

Proposal Form - my:jeevika Medisure 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 fully and correctly. If a particular question is not applicable to you please mark that question as not applicable "N/A". Please leave one box blank between two words while writing address.
 4. Please attach extra sheets wherever the space is insufficient to provide the additional underwriting information. Put a (√) mark wherever applicable.
 5. Kindly contact the Company's Office or Intermediary 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.

FOR OFFICE USE ONLY

Branch Code : _____
 Intermediary Code* : _____
 Intermediary Location Code : _____
 Intermediary Employee Code : _____
 Intermediary Reference Code : _____
 Sales Manager Code : _____

1. PROPOSER INFORMATION (Please enter details of the Customer)

Title* (Pls. Tick): Mr. Ms. Mrs. UID No: _____

Name*: | F | I | R | S | T | | | | | | | | | | | M | I | D | D | L | E | | | | | | | | | | | L | A | S | T |

Father's Name*: | F | I | R | S | T | | | | | | | | | | | M | I | D | D | L | E | | | | | | | | | | | L | A | S | T |

Gender*: Male Female Date of Birth*: | D | D | M | M | Y | Y | Y | Y | | Age*: | Y | R | S |

Correspondence Address:

Block/Flat No.*: _____ Building Name: _____

Street Name: _____ Locality: _____

Landmark : _____

City/Village: _____ Pincode*: _____

Post Office: _____ Mobile No.: _____

Tehsil*: _____ Landline: | S | T | D | | | | | | | | | |

Nationality: _____ PAN No.: _____

Email ID: _____

Proposed period of Insurance: From hrs on | D | D | M | M | Y | Y | Y | Y | To Midnight on | D | D | M | M | Y | Y | Y | Y |

Marital Status*: Single Married Sum Insured: ₹30,000 Policy Type*: Individual Family Floater

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

Sr.No.	Name (First, Middle & Last)	Father's Name	Relationship with Proposer	Gender	Age / Date of Birth	Name of Pre-existing disease / illness / condition (if any)	Name of Nominee/ Relationship
1.							
2.							
3.							
4.							
5.							
6.							

*All fields are mandatory

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Received from Ms / Mrs / Mr _____ Branch Code: _____

a sum of ₹ _____ through Cash#/Cheque/DD _____ Intermediary Code*: _____

against your proposal for my:jeevika Medisure Micro Insurance

Signature of L&T official / Intermediary: _____ Date: | D | D | M | M | Y | Y | Y | Y | Intermediary Location Code: _____

Neither the submission of a complete proposal for insurance, it shall be subject to the policy terms and conditions 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. If a proposal is not accepted, the Company will inform you and refund any payment received from you without interest.

Intermediary Employee Code: _____

Intermediary Reference Code: _____

L&T official / Intermediary Name: _____ Time: _____ Intermediary Contact Details: _____

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

- Details of pre-existing disease / illness / conditions declared earlier (if any)*:
.....

- Details of Hereditary/Family Medical History(if any)*:
.....

3. GOOD HEALTH DECLARATION*

Are you and your family members proposed for insurance currently in good health and not undergoing any medication / treatment? Yes No

If No, please give details of the illness / hospitalisation:

Name of the Proposer Insured	Details of illness / hospitalisation / medication

Signature of the Proposer Insured* :

5. PREMIUM PAYMENT DETAILS* (Please enter premium payment details)

Name of the Premium Payer: F I I R S T M I D D L E L A S T

Premium Amount: ₹ _____ Payment Option: Cheque DD Cash

For Cash*: ₹ In words*:

For Cheque / DD (Payable in favour of L&T General Insurance Company Limited)

Instrument No.: _____ Instrument Date: D D M M Y Y Y Y Instrument Amount: ₹ _____

Bank Name: _____

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

6. DECLARATION

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

7. 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 Rs.500/-

 **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 the subject matter of solicitation. IRDA Reg. No. 146

 Toll Free Number
1800-209-5846 (1800-209-LTIN)

 Website
www.ltinsurance.com

 SMS
'LTI' to 5607058 (56070LT)

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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/P/Misc/(H)/1927/V.1/10-11