

Got another policy that's expiring soon? (Expiring year policy details)

Name of existing insurer: _____

Premium paid at inception (exclusive of applicable taxes):

Premium added during the year (exclusive of applicable taxes):

Premium reduced during the year (exclusive of applicable taxes):

Final premium (exclusive of applicable taxes):

Last policy's members

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

No. of primary members: 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): _____

Made any claims? Please give us the details. (Claim details)

For claims as of:

	Reimbursement		Cashless	
	No. of claims	Amount (in INR)	No. of claims	Amount (in INR)
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:

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

Membership details/Contract

Definition and size of membership: _____

Details of coverage/benefit

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

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

2. Policy Details

Policy Details: From To

Sum Insured: 25,000 50,000 75,000 100,000 125,000 150,000 175,000 200,000 225,000 250,000
 275,000 300,000 325,000 350,000 375,000 400,000 425,000 450,000 475,000 500,000

Policy Tenure (In Years): 1 2 3 4 5

Insured Relationship with Proposer: _____

Any Pre-existing Illness/Disability: Yes No (If Yes Provide details) _____

3. Nominee Details

Nominee's Name: _____ Date of Birth: Relationship with Proposer: _____

If the Nominee is of age 18 years or less, kindly fill the details below

Guardian's Name: _____ Date of Birth: Relationship With Minor: _____

In case the insured person passes away, payment due, if any, will be paid to the nominee mentioned in this Proposal Form.

This payment will count as sufficient discharge by us. The nominee for all the other person(s) who are insured will be the proposer him/herself.

Annexure-I

Sr.no.	Emp. No.	Name of Employee/ Primary Member	Name of dependent	Relationship	DOB	DOJ	Designation

Note: For any additional members, kindly use a separate sheet in the above format.

4. Premium Details

Payment by Cash / Cheque / Demand Draft / Card (Strike out whichever is not applicable):

Cheque / Demand Draft no. / Authorisation ID:

Payment Amount (Rs.): Premium amount (Rs.):

Premium Amount in words (Rupees): _____ Date:

Bank Name: _____

In case you're paying by Cheque/Demand Draft, please write it in favour of "Edelweiss General Insurance Company Limited"

5. Bank Details

Account Number: Account Type: _____

IFSC: Bank Name: _____

Branch Name: _____

Name of Account Holder: _____

NOTE: Please submit copy of cancelled cheque along with Proposal Form.

I declare that the information given above is true and correct. I hereby authorise Edelweiss General Insurance Company Limited to directly credit pay-out/refund, if any, to the above mentioned account and I shall not hold Edelweiss General Insurance Company Limited responsible for non-credit/non-payment of pay-out or refund, if any, due to any reason including, but not limited to incorrect/incomplete information. Edelweiss General Insurance Company Limited reserves right to use any alternative pay-out option such as cheque/demand draft in spite of providing above information.

Date: _____

Place: _____

Signature of the Proposer:

(On behalf of all the persons to be insured under the Policy)

6. Declaration

- a. I/We hereby declare, on my behalf and on behalf of all person(s) proposed to be insured, that the above statements, answers and/ or particulars given by me/us are true and complete, in all respects, to the best of my/our knowledge and that I/we am/are authorized to propose on behalf of these other persons.
- b. 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 the insurer and that the Policy will come into force only after full payment of the Premium chargeable .
- c. 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.
- d. I/We declare that I/We 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 which 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.
- e. I/We authorize the Company to share information pertaining to my/our proposal including the medical records, of the insured/proposer for the sole purpose of underwriting the proposal and/or claims settlement with any Governmental and/or regulatory authority.

Other Important Declarations :

- 1. 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 telecom modes, including WhatsApp, and understand that no unsolicited information will be sent to me/us.
- 2. 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 the Company.
- 3. I/We hereby agree that this declaration shall form the basis of the contract between me/ us and Edelweiss General Insurance Company Limited. I/We, hereby, further declare that this Proposal Form is signed with my own free will/consent and no person has directly and/or indirectly misguided and/or induced me/us to enter into the said insurance Contract
- 4. If any information/statement given in proposal is found to be untrue, the policy shall be treated as null and void and the Premium paid shall be forfeited to the Company.

Date:

Place: _____

Signature of the Proposer:

(On behalf of all the persons to be insured under the Policy)

Vernacular Declaration

Vernacular Declaration Certification in case the proposer has signed in vernacular (to be witnessed by someone other than agent/employee of the Company).

Name of the Proposer:

The content of this Form and its particulars have been explained by me in vernacular to the proposer who has understood and confirmed the same:

Signature of the Proposer

Date:

Place: _____

Signature of the witness:

Name of witness:

Declaration by insurance agent/ intermediary

I, _____, in my capacity as an Insurance Agent/ POSP/ Specified Person of the Corporate Agent/ authorised person of the Broker/ IMF, do hereby declare that I have explained the product features, including its suitability, and the contents of this Proposal Form, including the nature of the questions contained in this Proposal Form to the Proposer, including statement(s), information and response(s) submitted by the Proposer, in this Proposal Form, to the questions contained herein and that any details sought herein shall form the basis of the contract of insurance between the Company and the Proposer, if this Proposal is accepted by the Company. I have further explained that if any untrue statement(s)/ information/ response(s) is/ are contained in this Proposal Form, including addendum(s), affidavit(s), statement(s), submission(s), or if there has been a non-disclosure of any material fact, the policy issued thereon shall, at the option of the Company, be treated as null and void and the premium amount paid against the policy may be forfeited by the Company.

Name of Insurance Agent/ POSP/ Specified Person of the Corporate Agent/ authorised person of the Broker/ IMF: _____

Agency Code/ License No.: _____

Date:

Place: _____

Signature:

Statutory Warning

Prohibition of Rebates

(Under Section 41 of Insurance Act 1938)

1. 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 the 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.
2. Any person who is found to not acting as per the provisions of this section shall be liable for a penalty, which may extend to Ten Lakh Rupees

ACKNOWLEDGEMENT

Thanks for your proposal dated _____ for insurance of Edelweiss Group Janata Personal Accident Policy and _____ persons.

We're grateful for the Premium you sent us, by way of cash/ cheque/ demand draft/ others, via instrument no. _____, for an amount of ₹ _____

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

If we accept the proposal, it will be subject to the Policy Terms & Conditions and we will have no liability to make any payment if the appropriate Premium amount is not paid in full and in time, or is not realised or the requirement for pre-Policy check-up is not fulfilled.

If we do not accept the proposal, we will inform you within 15 days from the date of getting this proposal and refund any payment received from you without interest.

Date:

Signature of the Receiver
and Official Seal