

DETAILS OF EXPIRING POLICY'S MEMBERS

How has the premium been charged? (per family or per member basis): _____

	No. of Insured Person(s)	No. of dependents	Total
No. of members at start of policy			
Added during the policy period			
Removed during the policy period			
Final no. of members at expiration of policy			
Members to be covered on renewal/new issuance (Age band wise and Sum Insured wise break-up to be provided)			

Claim details - Made any claims? Please give us the details.

For claims as of

	Reimbursement		Cashless	
	No. of claims	Amount (in ₹)	No. of claims	Amount (in ₹)
Claims paid so far				
Claims outstanding so far				
Total				

Claim paid under Corporate Buffer Facility as on:

Total claims paid during the last two policy years immediately preceding the expiring year: Number: Amount:

Total claims paid during the last three months of the preceding two years of policy immediately preceding the expiring year: Number: Amount:

MEMBERSHIP /INSURED DETAILS

Definition and size of membership: _____ Age limit for primary members: _____

Are additional relationships covered? (like brother, sister, etc.): _____

DETAILS OF COVERAGE/BENEFIT

Whether existing benefits covered under the expiring policy to be continued as is or not? Yes No

If No, then changes required in the coverage and limit of benefits be mentioned: _____

I Basic covers		
Sr. No.	Cover	Sum Insured (in ₹)
1	Personal Accident – Death	
II Optional covers		
	Name of cover	Sum Insured (in ₹)
1		

Note: Please provide a separate sheet for the add-ons opted in this format.

Please give us the details of the proposed members in Annexure 1

Is any of the members or dependent a politically exposed person? If yes, please provide details through Annexure – 1.

Annexure – 1 (format to be used by the proposer). This is an indicative list.

Sr. No.	Member Identification No.	Name of Insured Persons (s)	Name of Dependent(s)	Relationship	DOB	DOJ	Designation	Gender	SI (in ₹)	Nominee Name & Relationship
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Bank A/C No.	IFSC	Bank Name	Branch	Whether suffering (current/past) from any disease/Medical (Physical/Mental)
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Individual member details to be furnished by way of Annexure – 1.

DECLARATION & AUTHORIZATION

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 authorised to propose on behalf of these other persons.

I/We understand that the information provided by me/us will form the basis of the insurance policy, is subject to the board approved underwriting policy of Edelweiss General Insurance Co. Ltd. and that the policy will come into force only after receipt of the premium in full.

I/We further declare that I/We will notify, in writing, any change occurring in the occupation or general health of the person to be insured after the proposal has been submitted, but before communication of the risk acceptance by Edelweiss General Insurance Co. Ltd.

I/We declare and consent to Edelweiss General Insurance Co. Ltd. seeking medical information from any doctor or from any hospital/ healthcare centre, who/ which, at any point of time, has attended on the person to be insured; or from any past or present employer, concerning anything which affects the physical and mental health of the person to be insured; and seeking information from any insurance company to which an application for insurance on the person to be insured has been made, for the purpose of underwriting the proposal and/or claim settlement.

I/We authorise Edelweiss General Insurance Co. Ltd. to share information, pertaining to this proposal, with its service providers, for the sole purpose of proposal underwriting and/or claims settlement; and with any governmental/ statutory/ regulatory body.

I/We agree to receive service related information from Edelweiss General Insurance Co. Ltd. and its service providers from time to time, through electronic and telecommunication mode including WhatsApp, and understand that no unsolicited information will be sent to me/us.

I/We, hereby, further declare, on my behalf and on behalf of all persons proposed to be insured, that I/We have fully understood the product features, including its suitability, the contents of this proposal form and all other connected documents significant and incidental to availing the insurance policy from Edelweiss General Insurance Co. Ltd.

I/We state that the salient features and terms and conditions of the proposed insurance contract have been explained to me/us in vernacular language, and I/We agree to the same.

Date:

D	D	M	M	Y	Y	Y	Y
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 Place:

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Signature of proposer/authorized signatory

(On behalf of all the persons to be insured under the policy)
(Stamp, where the proposer is a juristic person)

PROHIBITION OF REBATES, AS PER SECTION 41 OF THE INSURANCE ACT, 1938 (AS AMENDED FROM TIME TO TIME)

1. No person shall 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 prospectus or tables of the Insurer.
2. Any person making default in complying with the provisions of this section shall be liable for penalty which may extend to ₹10 Lakhs.

As a go-green initiative, Edelweiss General Insurance Co. Ltd. shall be sending the policy documents to your e-mail address, as provided by you in this Proposal Form.

- I do not want the physical copy of my policy documents.
- I want the physical copy of the policy documents to be sent to my address, as mentioned in this Proposal Form.

ACKNOWLEDGEMENT

We acknowledge with thanks the receipt of your proposal dated _____ towards Edelweiss Group Domestic Travel Insurance for the benefit of the employees/beneficiaries of _____.

Please note that neither the submission to us of a completed proposal for insurance nor any payment for any policy sought obliges us to agree to issue a policy, which decision is and always shall be in our sole and absolute discretion.

If we accept the proposal, it shall be subject to the policy terms and conditions and we shall have no liability to make any payment if the appropriate premium amount is not received by us in full and in time, or is not realised or any necessary requirement is not fulfilled.

Date:

Signature of the Receiver
and Official Seal