Edelweiss | GENERAL INSURANCE

INDIVIDUAL PROPOSAL FORM - LOAN CARE

GUIDELINES FOR COMPLETION OF THE FORM

1. Please answer all questions fully and correctly. Where any question does not apply, please mention clearly that the same is not applicable.
2. It is necessary to disclose all material facts and not suppress any while filling up this proposal form. If you think any fact is material, please disclose it.
4. Kindly contact the Company's Offices for any doubts or clarifications on the proposal form.
5. Please use original proposal form only. Photo copies will not be accepted by the company.
6. Fields marked with * are mandatory.
7. Kindly use separate form for each Co-applicant and Nominee details.

Note: The liability of the Company does not commence until the premium is paid and this proposal has been accepted by the Company.

***Servicing Branch Name:** _____ ***Servicing Branch Code:** _____

Intermediary Details

Intermediary Name: _____ Intermediary Contact No.: ☐☐☐☐☐☐☐☐☐☐ Intermediary Reference Code: _____

Intermediary Email: _____ Intermediary Sales Person's Name: _____

Intermediary Sales Person's Contact: ☐☐☐☐☐☐☐☐☐☐ Intermediary Sales Person's Code: _____ Source Code: _____

POS UID Aadhaar No./PAN: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

CUSTOMER INFORMATION (Proposer/Insured Details)

*Status of Applicant: Loan Applicant ☐ Co-Applicant ☐ Title: Mr ☐ Mrs ☐ Miss ☐ Dr ☐ M/s ☐ Capt ☐ Major ☐

*Name of Applicant: Insured Applicant ☐ / Insured Co-applicant ☐ _____

Father Name ☐ / Husband Name ☐ _____

*Whether Main applicant is the insured in the policy. Yes ☐ No ☐ If No, Kindly provide reason/details of same _____

*Number of Co-Applicants ☐☐ *Relationship with applicant _____ *Insured Date of Birth

*Nationality _____ *Gender _____ Marital Status _____ *Contact Number

Email ID: _____ *Correspondence Address _____

_____ *City _____ *Pin Code ☐☐☐☐☐☐☐☐☐☐ *State

*Current Country of residence _____ *Curent City of residence _____

*Insured PAN / Form 60 ☐☐☐☐☐☐☐☐☐☐

*Copy of PAN card to be provided if (i) premium paid in cash equals or exceeds ₹50,000 or (ii) premium equals or exceeds ₹1,00,000

Annual Income ☐☐☐☐☐☐☐☐☐☐ *Ocupation: Employed ☐ Self Employed ☐ Farmer ☐ Heavy Metal Industry _____

Type of Business (if Self Employed) _____

*Property / Risk Address _____

City _____ Pin Code ☐☐☐☐☐☐☐☐☐☐ State _____

*NOMINEE DETAILS

Nominee Name: _____ % of Share ☐☐☐

Nominee relationship (with applicant): Father ☐ Mother ☐ Son ☐ Daughter ☐ Spouse ☐ Others _____

Nominee DOB (If Nominee is a Minor, kindly provide Guardian name also) ☐☐☐☐☐☐☐☐ Guardian Name: _____

*DEPENDENT CHILDREN DETAILS

*Please specify No. of Children ☐☐ Name of dependent child (1) _____ Name of dependent child (2) _____

*Educational Institution name: _____

LOAN DETAILS

*Loan Account Number ☐☐

Loan Sanctioned Ammount (₹) ☐☐☐☐☐☐☐ *Loan Disbursal Ammount (₹) ☐☐☐☐☐☐☐

Loan Sanctioned Date: D D M M Y Y Y Y *Loan Disbursal Date: D D M M Y Y Y Y

*Tenure of Loan (Years): ☐☐ *Loan Type (Home Loan / LAP / SME / CF / PL / etc.) _____

*Name & Address of Financial Institution: _____

*POLICY DETAILS

Policy Sum Insured (₹) ☐☐☐☐☐☐☐☐ % of Sum Insured Applied ☐☐

Type of Policy (As per opted in Master Policy): Fixed Sum Insured ☐ Reducing sum Insured ☐

Master Policy Number: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Period of Policy: D D M M Y Y Y Y To D D M M Y Y Y Y

Tenure of Policy (years): ☐☐ Premium Ammount ₹ ☐☐☐☐☐☐ Premium Financed by Bank: Yes ☐ No ☐ Amount Financed ₹ ☐☐☐☐☐☐

Instalment Premium Payment mode: Single ☐ Half Yearly ☐ Quarterly ☐ Monthly ☐

*SCOPE OF COVERS

Cover	Opted	Benefit	Sum Insured
Major Medical Illness and Procedures	Yes ☐ No ☐	Sum Insured	
Personal Accident	Yes ✓	Sum Insured	
Child Education Benefit	Yes ✓	As per Benefit table	
Involuntary Loss of Job Cover	Yes ☐ No ☐	3 EMI	

ANY OTHER POLICY DETAILS

Is the Proposer or person to be insured, already insured or has applied for any loan linked policy with Edelweiss General Insurance Company Ltd. or any other Insurance Company? If Yes kindly provide details. _____

Certificate No. ☐☐☐☐☐☐☐☐☐☐☐ Insured Name: _____

Insurance Co. Name: _____ Start Date: D D M M Y Y Y Y End Date: D D M M Y Y Y Y

Sum Insured ₹ ☐☐☐☐☐☐☐ Claim Details: _____

*MEDICAL INFORMATION

*For any of the questions below if the answer is YES, Please provide complete details. If necessary, use a separate sheet for mentioning the details and sign and attach it to this proposal form.

1. Have you suffered in past or currently suffering from any disease / medical (Physical / Mental) condition? Yes ☐ No ☐
2. Have You been the proposer advised in past or currently consuming any type of medication / drug? Yes ☐ No ☐
3. Does the proposed insured consume Alcohol / Smoke / Pan Masala / Gutka / Tobacco? Yes ☐ No ☐ If Yes, Please provide details _____

(*1 Unit= 30 ml hard liquor / 1 glass of wine / 500 ml beer, 1 packet=5gms) Smoke Up to: 10 cig/day ☐ 10-11 cig/day ☐ >20 cig/day ☐

Alcohol Up to: 28 Units*/week ☐ >28 Units*/week ☐ Gutka / Tobacco Up to: 7 Packets*/Day ☐ >7 Packets*/Day ☐

Insured Height: - (CM)_____ Weight: -(Kgs) _____

Signature

FAMILY DOCTOR DETAILS

Name: Dr. _____ Contact No.: ☐☐☐☐☐☐☐☐☐☐

DECLARATION

a. I/We hereby declare, on my behalf and on behalf of all person(s) proposed to be insured, that the above statements, answers and/ or particulars given by me/us are true and complete, in all respects, to the best of my/our knowledge and that I/we am/are authorized to propose on behalf of these other persons .

b. I/We understand that the information provided by me/us 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 .

c. 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.

d. I/We declare that I/We 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 which 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.

e. I/We authorize the Company to share information pertaining to my/our proposal including the medical records, of the insured/proposer for the sole purpose of underwriting the proposal and/or claims settlement with any Governmental and/or regulatory authority.

Other Important Declarations :

a.. I/We agree to receive service related information from Edelweiss General Insurance Co. Ltd. and its service providers from time to time, through electronic and telecom modes, including WhatsApp, and understand that no unsolicited information will be sent to me/us.

b. I/We, hereby, further declare, on my behalf and on behalf of all persons proposed to be insured, that I/We have fully understood the product features, including its suitability, the contents of this proposal form and all other connected documents significant and incidental to availing the insurance policy from the Company.

c. I/We hereby agree that this declaration shall form the basis of the contract between me/ us and Edelweiss General Insurance Company Limited. I/We, hereby, further declare that this proposal form is signed with my own free will/consent and no person has directly and/or indirectly misguided and/or induced me/us to enter into the said insurance Contract

d.If any information/statement given in proposal is found to be untrue, the policy shall be treated as void ab intio and the premium paid shall be forfeited to the Company

I am declaring on behalf of

Applicant / Co-applicants: Name: _____

Signature

Edelweiss General Insurance Company Limited, Corporate Office: 5th Floor, Tower 3, Kohinoor City Mall, Kohinoor City, Kirol Road, Kurla (West), Mumbai- 400070, Registered Office: Edelweiss House, Off CST Road, Kalina, Mumbai-400 098, IRDAI Regn. No.: 159, CIN: U66000MH2016PLC273758, Reach us on: 1800 12000, Email: support@edelweissinsurance.com, Website: www.edelweissinsurance.com, Issuing/Corporate Office: +91 22 4272 2200, Grievance Redressal Officer: +91 22 4931 4422, Dedicated Toll-Free Number for Grievance: 1800 120 216216. Trade logo displayed above belongs to Edelweiss Financial Services Limited and is used by Edelweiss General Insurance Company Limited under license. Insurance is the subject matter of solicitation.

Vernacular Declaration

Certification in case the proposer has signed in vernacular (to be witnessed by someone other than agent/employee of the company).

Name of the Proposer:

The content of this form and its particulars have been explained by me in vernacular to the proposer who has understood and confirmed the same:

Signature of the Proposer

Date: D D M M Y Y Y Y

Place: _____

Signature of the witness:

Name of witness:

Declaration By Insurance Agent/ Intermediary

I, _____, in my capacity as an Insurance Agent/ POSP/ Specified Person of the Corporate Agent/ authorised person of the Broker/ IMF, do hereby declare that I have explained the product features, including its suitability, and the contents of this Proposal Form, including the nature of the questions contained in this Proposal Form to the Proposer, including statement(s), information and response(s) submitted by the Proposer, in this Proposal Form, to the questions contained herein and that any details sought herein shall form the basis of the contract of insurance between the Company and the Proposer, if this Proposal is accepted by the Company. I have further explained that if any untrue statement(s)/ information/ response(s) is/ are contained in this Proposal Form, including addendum(s), affidavit(s), statement(s), submission(s), or if there has been a non-disclosure of any material fact, the policy issued thereon shall, at the option of the Company, be treated as null and void and the premium amount paid against the policy may be forfeited by the Company.

Name of Insurance Agent/ POSP/ Specified Person of the Corporate Agent/ authorised person of the Broker/ IMF: _____

Agency Code/ License No.: _____

Date: D D M M Y Y Y Y

Place: _____

PROHIBITION OF REBATES

SECTION 41 OF INSURANCE ACT, 1938 (as amended)

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 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 poiicy accept any rebate except such rebate as may be allowed in accordance with the published prospectuses or tables of the Insurer.

Any person maing default in complying with the provisions of this section shall be punishable with fine, which may extend to Ten Lakh rupees.

PAYMENT DETAILS

Name of Premium Payer: _____

Amount in Words: _____

For Cheque / DD (Drawn in favour of "Edelweiss General Insurance Company Limited")

Instrument No.: ☐☐☐☐☐☐ Instrument Date: ☐☐☐☐☐☐☐☐ Instrument Amount: ☐☐☐☐☐☐☐

Bank Name: _____ For Card Payments: Credit Card ☐ Debit Card ☐ Card No.: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Name on Card: (Only cards belonging to the proposer/ person to be insured to be accepted) _____

For Bank Transfer (RTGS / NEFT) Bank Account Type: Savings ☐ Current ☐ Bank Account No. ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

IFSC / MICR Code: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Bank Branch Code / Location: _____

As a go-green initiative, Edelweiss General Insurance Co. Ltd. will be sending the Policy documents to your e-mail address, as provided by you in this form.

☐ I do not want the physical copy of my Policy documents.

☐ I want the physical copy of the Policy documents to be sent to my address, as mentioned in the proposal form.

ACKNOWLEDGEMENT SLIP

Application Number: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

We acknowledge with thanks the receipt of your proposal and corresponding premium for an amount of ₹ _____ vide cheque/demand draft (no. _____ dated _____ drawn on _____) or cash or other mode of payment (specifically _____).

Neither the submission to Us of a completed proposal for insurance nor any payment for any policy sought obliges Us to agree to issue a policy, which decision is and always shall be in absolute discretion. If We accept a proposal for insurance, it shall be subject to the policy terms and conditions and We shall have no liability whatsoever if premium is not received by us in full and in time or is not realized.

If We do not accept the proposal, We will inform you of the same and refund the payment, if any, received from you without interest.

Name of Official: _____

Signature & Date of Official

Edelweiss General Insurance Company Limited, Corporate Office: 5th Floor, Tower 3, Kohinoor City Mall, Kohinoor City, Kirol Road, Kurla (West), Mumbai- 400070, Registered Office: Edelweiss House, Off CST Road, Kalina, Mumbai-400 098, IRDAI Regn. No.: 159, CIN: U66000MH2016PLC273758, Reach us on: 1800 12000, Email: support@edelweissinsurance.com, Website: www.edelweissinsurance.com, Issuing/Corporate Office: +91 22 4272 2200, Grievance Redressal Officer: +91 22 4931 4422, Dedicated Toll-Free Number for Grievance: 1800 120 216216. Trade logo displayed above belongs to Edelweiss Financial Services Limited and is used by Edelweiss General Insurance Company Limited under license. Insurance is the subject matter of solicitation. URN: EDL/HL/PR/V2