



#### 4. So Who Will This Policy Be Covering?

Sr.No.	Name of Insured	Gender	Date of Birth	Relationship with Proposer	Insured Blood Group	Height	Weight	Nationality
1.								
2.								
3.								

Sr.No.	Name of Insured	Nominee's Name	Relationship With Insured	Nominee's Date of Birth	If Nominee is a Minor	
					Guardian's Name	Relationship with Insured
1.						
2.						
3.						

Sr.No.	Name of Insured	Sum Insured	Fresh	Date of Inception	Pre-existing Diseases
1.					
2.					
3.					

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

#### 5. How Will You Be Paying?

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(Rs.): \_\_\_\_\_

Date : D D M M Y Y Y Y Bank Name: \_\_\_\_\_

In case of payment through Cheque/Demand draft, the instrument should be drawn in favour of "Edelweiss General Insurance Company Limited"

#### What isn't included?

- i. We can't pay claims arising for Novel Corona Virus (nCoV) Covid within 15 days from the first policy commencement date with us.
  - ii. Permanent exclusions.
- For a detailed list of exclusions, please read the Policy Wordings.

#### Your Bank Account Details:

Account Number: \_\_\_\_\_ Account Type : \_\_\_\_\_ IFSC: \_\_\_\_\_

Bank Name: \_\_\_\_\_ Bank Branch Name: \_\_\_\_\_

Name of Account Holder: \_\_\_\_\_

Note: Please give us a copy of a cancelled cheque along with Proposal form.

I declare that the above mentioned information is true and correct. I hereby authorise the Company to credit payment/refund, if any, to this above mentioned account directly and further, I shall not hold the Company responsible for any non-credit/non-payment, if any, due to any reason including, but not limited to, incorrect/incomplete information. I agree that the Company reserves the right to use any alternative payment option such as cheque/demand draft basis necessity/requirement at its sole discretion.

Date: D D M M Y Y Y Y

Signature of the Proposer:

Place: \_\_\_\_\_

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

#### 6. Medical/Lifestyle Related Information

Particulars	Insured Person (Yes = Y, No = N)							
	1	2	3	4	5	6	7	8
Do any of those proposed for insurance have, or have in the past been diagnosed/suffered from/ treated for/taken medication for any of the following conditions? If yes, please provide details in the additional information section below:								
1. Diabetes								
2. Hypertension/High BP								
3. Epilepsy								
4. High Cholesterol								
5. Thyroid Disorder								
6. Asthma								
7. Kidney Disorder (Stone, Infection, Failure, Polyp)								
8. Cancer								
9. Heart Disease								
10. Liver Diseases (Cirrhosis, Jaundice, Hepatitis)								
11. Is any of those proposed for insurance receiving any treatment/medication or have in the past received treatment or undergone surgeries for any medical condition/disability? (Yes/No)								
12. Do any of those proposed for insurance have any allergies/reaction to any drug?								



**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.: \_\_\_\_\_

Signature:

Date:

Place: \_\_\_\_\_

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.

**11. Prohibition of Rebates, as per Section 41 of the Insurance Act, 1838**

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 prospectus or tables of the insurer.
2. Any person making default in complying with the provisions of this section shall be punishable with fine which may extend to ten lakh rupees.

**ACKNOWLEDGEMENT**

We acknowledge with thanks the receipt of your proposal dated \_\_\_\_\_ towards Corona Rakshak Policy, Edelweiss General Insurance Company Limited, of Name \_\_\_\_\_ and No Persons.

We also acknowledge receipt of premium amount by way of cash/ cheque/ demand draft/ others, vide instrument no., \_\_\_\_\_ for an amount 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. This decision is and always will be in our sole and absolute discretion.

If we accept the proposal, it will be subject to the policy terms and conditions and we shall have no liability to make any payment if the correct premium amount is not received by us 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 receipt of this proposal and refund any payment received from you without interest.

Date: 

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Signature of the Receiver  
and Official Seal