

## JANATA PERSONAL ACCIDENT INSURANCE (INDIVIDUAL) PROPOSAL FORM

### Important Instructions (Please read the instructions below carefully before filling out this form)

- This Proposal Form shall be the basis of the policy to be issued. Thus, please provide all the information sought in this Proposal Form and any additional relevant information fully and accurately.
- Please answer all questions fully and correctly. Where any question does not apply, please mention clearly that it is 'not applicable'.
- Details of up to 6 family members (Insured Persons) can be filled in this Proposal Form. For additional members, please use a fresh form. A maximum of 10 family members can be covered under this policy.
- United India Insurance Company Ltd. (the "Company") is under no obligation to accept the proposal for insurance. The liability of the Company does not commence until the proposal is accepted and underwritten by the Company and premium is received.

### I. PROPOSER DETAILS

Full Name	Mr. Miss Mrs.														
Date of Birth	D	D	M	M	Y	Y	Y	Y	Gender	Male	Female	Other			
Marital Status	Single			Married			Widow/Widower			Divorced					
Present Address															
City/Town									State/UT						
Pin Code									Tel. No.						
If the permanent address is same as above, please tick here															
Permanent Address															
City/Town									State/UT						
Pin Code									Tel. No.						
Email ID.									Mobile No.						
PAN No.															
Unique Identification (Minimum one is required)	Aadhaar			Voter ID			Driving Licence			Passport			Any Other (specify): _____		
Please select one of the above ID options and provide the corresponding ID number below. (Attach a copy of the selected ID for verification)															
Unique Identification No.															

### II. INSURANCE DISCLOSURE AND HISTORY

Do you currently have any existing insurance policy with us?	Yes	No
If Yes, please provide policy number		
Has any insurance company previously declined, cancelled, refused to renew, or accepted your proposal on special terms? (If yes, please provide details)		

### III. COVERAGE DETAILS

Policy Duration	1 Year	2 Year	3 Year	4 Year	5 Year					
Number of members to be covered in the policy		Preferred Policy Start Date	D	D	M	M	Y	Y	Y	Y

I/We would like to receive insurance policy document in physical form, in addition to the electronic copy.

## IV. DETAILS OF PERSON(S) PROPOSED TO BE INSURED

	Insured 1	Insured 2	Insured 3	Insured 4	Insured 5	Insured 6
<b>Name</b>						
<b>Gender</b> (M/F/Other)						
<b>Date of Birth</b>	DD/MM/YYYY	DD/MM/YYYY	DD/MM/YYYY	DD/MM/YYYY	DD/MM/YYYY	DD/MM/YYYY
<b>Relationship with Proposer</b>						
<b>Occupation</b>						
Are any of the proposed insured person(s) currently suffering from any of the following ailments?						
<b>Pre-existing disabilities*</b> (Yes/No)	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
*Benchmark disability as defined in the Rights of Persons with Disabilities Act, 2016.						
<b>Epilepsy</b> (Yes/No)	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
<b>Paralysis</b> (Yes/No)	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
<b>Nominee Name</b>						
<b>Relationship of Nominee with the insured</b>						
<b>Name of Appointee</b> (Required only if the nominee is a minor)						
An appointee is an adult authorized to receive policy benefits on behalf of a nominee who is a minor (i.e., under 18 years of age).						
<b>Appointee's Relationship with Nominee</b>						
<b>Sum Insured</b> (Rs.)**						
**Minimum: Rs. 1 Lakh   Maximum: Rs. 10 Lakh (multiples of Rs. 1 Lakh)						

## V. PAYMENT DETAILS (select one of the following options)

Premium Payment Modes (Please tick the appropriate box and provide the corresponding details):

Cash ☐ NEFT/RTGS/IMPS (UTR/Transaction ID.): \_\_\_\_\_ UPI (UPI Transaction ID): \_\_\_\_\_

Cheque/DD (Cheque/DD no.): \_\_\_\_\_ Card (Last 4 digits of Card): \_\_\_\_\_ Other (Specify): \_\_\_\_\_

Transaction amount (Rs.): \_\_\_\_\_

Date: 

D	D	M	M	Y	Y	Y	Y
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## VI. BANK DETAILS FOR PROCESSING OF REFUND

<b>Bank Name</b>		<b>Branch Address</b>	
<b>Bank Account No.</b>		<b>IFSC Code</b>	

Cancelled cheque / Bank passbook copy attached

## VII. DECLARATION BY PROPOSER

1. I hereby declare, on my behalf and on behalf of all persons proposed to be insured, that the statements, answers and/or particulars given by me/us are true and complete in all respects to the best of my knowledge and that I am authorized to propose on their behalf.
2. I/We understand that the information provided by me/us will form the basis of insurance policy, is subject to the Board approved underwriting policy of the Insurance company and that the policy will come into force only after full receipt of the premium chargeable.
3. I hereby grant consent to Agent/Broker/Corporate Agent or any other licensed intermediary to share my KYC (Know your Customer) and customer due diligence information with United India Insurance Company Limited for the purpose of my insurance proposal.
4. I/We authorize the Insurance Company to share information pertaining to my proposal, including the medical records for the sole purpose of underwriting and/or claims.
5. I/We authorize the Insurance Company to share my/our Personal Information and/or medical Information/records with any Government and/or Statutory authorities/bodies, including but not limited to Insurance Regulatory and Development Authority of India (IRDAI), Insurance Information Bureau (IIB) and/or General Insurance Council etc.
6. I/We agree to immediately inform the Company in writing of any additions, alterations, or changes to the risk proposed after the submission of this proposal form.

Date:           Place: \_\_\_\_\_ Signature/Thumb impression of the Proposer: \_\_\_\_\_

## VIII. FOR INTERMEDIARY/AGENT USE ONLY

I, \_\_\_\_\_ (Full Name), as an Insurance Agent/POSP/Specified Person of the Corporate Agent/Authorized Person of the Broker/IMF, declare that I have explained the product features including its suitability, and all contents and questions of this Proposal Form (in vernacular if required) to the Proposer. Any statement, information, or response provided will form the basis of the insurance contract if accepted by the Company. I also explained that any untrue statements or non-disclosure of material facts may result in the policy being null and void, with all premiums forfeited.

Date:           Place: \_\_\_\_\_ Intermediary's Signature: \_\_\_\_\_

## IX. VERNACULAR DECLARATION

(This declaration is required if the proposer is not familiar with the language used in the proposal form)

I hereby declare that the content of this proposal form, including the questions and answers therein, has been fully explained to me by Shri/Smt/Ms \_\_\_\_\_ (Name of Explainer) in the \_\_\_\_\_ language, which I fully understand. I have fully understood the content and answered the questions truthfully and to the best of my knowledge and belief.

Date:           (Signature/Thumb impression of the Proposer) (Signature of the Explainer)

## X. DECLARATION BY AUTHORIZED REPRESENTATIVE

(This declaration is required if the proposer is a person with a disability and requires assistance in completing the proposal form.)

I, the undersigned, being unable to complete this proposal form independently due to a disability, have duly authorized Shri/Smt/Ms \_\_\_\_\_, who is my \_\_\_\_\_ (Relationship with Proposer), to assist me in completing this form and to make a declaration on my behalf. I confirm that the information provided is true, correct, and complete to the best of my knowledge and belief.

Date:           (Signature / Thumb Impression of Proposer) (Signature of Representative)

## XI. FOR OFFICE USE ONLY

Total Premium (Rs.)		Date	
Intermediary Code		Development Officer Code	
Issuing Office Code		Issuing Office Address	

## PROHIBITION OF REBATES (SECTION 41 OF INSURANCE ACT 1938)

- 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.
- Any person making default in complying with the provision of this Section shall be punishable with fine, which may extend to ten lakh rupees.

## Note:

- For complete details on the benefits, coverage, terms and conditions, and exclusions, please read the sales brochure, prospectus, and policy wordings carefully before concluding the sale.
- The duly signed proposal form must be submitted along with Proof of Identity and Proof of Residence.

## ACKNOWLEDGEMENT BY THE COMPANY

(for Office use only)

Received with thanks from Shri/Smt./Ms.: \_\_\_\_\_ A sum of Rs. \_\_\_\_\_  
 (Rupees \_\_\_\_\_) towards the proposal for Janata Personal Accident insurance  
 (Individual), paid via: ☐ NEFT/RTGS/IMPS ☐ UPI ☐ Cheque ☐ Demand Draft ☐ Cash ☐ Other: \_\_\_\_\_  
 Transaction/Cheque/DD Ref. No.: \_\_\_\_\_ Dated: DD / MM / YYYY

The following documents have been received along with the duly signed proposal form:

- ☐ Proof of Identity (ID) ☐ Proof of Address ☐ PAN Card / Form 60  
☐ Cancelled Cheque / Bank Passbook Copy ☐ Other: \_\_\_\_\_

## IMPORTANT DISCLAIMER: Please read carefully!

- This document is only an acknowledgement of the receipt of the proposal, documents, and premium amount mentioned above.
- This acknowledgement does NOT constitute acceptance of risk or commencement of the insurance policy.
- The issuance of the policy and the commencement of insurance cover are strictly subject to realization of the premium, document verification and underwriting decision of the Company.
- United India Insurance Company Limited shall not be liable for any claim whatsoever that may arise between the date of this receipt and the official policy start date. If the proposal is not accepted by the Company for any reason, the premium amount received will be refunded in full, without any interest.

Date: DD / MM / YYYY

(Signature of the receiver and official seal)