policy term is more than one year, long term discount is available on single premium payment.

Coverages and Premium* (Fill all Figures in INR)

Coverages & Sum insured	Insured	Spouse	First Child	Second Child
PRIMARY COVERS				
Accidental Death				
Permanent Partial disablement				
Permanent Total disablement				
Temporary Total disablement				
ADDITIONAL COVERS				
Child Education Support				
Life Support Benefit				
Accidental Medical Expenses				
Accidental Hospitalisation				
Hospital Cash Allowance				
** Loan Protector				
Adaptation Allowance				
Family Transportation Allowance				
Broken Bones				
Road Ambulance cover				
Air Ambulance cover				

Adventure Sports Benefit				
Chauffeur plan Benefit				

* Repatriation of remains and Funeral Benefit is an inbuilt cover

** Loan Protector Benefit cover should be opted, if applicable.

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
Insured	<input type="checkbox"/> Yes <input type="checkbox"/> No					
Spouse	<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					

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:

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 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)					
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/-					

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.

ISO No.: | FGH/UW/RET/136/03



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 Email: fgcare@futuregenerali.in. Trade Logo displayed above belongs to M/S Assicurazioni Generali - Società Per Azioni and used by Future Generali India Insurance Co Ltd. under license.