



For	Office	Hse	∩nlv

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Scrutiny No.	Receipt No.	Policy No.

For A	ent	Use	Only	<i>/</i> :

9	•
IMD Code	IMD Name

## GLOBAL PERSONAL GUARD POLICY (INDIVIDUAL): PROPOSAL FORM

nstructions F	or Filli	na Up T	he Form:-
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- 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 address)
13. Family Monthly Income: ☐ Up to Rs. 20,000 ☐ Rs. 20,001  14. In case of any Offer, you would prefer to be contacted by: ☐ Pl  15. Nationality ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	House No. House Name Landmark/Locality Road/Area Name City/District State Pin Code Tel. Mobile Email  to Rs. 50,000  Rs. 50,001 to Rs. 1 lakh Phone  Email  16. Policy Period  1 year  2 year  3 year
Details of persons to be insured	
Member Details	Relationship with Proposer DD/MM/YYYY

## **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 DEATH tion Disability/	DEATH	PERMANENT TOTAL DISABILITY	PERMANENT PARTIAL DISABILITY
	Infirmity Sum Insured	Sum Insured	Sum Insured		

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

Member Name	Accidental Hospi Expense	talization	Adventu	Adventure Sports Air Ambulan Benefit* Cover		Children's Education Benefit**	Coma Due to Accidental Bodily Injury	EMI Payment Cover***	
Welliber Name	Sum Insur	-ed	Death Sum		Sum Insured	Sum Insured	Sum Insured	Sum Insured	
	Juli ilisui		Insured	Insured	Sanninsarea	Summsureu	Sammisarea	Saminsarea	
		1							
Member Name		Fracture	Laiei	ital Cash enefit	Loan Protector Cover****	Loss of Income due Disability from Acci		Travel Expenses Benefit*****	
		Sum Insu	red Per Da	y Benefit	Sum Insured	Weekly Benefit Am	ount Sum Insured ₹25,000	Sum Insured ₹25,000	
Loan Account Details (Please fill in detail	s in case of Loan ¡	protector o	over and EN	/II Paymen	t cover ):-				
Bank Name:			Address						
Type of Loan:									
Sanctioned Loan Amount:									
Note:  *"Adventure Sports Benefit" can be opt  *"Children's Education Benefit" can be  ****("EMI Payment Cover" can be opted  *****("Loan Protector Cover" can be opted  *****("Travel Expenses Benefit" can be opted	e opted only if the Prop only if the Proposer ha ed only if the Proposer	ooser has opte s opted for Se has opted for	ed for Section I – ction 3 – Perma Section 1 – Dea	- Death Cover anent Partial C ath AND/OR Se	AND/OR Section II – Possibility (Loan Sanction II Permanent To	ermanent Total Disability on Letter to be submitted tal Disability (Loan Sanction		atorily.)	
EXISTING INSURANCE DETAILS									
Are the persons insured under the policy, a	lready insured und	der any sim	nilar kind of o	cover? 🗆	Yes □ No				
Coverage Name a	and Address of Inst	urance Cor	npany	Policy Nu	ımber S	um Insured	Period of Insuran		
							m: DD/MM/YYYY, To: DD		
						FIO	m: DD/MM/YYYY, To: DD	/IVIIVI/ T T T T	
To support our Go Gre							l valid document.		
GoGreen Please confirm if you	still want to rece	eive the pl	hysical hard	d copy of i	nsurance policy		□ Ye	es 🗆 No	
*DECLARATION									
1. I hereby declare, on my behalf and								by me are	
true and complete in all respects to 2. I understand that the information p								he insurer	
and that the policy will come into fo 3. I further declare that I will notify in wr						a life to be incured/	proposer after the propos	cal has been	
submitted but before communicatio	n of the risk accept	tance by the	e company.						
4. I declare that I consent to the com	pany seeking me	dical inforn	nation from	-					
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.
- 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.

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Proposed Policy Period: From: DD/MM/YYYY , To: DD/MM/YYYY	Date:	D	D M	M	Υ	YY	/	Signature of	Proposer

## **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.