



Received the proposal for ... policy from Mr/ Mrs/ Ms. ... The Cash/Cheque given by you is banked for operational convenience ...

Name & Code of the authorised person:

Signature of the authorised person:

PA Common Proposal Form

Form with five columns for stamp size photographs of insured persons (Person - 1 to Person - 5).

Submitted the above proposal for ... policy along with payment of Rs. ... by cash/ vide cheque/DD no. ...

Declaration

The primary duty of the proposer is to fill out the proposal form and also to make sure that the proposal contains all the details correctly. If you or any of the insured person(s) have suffered or suffering from any of the diseases which has not been mentioned in the proposal, the claim that may arise will result in a repudiation of the claim/cancellation of the policy.

Signature / Thumb impression of the proposer section with fields for Name, Date, and Place.

WHERE THE PROPOSER IS ILLITERATE OR SIGNS IN A LANGUAGE DIFFERENT FROM THAT OF THE LANGUAGE OF THE PROPOSAL FORM.

Form for illiterate proposer with fields for Name, Date, Place, and Signature/Thumb impression.

The contents of the proposal form and features of the product have been fully explained to me and I have fully understood the significance of the proposed contract.

Signature / Thumb impression of the proposer section.

Prohibition of Rebates: 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 making default in complying with the provisions of this section shall be liable for a penalty which may extend to ten lakh rupees.

Beware of spurious phone calls and fictitious/fraudulent offers and never respond to calls/emails/embedded links in SMS/emails asking you to update User ID/Password/Credit Card Number/CVOT/OTP etc.

Insurance is a contract of the utmost good faith, requiring the insured to answer all of the questions on the proposal form honestly and without omitting any information that is relevant. When submitting the proposal form, kindly reveal all pertinent information. If any important information is omitted from the proposal form, personal statement, declaration, or related papers, or if the proposer or someone acting on his behalf makes any false or erroneous statements, misrepresentations, or omissions, the Policy will be invalid, at the insurer's discretion. Please get in touch with the company's offices or agents if you have any questions about the proposal form.



Ref. No.:

Policy No.:

PLEASE FILL UP THE FORM IN BLOCK LETTERS

The company will not be on risk until the proposal has been accepted and full payment of premium has been received.

Policy Issuing Office and PROPOSER DETAILS section with fields for SM CODE, SM NAME, AGENT / CORPORATE, POSP PAN NUMBER, POSP GST NUMBER, and proposer photograph.

Proposer Name, Date of Birth, Gender, Occupation, Business Type, and Social Sector Classification section.

* "Social Sector" includes unorganised sector, informal sector, economically Vulnerable or backward classes and other categories of persons, both in rural and urban areas; (a) "Unorganised sector" includes self-employed workers such as agricultural labourers, bidi workers, brick kiln workers, carpenters, cobblers, construction workers, fishermen, hamals, handicraft artisans, handloom and khadi workers, lady tailors, leather and tannery workers, papad makers, powerloom workers, physically handicapped self-employed persons, primary milk producers, rickshaw pullers, safaikarmacharis, salt growers, sericulture workers, sugarcane cutters, tendu leaf collectors, toddy tappers, vegetable vendors, washwomen, working women in hills, daily wagers, hired drivers and coolies or such other categories of persons. (b) "Economically Vulnerable or Backward Classes" means persons who live below the poverty line. (c) "Other Categories of Persons" includes persons with disability as defined in the Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995 and who may not be gainfully employed; and also includes guardians who need insurance to protect spastic persons or persons with disability. (d) "Informal Sector" includes small scale, self-employed workers typically at a low level of organisation and technology, with the primary objective of generating employment and income, with heterogeneous activities like retail trade, transport, repair and maintenance, construction, personal and domestic services and manufacturing, with the work mostly labour intensive, having often unwritten and informal employer-employee relationship.

Source of Income, Annual Income (in Rs.), PAN Number, GST Number, CKYC Number, Residential Status, and Email ID section.

Do you wish to update CKYC with the KYC details provided here, Are you (Proposer) or any of the insured person is a PEP (Politically Exposed Person) or related to PEP, and If yes, please provide details section.

Current Address section with fields for Address line 1, Address line 2, City / Town / Village, District, State, Country and Pincode, Mobile Number, and Alternate Mobile Number.

Please attach any one proof in support of ID and Address, Voter ID, Driving License, Aadhar Card, Passport, NREGA Job Card, Any Other Govt. Notified Document, and Nomination Form section.

(Incuse of Multiple nominees a separate form containing nominee details should be enclosed duly specifying the % to each nominee)

I would like to receive my insurance policy and all the information related to the proposed insurance policy through insurance repository, If you already have an e-Insurance Account (eIA) number, please provide, and Do you wish to receive the physical copy of the policy document section.

Premium can also be paid: Annually for 1 year term / Biennial for 2 year term / Triennial for 3 years

*The copy of PAN card or Form 60 is mandatory | **If CKYC number is provided, proof of submission is not mandatory | ***Politically Exposed Persons (PEPs) are individuals who are or have been entrusted with prominent public functions in a foreign country, example, Heads of State or of Governments, senior politicians, senior government / judicial / military officials, senior executives of state owned corporations, important political party officials, etc., including their family members and close relatives.

Accident Care Individual Insurance Policy Unique Identification Number: IRDAI/HLT/SHA/IP-PV/III/154/2017-18	Family Accident Care Insurance Policy (individual) Unique Identification Number: SHAHL/P21042V012021	POS - Accident Care Individual Insurance Policy Unique Identification Number: SHAHPAIP18070031718
Applicable for Family Accident Care Insurance Policy		
Sum Insured Opted in Lakhs** (Rs.)	Premium Amount Rs.	Mode of Payment Cheque <input type="checkbox"/> Debit Card <input type="checkbox"/> NEFT <input type="checkbox"/> DD <input type="checkbox"/> Credit Card <input type="checkbox"/> Cash <input type="checkbox"/> ECS <input type="checkbox"/> Mandate <input type="checkbox"/> (Cash payments are not eligible for the 80D tax benefits)
Family Size A=Adult, C=Child	Bank Details of the Proposer Type of Account Savings Account <input type="checkbox"/> Current Account <input type="checkbox"/> Others Please Specify _____	Cheque / DD No. : _____ Date : DD MM YY Branch : _____
**Please check brochure for the available sum insured		

Insured Person - 1		Insured Person - 2		Insured Person - 3		Insured Person - 4		Insured Person - 5	
Name									
Gender	M / F / Transgender	DD/MM/YYYY	DD/MM/YYYY						
Height (cms)	CMS	KGS	CMS	KGS	CMS	KGS	CMS	KGS	KGS
Relationship with proposer									
Occupation/Trade/Business									

Ayushman Bharat Health Account (ABHA) No. _____

Health History: Please provide detailed, response-specific diagnosis and treatment. A mere dash is not sufficient.

- Is the person proposed for insurance in good health free from physical and mental disease or infirmity, if not give details
 - Has the person proposed for insurance consulted / diagnosed / taken treatment / been admitted for any illness / injury, if yes, give details
- Please provide answers for the following questions**
- Applicable for Accident Care Individual Insurance Policy | POS Accident Care Individual Insurance Policy | Family Accident Care Insurance Policy**
- Does the occupation of the proposed persons require engaging in manual labour
 Yes | No
 - Does the proposed person engage in or propose to engage in racing on wheels or horse back, Big Game Hunting, Mountaineering, winter sports, skiing or Ice Hockey, Ballooning, Polo or sports of similar nature or any other activities of similar nature. If yes give details
 - Has/is the proposed person suffered/ suffering from Physical defect or infirmity or any other disability. If yes give details.
 - Has the person ever proposed for any personal accident insurance.
 - If yes details of Insurance Company/Period of Insurance Sum Insured.
 Yes | No
 - Has any company Declined to issue a policy or imposed any restrictions / special conditions
 - Has the proposed person ever claimed or received compensation under any Accident Policy? If yes, give full details

Applicable for Accident Care Individual Insurance Policy | POS - Accident Care Individual Insurance Policy

What is the monthly income from Gainful Employment (in Rs.) _____

Risk Group I - Persons engaged primarily in administrative functions.	<input type="checkbox"/> Risk Group I
Risk Group II - Persons engaged in manual work other than what is specifically provided for under Risk Group III	<input type="checkbox"/> Risk Group I <input type="checkbox"/> Risk Group II <input type="checkbox"/> Risk Group III
Risk Group III - Persons working in explosives industry, mine and /or Magazine workers, high tension electric supply, horse racing including jockeys, athletes and occupations of similar hazard	<input type="checkbox"/> Risk Group I <input type="checkbox"/> Risk Group II <input type="checkbox"/> Risk Group III
Table A - Sum Insured (Rs.)	
Table B - Sum Insured (Rs.)	
Table C - Sum Insured (Rs.)	
Medical Expenses Extension (Optional Benefit)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hospital Cash (Optional Benefit)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Home convalescence (Optional Benefit)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Winter Sports/Rallies (Optional Cover)	<input type="checkbox"/> Yes <input type="checkbox"/> No

- Applicable for Accident Trauma Care Insurance Policy (Individual)**
- Sum insured Opted (Rs) - Section I & Section II
 Yes | No
 - Do you wish to cover Accidents at work place?
i) If Yes, please furnish details of nature of work and location of the workplace
ii) If Yes, please furnish details of other similar insurance's taken
 - Any proposal for this insurance or any other such insurance refused, cancelled or higher premium charged, if so provide details
 - Has any claim been rejected by the previous insurer? If Yes, please provide details
 - In last 3 years have any of these persons who proposed for insurance
i) Has any life / Health / disability / cover declined / modified / postponed
ii) Been advised to surgery but not yet done
iii) Received payment for disability / illness / injury
iv) Been treated as inpatient or outpatient for surgery
v) Had any medical treatment, mental or physical impairment

Declaration of the Agent/Intermediary: I/We confirm that the product's suitability has been explained to the proposer. The information furnished in the proposal is true to the best of my knowledge and recommend acceptance of the proposal. (Please Enclose Insurance Agent's Confidential Report, if Any)

Date	Code	Name of the Agent / Specified Person of Corporate Agent / Broker / Qualified Person / Insurance Sales Person of the IMF / POSP	Signature of the Agent / Specified Person of Corporate Agent / Broker / Qualified Person / Insurance Sales Person of the IMF / POSP
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