

Proposal Form - my: jeevika Personal Accident Micro Insurance

GUIDELINES TO FILL THE FORM

- 1. Please fill the form in BLOCK LETTERS. All details with* are mandatory.
- 2. Please answer all the questions completely. If a particular question is not applicable to you please mark that question as not applicable "N/A".
- 3. Please attach extra sheets wherever the space is insufficient to provide the additional underwriting information. Put a $(\sqrt{)}$ mark wherever applicable.
- 4. Kindly contact the Company's Office or Agent for any doubts or clarifications on the proposal form.
- Note: The liability of the Company does not commence until this proposal has been accepted by the Company and premium received.

PLEASE USE ONLY ORIGINAL PROPOSAL FORM. PHOTO COPIES WILL NOT BE ACCEPTED BY THE COMPANY.

PROPOSER INFORMATION (Please enter details of the Customer)

| 0 | Website WWW.ltinsurance.com |
|---------------------|---|
| | ^{sms} 'LTI' to 56070 58 (56070 LT) |
| FOR OFFICE USE ONLY | |
| Branch Code : | |

my:jeevika

1800-209-**5846** (1800-209-**LTIN**)

| Branch Code | : | |
|-----------------------------|---|--|
| Intermediary Code* | : | |
| Intermediary Location Code | : | |
| Intermediary Employee Code | : | |
| Intermediary Reference Code | : | |
| Sales Manager Code | : | |

| Title* (Pls. Tick): Mr. | Ms. Mrs. | Gender: Male Female |
|------------------------------|---|--|
| Date of Birth: D D M M | | Marital Status: Single Married |
| Name*: F I R S T | | D D L E |
| Father's Name*: F R | S T | D D L E |
| Correspondence Address: | | |
| Block/Flat No.*: | Floor No.: | Building Name: |
| Street Name*: | | Locality: |
| Landmark *: | | |
| City/Village*: | | Pincode*: |
| Post Office: | | Mobile No.*: |
| Tehsil*: | | Landline: S T D |
| Nationality: | | PAN No.: |
| Email ID 1: | | |
| Email ID 2: | | |
| Proposed Policy Period: From | hours mins on DDMM | I Y Y Y Y To midnight on D D M M Y Y Y Y |
| Sum insured: ₹ 50,000 Cove | rage: Accidental Death + Permanent Total Disa | ablity |

PROPOSED INSURED(S) INFORMATION* (Please provide more details of the people who are being covered in this policy)

| Sr.No. | Name (First, Middle & Last) | Relationship with Proposer | Gender | Age | Date of Birth | Occupation | Existing Disability/ Condition (if any) | Name of the Nominee and relationship |
|--------|--------------------------------|-------------------------------|--------|-----|------------------|------------|--|---|
| 1. | | | | | | | | |
| 2. | | | | | | | | |
| 3. | | | | | | | | |
| 4. | | | | | | | | |

C L&T Insurance is the brand of L&T General Insurance Company Limited Registered Office: L&T House, N.M. Marg, Ballard Estate, Mumbai - 400001. Insurance is subject matter of solicitation. IRDA Registration No. 146

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ACKNOWLEDGEMENT

my:jeevika

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| | | | Branch Code: |
|--|--|---------------------------------|-------------------------------|
| Received from Ms / Mrs / Mr | | | Intermediary Code*: |
| a sum of ₹through Ca | sh#/Cheque/DD | | |
| against your proposal for my:jeevika Personal Ac | Intermediary Location Code: | | |
| Signature of L&T official / Intermediary: | Date: D D M M Y | YYYY | Intermediary Employee Code: |
| Neither the submission of a complete porposal for insurance nor does any payment for any policy | shall be subject to the policy terms and conditions the Compa | | Intermediary Reference Code: |
| sought, oblige the Company to agree issue a policy, which decision is and always shall be in the Company's sole and absolute discretion. | and the Company shall have no liability to make any payment if premium is not received by the Company in full and in time, or is not realised. | d any payment om you without | Intermediary Contact Details: |
| L&T official / Intermediary Name: | Time: | | |

Premium in Cash will be accepted only at our branch offices.

Details of existing disability (if any): **PREMIUM PAYMENT DETAILS** (Please enter premium payment details) Name of the Premium Payer: FILRST DD Payment Option: Cash# Cheque Premium Amount: ₹ Amount in words *Cash towards premium will be accepted only at our branch offices. For Cheque / DD (Payable in favour of "L&T General Insurance Company Limited") Instrument Date: D | D | M | M | Y | Y | ΥI Instrument Amount: ₹ Instrument No.:

DECLARATION

Bank Name:

-X-

I/We hereby declare, on my behalf and on behalf of all persons proposed to be insured, that the above statements, answer 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 authorized to propose on behalf of these other persons.

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 L&T General Insurance Company and that the policy will come into force only after full receipt of the premium chargeable.

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.

I/We declare and consent to the company seeking medical information from any doctor or from a hospital who at anytime has attended on the life to be insured/proposer or from any past or present employer concerning anything which affects the physical or mental health of the life to be insured/proposer and seeking information from any insurance company to which an application for insurance on the life to be insured/proposer has been made for the purpose of underwriting the proposal and/or claim settlement.

I/We authorize the company to share information pertaining to my proposal including the medical records for the sole purpose of proposal underwriting and/or claims settlement and with any Governmental and/or Regulatory authority.

Place: Date:

Signature of Proposer

PROHIBITION OF REBATES - UNDER SECTION 41 OF INSURANCE ACT 1938

No person shall allow or offer to allow either directly or indirectly as inducement to any person to take out 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.

Any person making default in complying with the provision of this section shall be punishable with fine which may extend to ₹ 500/-

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Corporate Office: L&T General Insurance Company Limited, 7th Floor, City 2, Plot No 177, Near Bandra Kurla Telephone Exchange, CST Road, Kalina, Santacruz (E), Mumbai - 400 098

Insurance is the subject matter of solicitation. IRDA Reg. No. 146 Unique Identification Number :- IRDA/NL/L&T/Misc/V.1/1929/2010-11