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Scrutiny No.	Receipt No.	Policy No.

IMD Code	IMD Name

GLOBAL PERSONAL GUARD POLICY (INDIVIDUAL): PROPOSAL FORM

nstructions	For	Filling	Hn	The	Form:

- Please answer all questions in BLOCK letters.
- 2.
- The Liability of the Company does not commence until this Proposal has been accepted by the Company and premium has been paid.

 This Proposal will be the basis of any subsequent policy that the Company issues to you. It is therefore essential that you provide all the information in this Proposal FULLY AND ACCURATELY and that you provide the Company with any and all additional information relevant to risk to be insured or its decision as to acceptance of the risk or the terms upon which it should be accepted

Proposer Details		
1. Full Name: Title	4. Date of Birth	
11 a) Permanent / Residential Address11	b) Correspondence Address: (All the communications will be sent to the below addre	ess)
-	House No. House Name Landmark/Locality Road/Area Name City/District State Pin Code Tel. Mobile Email te Graduate Post Graduate Professionally Qualified to Rs. 50,000 Rs. 50,001 to Rs. 1 lakh Phone Email 16. Policy Period 1 1 year 2 year 3 year	
Details of persons to be insured		
Member Details	Relationship with Proposer DD/MM/YYYY	'
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Base Cover Details

It is mandatory to opt for at least one of the Sections (Section I – Death, Section II- Permanent Total Disability, and Section III- Permanent Partial Disability)

Member Details	Occupation	Any Existing Disability/ Infirmity	DEATH	PERMANENT TOTAL DISABILITY	PERMANENT PARTIAL DISABILITY	
			Sum Insured	Sum Insured	Sum Insured	

You may opt for the following Optional Covers on payment of additional premium.

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Sum insured Sum insured Sum insured Sum insured Sum insured Sum insured Recount Details (Please fill in details in case of Loan protector cover and EMI Payment cover):- Sank Name: Address Type of Loan: Loan Account Normber: Sunctioned Loan Amount: Loan Period EMI (8.5.) Note: "To Allyment Cover can be opted only if the Proposer has opted for Section! — Death Cover AND/O Section!! Permanent Total Disability ""Total Phyment Cover" can be opted only if the Proposer has opted for Section! — Death Cover AND/O Section!! Permanent Total Disability ""Total Phyment Cover" can be opted only if the Proposer has opted for Section! — Death AND/O Section!! Permanent Total Disability """Total Phyment Cover" can be opted only if the Proposer has opted for Section! — Death AND/O Section!! Permanent Total Disability """Total Phyment Cover" can be opted only if the Proposer has opted for Section! — Death AND/O Section!! Permanent Total Disability """Total Phyment Cover" can be opted only if the Proposer has opted for Section! — Death AND/O Section!! Permanent Total Disability (Loan Section! Letter to be submitted mandatorily) """Total Phyment Cover" can be opted only if the Proposer has opted for Section! — Death AND/O Section!! Permanent Total Disability (Loan Section! Letter to be submitted mandatorily) """Total Department of the permanent Total Disability (Loan Section! Letter to be submitted mandatorily) """Total Department of the permit of the proposer has opted for Section! — Permanent Total Disability (Loan Section! Letter to be submitted mandatorily) """Total Department of the permit of the				Fracture	Calei						Benefit****
Loan Account Details (Please fill in details in case of Loan protector cover and EMI Payment cover). Bank Name:	Member Na	me			, Per D	av Benefit	Sum Insured	Weekly Benefit Am	ount	Sum Insured	Sum Insure
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Sanctioned Loan Amount: Loan Period EMI (Rs.) Note: ""Adventure Sports Benefit" can be opted only if the Proposer has opted for Section I - Death Cover AND/ OR Section III: Permanent Total Disability ""EMI Payment Cover" can be opted only if the Proposer has opted for Section I - Death AND/OR Section III Permanent Total Disability """EMI Payment Cover" can be opted only if the Proposer has opted for Section I - Death AND/OR Section II Permanent Total Disability """Toan Protector Cover" can be opted only if the Proposer has opted for Section I - Death AND/OR Section II Permanent Total Disability (Loan Sanction Letter to be submitted mandatorily.) """Toan Protector Cover" can be opted only if the Proposer has opted for Section I - Death AND/OR Section II Permanent Total Disability (Loan Sanction Letter to be submitted mandatorily.) """Toan Protector Cover" can be opted only if the Proposer has opted for Accidental Hospitalization under optional cover's EXISTING INSURANCE DETAILS Are the persons insured under the policy, already insured under any similar kind of cover?	Bank Name:				Address						
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Payment Details Mode of Payment: Cheque DD Cash Others Cheque - Given by: Spouse Father Mother Son/Daughter Employer/Employee Financier To support our Go Green initiative, we will send policy copy link on your registered mobile number / email id. This is a digitally signed valid document. Please tick the box, if you still want to receive physical copy of your insurance policy. 1. 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. 2. 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. 3. If 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. 4. 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. 5. 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 claim settlement.	· ·	1						um Insured		Period of Insurance	-e
Payment Details Mode of Payment: Cheque DD Spouse Father Mother Son/Daughter Employer/Employee Financier To support our Go Green initiative, we will send policy copy link on your registered mobile number / email id. This is a digitally signed valid document. Please tick the box, if you still want to receive physical copy of your insurance policy. *DECLARATION 1. 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. 2. 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. 3. 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. 4. 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 claims settlement and with any Governmental and/or Regulatory authority.	Coverage	Ivallic a	ina Address of misc	ararice cor	прапу	1 Oney 14	umber 5		om: D		
Mode of Payment: Cheque DD Cash Others Cheque - Given by: Spouse Father Mother Son/Daughter Employer/Employee Financier To support our Go Green initiative, we will send policy copy link on your registered mobile number / email id. This is a digitally signed valid document. Please tick the box, if you still want to receive physical copy of your insurance policy. *DECLARATION 1. 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. 2. 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. 3. 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. 4. 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 for the sole purpose of underwriting the proposal and/or claim settlement. 5. 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.								Fro	om: D	D/MM/YYYY, To: DD	/MM/YYYY
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Proposed Policy Period: From: DD/MM/YYYY , To: DD/MM/YYYY Date: D D M M Y Y Y Y Y Signature of Proposer	or claims settlement and wit	h any Gover	nmental and/or Reg	Julatory aut	hority.						
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INSURANCE ACT, 1938 SECTION 41 - 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 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 a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectus or tables of the insurer. ANY PERSON MAKING FAULT IN COMPLYING WITH THE PROVISIONS OF THIS SECTION SHALL BE PUNISHABLE WITH FINE WHICH MAY EXTEND TO RUPEES TEN LAKH.

* Please read declaration wordings carefully before signing the proposal form.