

10-08-2016

Mr V. Karthik Viswanathan
No 2 Rukumani Ammal Street,
Purushothaman Nagar,
Chrompet,
Hasthinapuram Main Road
Chennai 600044
(M) 9444185695

Policy Number : 03389887

Your Exide Life New Fulfilling Life with Policy No. 03389887

Dear Mr Karthik Viswanathan,

We thank you for choosing Exide Life Insurance as your preferred life insurance solution provider. We welcome you onboard to growing happy family of over 15 lakh Exide Life Insurance customers.

We are pleased to enclose your Policy Bond, which carries the following details of your recently purchased Exide Life Insurance Policy:

- | | | |
|----------------------|---|--|
| ✓ Policy Schedule | : | Summary of key features of your Exide Life Insurance Policy |
| ✓ Premium Receipt | : | Acknowledgement of the first premium paid by you |
| ✓ Terms & Conditions | : | Detailed terms of your policy contract with Exide Life Insurance |
| ✓ Service Options | : | Wide range of policy servicing options that you can benefit from |

We request you to carefully go through the information given in the Policy Bond. You are also advised to keep the Policy Bond with utmost safety because this document will be required at the time of availing policy benefits.

We wish to inform you that, in case you are not satisfied with any of the terms and conditions of this insurance policy, Exide Life Insurance gives you an option to cancel this policy within 15 days (30 days if the policy is sourced through Distance Marketing#) from the date of receipt of this policy. You would need to write to us stating your reason for cancellation and return the original Policy Bond to any of our Exide Life Insurance Branches. We will refund the Premium amount paid by you towards this policy, after deducting a proportionate risk premium for the period of insurance cover in addition to the expenses incurred on medical examination (if any) and the stamp duty charges.#Distance Marketing includes solicitation through all modes other than in person.

For any assistance, please feel free to contact our customer service team at customer.service@exidelife.in or call our toll free number 1800 419 8228.

Thank you for giving us the opportunity to help you prepare for a long and happy life.

Yours sincerely,



Kshitij Jain
Managing Director & CEO
Exide Life Insurance Company Limited



Your Financial Advisor Contact Details

Advisor Name: M.J. Vijayaraja

Advisor Code: 60175844

Mobile/ Landline Number: (M) 9840213150

Policy Schedule

Name of the Policy	Exide Life New Fulfilling Life UIN No 114N024V02
Policy Number	03389887
Date of the Proposal	06-08-2016
Policy Commencement Date	06-08-2016
Risk Commencement Date	06-08-2016
Sum Assured	₹ 519,952.00
Guaranteed Death Benefit (GDB)	₹ 526,210.00
Premium Amount	₹ 52,621.00
Frequency of Payment	Annual
Due Date of Payment	6th of August
Premium Paying Term	16 Years
Policy Term	52 Years
Due Date of Last Installment Premium	06-08-2031
Name & Address of the Policy Holder	V. Karthik Viswanathan No 2 Rukamani Ammal Street, Purushothaman Nagar, Chrompet, Hasthinapuram Main Road Chennai 600044
Date of Birth of the Policy Holder	05-12-1982
Name of the Life Assured	V. Karthik Viswanathan
Age of Life Assured at Entry	33
Date of Birth	05-12-1982
Whether Age admitted?	Yes
Name of Nominee(s) and Relationship to Life Assured	S. Aishwarya (Wife)
Name of Appointee, If Nominee is minor	
Policy Maturity Date	06-08-2068

Consolidated Stamp Duty Paid to the GOVERNMENT OF KARNATAKA for this contract is ₹ 105.24

The Modal Premium shown in the policy schedule above is exclusive of Service Tax. Service tax at the applicable rates will be charged on premiums paid.

Your First Premium Receipt

Mr V. Karthik Viswanathan
No 2 Rukumani Ammal Street,
Purushothaman Nagar,
Chrompet,
Hasthinapuram Main Road
Chennai 600044

Date
10-08-2016
Receipt Number
03372975

We acknowledge receipt of ₹54,600.00 as deposit towards Premium for your Exide Life New Fulfilling Life, policy number 03389887 as per the following details:

Date of Policy Commencement	6th August 2016
Billing Frequency	Annual
Premium Installment	₹54,599.55
Sum Assured	₹519,952.00
Policy Fee	₹0.00
Service Tax*	₹1,978.55
Total Amount Adjusted	₹54,599.55

Please note that your next regular premium is due on 6th August 2017

The balance amount in deposit will be adjusted towards your future premium ₹0.45

Consolidated Revenue Stamp Duty (wherever applicable) Paid to the GOVERNMENT OF KARNATAKA

"The Indian Stamp Act, 1899, as amended by The Finance Act, 2004 (Act 23 of 2004), prescribes the stamp-duty on the document acknowledging the receipt of any money or other property, the amount or value of which exceeds Rs. 5000/- (Rupees Five Thousand) as Rupee ONE". "The Stamp Act 1977 of the State of Jammu & Kashmir, as amended from time to time, currently prescribes the Stamp duty on the document acknowledging receipt of any moneys, the amount or value of which exceeds Rs. 40/- as Rupees Two."

Income Tax Benefits:

Any Premium paid by the policy holder on a life insurance policy with Exide Life Insurance company Limited, would be eligible for certain applicable tax benefits under section 80C, 80CCC and 80D of the Income Tax Act, 1961 as per the prevailing Income Tax Laws. Please consult your tax advisor for more information on these Tax Benefits.

*Service Tax or any other form of taxes or charges or levies will be additionally charged as per prevailing laws and regulations wherever applicable. For Unit Linked Policies service tax will be deducted through cancellation of units as per prevailing laws and regulations. Premium paid in advance would be held in deposit without interest, the premium will be adjusted to the policy on the due date. As per Government of India directive, if you are holding single or multiple policies where your aggregate premium payment for the financial year is Rs. 50,000 or above, please submit PAN card or form 60 / form 61 as applicable. Please ignore if you have already submitted the documents.

Payouts/ Benefits:

If the payouts under a life insurance policy are not exempted under Section 10(10D) of the Act and the total payouts across all such policies to a customer in a financial year (i.e. April to March) amounts to Rs.1 lakh or more, then the payouts would be subject to tax deduction at source (TDS) @ 2%. In the absence of submission of valid PAN the TDS would be deducted @ 20% on such payouts. The commencement of risk under this policy will start from the date of issuance of this policy or the date of encashment of first premium deposit whichever is later. In the event of dishonor of the payment, the policy of Insurance issued as well as this receipt shall be treated as null and void from inception and the Company shall not be liable to pay any amounts under this policy.

For more information on the applicability of section 10(10D) and 194-DA of the Income Tax Act, 1961 please visit <http://incometaxindia.gov.in/Pages/acts/income-tax-act.aspx> or consult your tax advisor on the same

Exide Life New Fulfilling Life

V. Karthik Viswanathan

Exide Life Insurance Company Limited (the 'Company') is pleased to enter into this **Exide Life New Fulfilling Life** as evidenced by this policy ('Policy') and agrees to pay the benefits as stated herein, subject to the terms and conditions of this Policy. The Policy is issued on the basis of the Proposal, Addendums / Endorsement to the Proposal and this Policy Document Declaration from the Proposer and on the express understanding that the said Proposal, Addendums / Endorsements to the Proposal and this Policy Document, Declaration and any statement made or referred to therein shall be part of parcel of this Policy.



Kshitij Jain

Managing Director and CEO
Exide Life Insurance Company Limited

Exide Life New Fulfilling Life

(UIN: 114N024V02)

TERMS AND CONDITIONS

The Terms & Conditions and the Policy Schedule are issued based on the proposal form submitted by the Life Assured/Policyholder.

1. DEFINITIONS

In this Policy, unless the context requires otherwise, the following words and expressions shall have the meaning ascribed to them respectively herein below:

Age shall be age of Life Assured at entry based on Age last birthday and is stated in the Policy Schedule.

Eligible Person means the Policyholder, including assignees under Section 38 of the Insurance Act, 1938, or nominees under Section 39 of the Insurance Act, 1938, or proving executors of administration or other legal representatives, as per the applicable Regulations.

Life Assured means the person named as such in the Policy Schedule.

Policy means and includes this document, the Annexure, the signed Proposal Form, the signed benefit illustration, the Policy Schedule and any attached endorsements or supplements together with all addendums.

Policyholder means the person specified as such in the Policy Schedule.

Policy Commencement Date means the Date, Month, and Year the Policy comes into effect and is as specified as such in the Policy Schedule.

Policy Maturity Date means the date of completion of the Policy Term as specified in the Policy Schedule.

Policy Schedule means the Schedule issued by the Company and attached to and forming part of this Policy.

Policy Term means the tenure of this Policy specified as such in the Policy Schedule.

Policy Year means a period of twelve (12) consecutive months starting from the Policy Commencement Date and ending on the day immediately preceding the following anniversary date and each subsequent period of twelve (12) consecutive months thereafter.

Premium means the amount payable in a Policy Year on the due date as set out in the Policy Schedule.

Premium Paying Term (PPT) means the period in years during the Policy Term in which Premiums are payable by the Policyholder under the Policy, as specified in the Policy Schedule.

Regulations mean the laws and Regulations in effect from time to time and applicable to this Policy, including without limitation the Regulations and directions issued by the Regulatory Authority from time to time. The applicable Regulation shall form a part and parcel of the terms and conditions, and the terms and conditions shall be read along with the Regulation.

Regulatory Authority means the Insurance Regulatory and Development Authority of India (IRDAI) or such other authority (ies) as may be designated under the applicable laws and Regulations.

Rider means the Rider/s, if any, opted by the Life Assured/Policy Holder and issued by the Company, attached to and forming part of this Policy.

Rider Benefits means the Benefits payable under the Rider and mentioned in the Rider Policy

Rider Endorsement Letter means the letter issued by the Company on a Policy Anniversary date to which to which the Rider Policy attached to and forms a part of the Policy.

Risk Commencement Date means the date from which risk is assumed by the Company and as specified in the Policy Schedule.

Sum Assured means the amount specified as such in the Policy Schedule or such amount as may be endorsed on the Policy.

"We", "Us", "Our" and **"Company"** refers to Exide Life Insurance Company Limited.

"You" and **"Your"** refers to the Policyholder.

2. POLICY DESCRIPTION

Exide Life New Fulfilling Life is the name of the life insurance product of the Company. It is a participating and non linked life insurance Policy which has protection as well as savings orientation. A participating Policy entitles the Policyholder to a share in the surplus (profits) of participating fund of the Company.

3. BENEFITS PAYABLE UNDER THIS POLICY

3.1.Survival Benefit: Subject to the terms and conditions of this Policy and the Policy remaining in full force and effect, the Company shall pay to the Person to whom Benefits payable, the following Survival Benefits on the Life Assured surviving till the end of the periods specified below:

S.No.	Staggered Payments (as a percentage of Sum Assured)	Survival Benefit
1.	On completion of 1/4th of the Premium Payment Term	20% of the Sum Assured
2.	On completion of 2/4th of the Premium Payment Term	20% of the Sum Assured
3.	On completion of 3/4th of the Premium Payment Term	20% of the Sum Assured
4.	On completion of the Premium Payment Term	40% of the Sum Assured

Payment of Survival Benefits would not affect the Death Benefits or the Maturity Benefits admissible under this Policy.

3.2.Maturity Benefit: Subject to the terms and conditions of this Policy and the Policy remaining in full force and effect on the Policy Maturity Date, the Company shall pay to the Eligible Person, the Sum Assured under this Policy plus vested bonus, if any plus terminal bonus, if any on survival of the Life Assured as on the Policy Maturity Date. Subject to the payment of all the due premiums, the Maturity Benefit including survival benefits already paid will never be less than 105% of all the premiums paid.

3.3.Death Benefit: Subject to the terms and conditions of this Policy and the Policy remaining in full force and effect, in the event of death of the Life Assured after Risk Commencement Date but before Policy Maturity Date, the Company shall pay Guaranteed Death Benefit plus vested bonus, if any plus terminal bonus, if any as on date of death to the Eligible Person after deducting the due Premiums for the Policy anniversary of the date of death:

Under no circumstances, the Death Benefit will be less than 105% of total Premiums paid till date of Death excluding service tax, rider premiums and extra premiums, if any.

3.3.1. Guaranteed Death Benefit: Guaranteed Death Benefit is higher of Sum Assured or 10 times the annualised premium excluding service tax, rider premium and extra premiums paid, if any.

3.3.2. Exclusions:

3.3.2.1. Suicide: If the Life Assured commits suicide for any reason, while sane or insane, within one year from the date of commencement or within one year from the date of reinstatement of the lapsed Policy, as the case may be, the Policy shall terminate with immediate effect and the Company will not be liable to pay the benefits under the Policy other than what is specified below:

- Death occurs within one year from the date of commencement: 80% of Premium paid excluding service tax provided the Policy is in force.
- Death occurs within one year from the date of reinstatement: Higher of 80% of Premium paid, excluding service tax or Surrender value as available as on the date of death.

3.4.Bonus - Participation in Surplus: This Policy participates in the surplus of the participating fund and bonus, subject to availability of surplus, will be declared by the Company in the form of reversionary bonus or terminal bonus. Reversionary bonus will be added to the Policy each year on Policy anniversary and terminal bonus, if any will be payable as part of the Maturity Benefit or Death Benefit, if death happens after completion of 25 Policy Years.

3.5.Rider Benefits: If any Riders are opted and attached to this Policy as specified in the Policy Schedule or in the Rider Endorsement Letter, the Rider Benefit shall become eligible subject to the Rider Terms and conditions.

3.6.Requirements for maturity claims and death claims

3.6.1. In the event of a claim for Maturity Benefit or Death Benefit arising under this Policy, the Eligible Person shall intimate to the Company in writing of the claim and provide the following documents to the Company within

60 days of the claim arising, to enable the Company to process the claim:

3.6.1.1. In case of maturity claims

- (i) Original Policy document; and
- (ii) Discharge Form
- (iii) Self attested ID Proof, and
- (iv) Bank account details

3.6.1.2. In case of death claims, except death claims arising out of accidents or unnatural deaths

- (i) Death Certificate, in original, issued by the competent authority;
- (ii) Policy document, in original;
- (iii) Medical Cause of Death certificate, issued by doctor certifying death.
- (iv) Identification proof (bearing photo) of person receiving the Benefit and the Life Assured.
- (v) Medical treatment records (discharge summary / death summary, investigation reports, etc) if Life Assured has taken treatment for illness leading to his/her death.

3.6.1.3. In case of death claims arising out of accidents or unnatural deaths

- (i) Death Certificate, in original, issued by the competent authority;
- (ii) Policy document, in original;
- (iii) Identification proof (bearing photo) of person receiving the Benefit and the Life Assured.
- (iv) First Information Report, Inquest and the Final Investigation Report thereof, duly attested by concerned jurisdictional Police Official.
- (v) Post Mortem Report duly attested by the concerned officials.

3.6.1.4. Notwithstanding anything contained in Clause 3.6.1.2 and 3.6.1.3 above, depending upon the cause or nature of the claim, the Company reserves the right to call for any other and/or additional documents or information, including documents/information concerning the title of the person claiming the Death Benefit under this Policy, to the satisfaction of the Company, for processing of the claim.

3.6.1.5. Delay in intimation of claim or submission of documents for the reasons beyond the control of the insured/claimant may be condoned by the Company.

3.7.Payment of Benefits

3.7.1. Payment of the Benefits under this Policy shall be subject to deduction of any indebtedness arising out of outstanding Policy loans, interest due on such loans etc.

3.7.2. Payment of all the Benefits as shown in the Policy Schedule shall be subject to receipt by the Company of proof to its satisfaction;

3.7.2.1. of the Benefits having become payable as set out in this Policy; and

3.7.2.2. of the title of the person or persons claiming the Benefits; and

3.7.2.3. of the correctness of the Age of the Life Assured as stated in the Proposal, if not previously admitted.

3.8. Mode of payment of Benefits

3.8.1. All Benefits and other sums under this Policy shall be payable in the manner and currency allowed/permitted under the Regulations and shall be payable by account payee cheque or other permissible modes.

3.8.2. The Company shall pay the applicable Benefits and other sums payable under this Policy. Any discharge given by the Eligible Person, or by any person authorized by the Eligible Person in writing in respect of the Benefits or the sums payable under this Policy shall constitute a valid discharge to the Company in respect of such payment. The Company's liability under the Policy shall be discharged by such payment and the Company shall not be required to see the utilization of the monies so paid.

3.8.3. Apart from the benefits mentioned hereinabove in clause 3 the Company shall not be liable to pay any other benefits to the Eligible Person.

4. PREMIUM UNDER THIS POLICY

4.1. Payment of Premiums: This Policy is issued subject to the Policyholder making prompt and regular payment of Premium for the Policy Term as mentioned in the Policy Schedule and it shall be the responsibility of the Policyholder to ensure prompt and regular payment of the Premium. In the event the policyholder makes a choice of monthly premium payment mode, three (3) months premiums shall be collected in advance on the date of commencement of the policy and adjusted towards the policy only on the due dates. These advance premiums shall be non-refundable, except in case of Free Look Cancellation of this policy.

4.2. Grace Period: A Grace Period of thirty (30) days for annual mode and fifteen (15) days for monthly mode from the Premium payment due date will be allowed for payments of each Premium. The Regular Premiums are payable on the due date for payment and in any case not later than the Grace Period. During the Grace Period, the Policy shall continue to be in force for availing the Death Benefit. Any unpaid Premium is deductible from the Benefits that may arise during the Grace Period. If the Premiums due are not paid within the Grace Period, the Policy will be eligible for Non-Forfeiture options explained in clause 4.4.

4.3. Reinstatement of the Policy

4.3.1. Subject to the approval of the Company and the prevailing board approved underwriting policy, this Policy, if lapsed, may be reinstated for full benefits before the Policy Maturity Date but within two years from the due date for payment of the first unpaid Premium provided;

4.3.1.1. This Policy has not been surrendered for cash;

4.3.1.2. No claim has arisen under this Policy.

4.3.1.3. Where required by the Company, a written application for reinstatement is received from the Policyholder by the Company, together with evidence of

insurability and health of the Life Assured, to the satisfaction of the Company; and

4.3.1.4. All amounts necessary to reinstate this Policy including all arrears Premiums with interest/reinstatement charge as levied by the Company from time to time.

4.3.2. Notwithstanding anything to the contrary contained elsewhere in this Policy, the Company reserves the right to reinstate the lapsed Policy either on its original terms and conditions or on such other or modified terms and conditions as the Company may specify or to reject the reinstatement. If needed the Company may refer it to its medical examiner in deciding on reinstatement of lapsed Policy. Subject to the provisions of Clauses 4.3.1 above, the reinstatement shall come into effect on the date when the Company specifically communicates it in writing to the Policyholder.

4.3.3. Since the Company shall be relying on the statements made by the Policyholder/Life Assured to the Company and to its medical examiner in deciding on reinstatement of a lapsed Policy, if any incorrect or untrue statement has been made or any material fact has been suppressed, the Company shall be entitled to cancel the reinstatement of this Policy or repudiate the claim, if any, arising after such reinstatement and the Policyholder shall not be entitled to receive any amounts paid under this Policy including the amounts paid towards such reinstatement.

4.4. Non-Forfeiture options upon Non-Payment of Premiums :

If one full year's Premiums has not been paid, the Policy will lapse until the Policy is reinstated for full Benefits within two years from the first unpaid Premium due date. No Benefits will be paid to the Policyholder or the Eligible Person if the Policy is in Lapse stage.

A Lapse Policy will cease to participate in the profits from the date on which the Premium was due but not paid.

If at least one full year's Premium has been paid and less than three full years' Premiums have been paid, the Policyholder will be eligible for guaranteed surrender value as explained in section 4.4.3.1. However in case of death of the policyholder before acquiring the Reduced Paid-up Value as explained in section 4.4.1, the applicable surrender value shall be payable immediately on death and the Policy terminates.

If at least three full years' Premiums have been paid, and if any subsequent Premium due has not been received by the Company the Policyholder will be eligible for reduced paid-up value as explained in section 4.4.1.2 and surrender value as explained in section 4.4.3.

4.4.1. Reduced Paid-up Value

4.4.1.1. If at least one full year's Premium has been paid and less than three full years' Premiums have been paid, the Eligible Person will be eligible for death benefit which will be equal to surrender value as applicable and the Policy terminates.

4.4.1.2. If at least three full years' premiums have been paid and no further due Premiums are paid, then the Policy will be eligible for a non-forfeiture Benefit which shall be a Reduced Paid-up Value. The minimum amount of the Reduced Paid-up Value is shown below:

$$\text{Reduced Paid-up Death Benefit} = \frac{(\text{Number of Installments of Premiums paid})}{(\text{Total Number of Installments of premiums payable under the policy})} \times \text{Guaranteed Death Benefit} + \text{Vested Bonuses, if any}$$

$$\text{Reduced Paid-up Survival Benefit} = \frac{(\text{Number of Installments of Premiums paid})}{(\text{Total Number of Installments of premiums payable under the policy})} \times \text{Sum Assured} - \text{Survival Benefits already paid}$$

In case of a Reduced Paid-up Policy the reduced Paid-up Survival Benefit will be paid at the end of the Premium Payment Term and no other survival benefit will be paid during the Premium Payment Term.

$$\text{Reduced Paid-up Maturity Benefit} = \frac{(\text{Number of Installments of Premiums paid})}{(\text{Total Number of Installments of premiums payable under the policy})} \times \text{Sum Assured} + \text{Vested Bonuses, if any}$$

A Reduced Paid-up Policy will cease to participate in the profits/surplus of the fund from the date on which the Premium was due but not paid.

Reduced Paid-up Sum Assured shall be payable on earlier of death of Life Assured or Policy Maturity Date as specified in the Policy Schedule.

4.4.2. Surrender of the Policy

If at least one full year's Premium is paid the Policy can be surrendered. The surrender value is payable immediately on surrender or at the end of the third policy year, whichever is later. The Policy cannot be surrendered after the death of the Life Assured. Upon Payment of the Surrender Value, the Policy shall stand terminated with no further Benefits payable under the Policy and the Company shall be relieved and discharged from all obligations under this Policy thereafter.

4.4.3. Surrender Value:

The Policy acquires a Surrender Value which is higher of Guaranteed Surrender Value or Special Surrender Value.

4.4.3.1. Guaranteed Surrender Value (GSV): If at least one full year's Premium has been paid, the Policy acquires a Guaranteed Surrender Value.

The Guaranteed Surrender Value will be the sum of the following

- GSV as a percentage of Premiums paid: GSV factor 1 multiplied by the total amount of Premiums paid excluding the Premium for extra mortality rating if any minus Survival Benefits already paid and
- GSV as a percentage of vested bonuses: GSV factor 2 multiplied by the total value of vested bonus accrued to the Policy, if any.

The Guaranteed Surrender Value factors increase with the Policy duration and are provided in the table below:

During Policy Year	GSV Factor 1 (as a percentage of Premiums paid)	GSV Factor 2 (as a percentage of vested bonus)
1	10.00%*	00.00%*
2	20.00%*	00.00%*
3	30.00%	10.00%
4	50.00%	15.00%
5	50.00%	15.00%
6	50.00%	15.00%
7	50.00%	15.00%
8	55.00%	15.00%
9	55.00%	15.00%
10	55.00%	15.00%
11	60.00%	20.00%
12	60.00%	20.00%
13	60.00%	20.00%
14	65.00%	20.00%
15 onwards	70.00%	30.00%

* If all premiums have not been paid for at least 3 full policy years, then the applicable GSV Factor 1 as mentioned in the table above would be 10% for one full year's premium paid and 20% for two full years' premiums paid irrespective of the policy year in which the policy is surrendered. GSV Factor 2 as mentioned in the table above would be fixed 0%; irrespective of the policy year in which the policy is surrendered.

4.4.3.2. Special Surrender Value: If at least three full year's Premium has been paid and if the conditions as per section 4.4.2 have been fulfilled, the Policy may acquire a Special Surrender Value. The Special Surrender Value will be quoted only on receipt of a surrender request which shall be determined by the Company from time to time and is not guaranteed. The Surrender Values and Non-forfeiture provisions apply only to the Base Policy mentioned in the Schedule and not to any Riders.

5. GENERAL PROVISIONS

5.1. Policy Loan: At any time after completion of Premium Payment Term, if any net Cash Surrender Value is available under the Policy, the Policyholder may obtain a loan on the security of the Policy and on its proper assignment to the Company. The aggregate amount of loan that will be advanced shall not exceed 80% of the available Cash Surrender Value. The rates of interest payable on the loan and the other terms and conditions of the loan shall be as determined by the Company from time to time. All outstanding loan and interest thereon shall be deducted from any Benefits and other sums payable under the Policy. If at any point of time, the loan along with outstanding accrued interest exceeds the value of Benefits payable under the Policy, the Company reserves the right to foreclose this Policy

5.2. Free Look Provisions: The Policyholder shall have a period of 15 days (30 days if the Policy is sourced through Distance Marketing#) from the date of receipt of the Policy document to review the terms and conditions of this Policy and if the Policyholder disagrees with any of

the terms and conditions, he/she has the option to return the Policy stating the reasons for the objections upon which the Company shall return the Premium paid subject to deduction of a proportionate risk Premium for the period of insurance cover in addition to the expenses incurred on medical examination (if any) and the stamp duty charges. All Benefits and rights under this Policy shall immediately stand terminated at the cancellation of the Policy.

Distance Marketing includes solicitation through all modes other than in person.

5.3. Forfeiture in certain events: In issuing this Policy, the Company has relied on, and may rely on, accuracy and completeness of the information provided by the Proposer/Life Assured and any other declarations or statements made or as may be made hereafter, by the Policyholder/Life Assured. In case of fraud or misrepresentation, the Policy shall be cancelled immediately by paying the surrender value, subject to the fraud or misrepresentation being established by the Company in accordance with Section 45 of the Insurance Act, 1938 as applicable.

5.4. Admission of Age: The Age of the Life Assured has been admitted on the basis of the declaration made by the Policyholder / Life Assured in the Proposal form and/or in any document/statement based on which this Policy has been issued. If the Age of the Life Assured is found to be different from that declared, the Company may, adjust the Premiums and/or the Benefits under this Policy and/or recover the applicable balance amounts, if any, as it deems fit. This Policy shall however become void from commencement, if the Age of the Life Assured at the Policy Commencement Date is found to be higher than the maximum or lower than the minimum entry Age that was permissible under this Policy at the time of its issue and the amounts received under this Policy shall be liable to be forfeited by the Policyholder in favour of the Company at the Company's option by paying the surrender value (as applicable).

5.5. Assignment: Assignment should be in accordance with provisions of sec 38 of the Insurance Act 1938 as amended from time to time.

[A Leaflet containing the simplified version of the provisions of Section 38 is enclosed in Annexure - (1) for reference].

5.6. Nomination: Nomination should be in accordance with provisions of sec 39 of the Insurance Act 1938 as amended from time to time.

[A Leaflet containing the simplified version of the provisions of Section 39 is enclosed in Annexure - (2) for reference]

5.7. Review, revision: The Company reserves the right to review, revise, delete and/ or alter any of the terms and conditions of this Policy, including without limitation the Benefits, the Premiums with the prior approval of the Regulatory Authority.





5.8. Release and discharge: The Policy will terminate automatically on payment of the surrender value, death benefit, maturity benefit, on lapse of the Policy or on the happening of the events that the Policy reads specifically that the Policy shall terminate, as the case may be, and

the Company will be relieved and discharged from all obligations under this Policy thereafter.

5.9. Taxes, duties and levies and disclosure of information: This Policy, and the Benefits and the surrender value payable under this Policy shall be subject to the Regulations, including taxation laws in effect from time to time. All taxes, duties or levies including without limitation any value added, service tax or other taxes (collectively "Taxes") as may be imposed now or in future by any authority on the Premiums, charges and Benefits shall be borne and paid by the Policyholder or the Eligible Person, as the case may be or deducted by the Company from the Premium received or Benefits payable. The Premium and other sums payable under or in relation to the Policy do not include the Taxes. The persons receiving the Benefits shall be solely liable for complying with all the applicable provisions of the Regulations, including taxation laws, and payment of all applicable Taxes. In any case where the Company is obliged to account to the revenue authorities for any Taxes applicable to this Policy or the Benefits payable under this Policy, the Company shall be entitled to deduct such Taxes from any sum payable under this Policy, and deposit the amount so deducted with the appropriate governmental or regulatory authorities. In any case where the Company is obliged to disclose to the revenue or other regulatory authorities any information concerning the Policy, including information concerning the Premium and the Benefits under this Policy, the Company shall be entitled to disclose the required information to the appropriate governmental or regulatory authorities.

5.10. Notice by the Company under the Policy: Any of the notices required to be issued in terms of this Policy may be issued, either by issuing individual notices to the Policyholder, including by electronic mail and/or facsimile, or by issuing a general notice, including by publishing such notices in newspapers and/or on the Company's website.

5.11. Contact Information for Feedback, Complaints & Grievance Redressal

	Call Us	Contact Us
Level 1 For Policy Servicing and Complaints	 1800 419 8228 (Toll Free) +91 80 4134 5444	 <ul style="list-style-type: none"> At Your nearest branch office Call the toll free number to ascertain the address of the nearest branch office Write to customer.service@exidelife.in
Level 2	<p>In case the Eligible Person is not satisfied with the decision of the above office, or have not received any response within 10 days, the Eligible Person may contact the following official for resolution:</p> <div>  <p> The Complaints Officer Exide Life Insurance Company Limited 3rd Floor, JP Techno Park, No. 3/1, Millers Road, Bengaluru - 560 001. Email: complaintscell@exidelife.in Toll Free Number: 1800 419 8228 Tel. No. : +91- 80 4134 5134 </p> </div> <p>Please quote the reference number provided in earlier interaction along with Policy/Contract number to help us understand and address the concern.</p>	
Level 3	<div>  <p>Head - Customer Service</p> </div> <p>In case the Eligible Person is not satisfied with the decision above, the Eligible Person can write to Head Customer Service at head.customerservice@exidelife.in</p> <p>If you are not satisfied with the response or do not receive a response from us within 14 days, you may approach the Grievance Cell of the Insurance Regulatory and Development Authority of India (IRDAI) on the following contact details:</p> <p>IRDAI Grievance Call Center (IGCC) TOLL FREE NO: 155255 Email ID: complaints@irda.gov.in</p> <p>You can also register your complaint online at http://www.igms.irda.gov.in/</p> <p>Address for communication for complaints by fax/paper:</p> <p> Consumer Affairs Department Insurance Regulatory and Development Authority of India 9th Floor, United India Towers, Basheerbagh, Hyderabad - 500 029, Telangana Fax No: 91-40-6678 9768 </p>	
Level 4	<p>In case the Eligible Person is not satisfied with the decision/resolution of the Company, the Eligible Person may approach the nearest Insurance Ombudsman as per the address mentioned in Annexure Ombudsman List if Your grievance pertains to:</p> <ul style="list-style-type: none"> Insurance claim that has been rejected or dispute of a claim on legal construction of the policy Delay in settlement of claim Dispute with regard to premium Non-receipt of Your insurance document <p>The complaint should be made in writing, duly signed by the complainant or by his/her legal representative with full details of the complaint and the contact information of complainant.</p> <p>As per provision 13(3) of the Redressal of Public Grievances Rules 1998, the complaint to the Ombudsman can be made</p> <ul style="list-style-type: none"> Only if the grievance has been rejected by the Grievance Redressal Machinery of the Insurer Within a period of one year from the date of rejection by the insurer If it is not simultaneously under any litigation 	

5.12. Entire Contract: This Policy comprises the terms and conditions set forth in this Policy document, the Policy Schedule, and the endorsements, if any, made on or applicable to this Policy, which shall form an integral part and the entire contract, evidenced by this Policy. The liability of the Company is at all times subject to the terms and conditions of this Policy and the endorsements made from time to time.

5.13. Governing Law and Jurisdiction: This Policy shall be governed by and interpreted in accordance with the laws of India. All actions, suits and proceedings under this Policy shall be subject to the exclusive jurisdiction of the courts of law within whose territorial jurisdiction the registered office of the Company is situated. No action in law or equity shall be brought against the Company to enforce any claim under this Policy, unless the Policyholder has filed with the Company a claim together with all the required documents, in accordance with the requirements of this Policy and complied with the requirements of the Company, at least 60 days prior to the institution of such action.

5.14. Risk Factors

- a) Exide Life New Fulfilling Life is a Non- Linked, Participating Life Insurance Product.
- b) Exide Life Insurance Company Limited is only the name of the Insurance Company and Exide Life New Fulfilling Life is only the name of the product and does not in any way indicate the quality of the product, its future prospects or returns.

5.15 Prohibition of Rebate: Under the provisions of Section 41 of the Insurance Act, 1938

- 1. No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take 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.
- 2. Any person making default in complying with the provisions of this section shall be punishable with fine which may extend to ten lakh rupees.

5.16 Fraud, Misrepresentation and forfeiture: Fraud, Misrepresentation and forfeiture would be dealt with in accordance with provisions of Sec 45 of the Insurance Act 1938 as amended from time to time.

[A Leaflet containing the simplified version of the provisions of Section 45 is enclosed in Annexure – (3) for reference]

List of Insurance Ombudsman Centers

Contact Details	Jurisdiction
AHMEDABAD Office of the Insurance Ombudsman, 2nd floor, Ambica House, Near C.U. Shah College, Ashram Road, Ahmedabad – 380 014 Tel. : 079-27546150/139 Fax : 079-27546142, Email: bimalokpal.ahmedabad@gbic.co.in	State of Gujarat and Union Territories of Dadra & Nagar Haveli and Daman and Diu.
BENGALURU Office of the Insurance Ombudsman, 24th Main Road, Jeevan Soudha Bldg. JP Nagar, 1st Phase, Bengaluru – 560025. Tel No: 080-22222049/22222048, Email: bimalokpal.bengaluru@gbic.co.in	State of Karnataka
BHOPAL Office of the Insurance Ombudsman, 2nd Floor, Janak Vihar Complex, 6, Malviya Nagar, Opp. Airtel, Near New Market, Bhopal (M.P.) - 462 003. Tel. : 0755-2769201/9202 Fax : 0755-2769203, Email: bimalokpal.bhopal@gbic.co.in	States of Madhya Pradesh and Chattisgarh.
BHUBANESHWAR Office of the Insurance Ombudsman, 62, Forest Park, Bhubaneswar-751009. Tel. : 0674-2596455/2596003, Fax : 0674-2596429 Email: bimalokpal.bhubaneswar@gbic.co.in	State of Orissa.
CHANDIGARH Office of the Insurance Ombudsman, S.C.O. No.101-103,2nd Floor, Batra Building, Sector 17-D, Chandigarh-160 017. Tel. : 0172-2706468/2705861 Fax : 0172-2708274, Email: bimalokpal.chandigarh@gbic.co.in	States of Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir and Union territory of Chandigarh.
CHENNAI Office of the Insurance Ombudsman, Fathima Akhtar Court, 4th Floor, 453 (old 312), Anna Salai, Teynampet, Chennai-600 018. Tel. : 044-24333668 /24335284, Fax : 044-24333664, Email: bimalokpal.chennai@gbic.co.in	State of Tamil Nadu and Union Territories - Pondicherry Town and Karaikal (which are part of Union Territory of Pondicherry).
NEW DELHI Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Bldg., Asaf Ali Road, New Delhi-110 002. Tel.:011-23237539/23232481 Fax : 011-23230858, Email: bimalokpal.delhi@gbic.co.in	States of Delhi.
ERNAKULAM Office of the Insurance Ombudsman, 2nd Floor, CC 27 / 2603, Pulinat Bldg., Opp. Cochin Shipyard, M. G. Road, Ernakulam - 682 015. Tel.:- 0484-2358759/2359338, Fax:- 0484-2359336, Email:- bimalokpal.ernakulam@gbic.co.in	State of Kerala and Union Territory of (a) Lakshadweep (b) Mahe-a part of Union Territory of Pondicherry.
GUWAHATI Insurance Ombudsman, Office of the Insurance Ombudsman, "Jeevan Nivesh", 5th Floor, Near Panbazar Overbridge, S.S. Road, Guwahati-781 001 (ASSAM). Tel.:- 0361-2132204/5 Fax : 0361-2732937, Email: bimalokpal.guwahati@gbic.co.in	States of Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.
HYDERABAD Office of the Insurance Ombudsman, 6-2-46, 1st Floor, Moin Court, A.C. Guards, Lakdi-K-Pool, Hyderabad-500 004. Tel : 040-65504123/23312122 Fax: 040-23376599, Email: bimalokpal.hyderabad@gbic.co.in	States of Andhra Pradesh, Telangana and Union Territory of Yanam and a part of the Union Territory of Pondicherry.
JAIPUR Office of the Insurance Ombudsman, Ground Floor, Jeevan Nidhi II, Bhawani Singh Road, Jaipur – 302005 Tel : 0141-2740363, Email: bimalokpal.jaipur@gbic.co.in	State of Rajasthan
KOLKATA Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 4, C.R. Avenue, 4th Floor, Kolkata - 700 072. Tel : 033-22124339/ 22124340 Fax : 033-22124341, Email:- bimalokpal.kolkata@gbic.co.in	States of West Bengal, Bihar, Sikkim, Jharkhand and Union Territories of Andaman and Nicobar Islands.
LUCKNOW Office of the Insurance Ombudsman, Jeevan Bhawan, Phase-2, 6th Floor, Nawal Kishore Road, Hazratganj, Lucknow-226 001. Tel : 0522 -2231331/2231330, Fax : 0522-2231310, Email: bimalokpal.lucknow@gbic.co.in	States of Uttar Pradesh and Uttaranchal.
MUMBAI Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S.V. Road, Santacruz(W), Mumbai-400 054. Tel : 022-26106928/26106552, Fax : 022-26106052, Email: bimalokpal.mumbai@gbic.co.in	States of Goa and Mumbai Metropolitan Region excluding areas of Navi Mumbai & Thane

NOIDA

Office of the Insurance Ombudsman,
Bhagwan Sahai Palace, 4th Floor, Main Road, Naya Bans, Sector-15, Gautam Budh Nagar, Noida
Email: bimalokpal.noida@gbic.co.in

States of Uttaranchal and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kanooj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozabad, Gautam Budh Nagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.

PATNA

Office of the Insurance Ombudsman,
1st Floor, Kalpana Arcade Building, Bazar Samiti Road, Bahadurpur, Patna - 800 006.
Email: bimalokpal.patna@gbic.co.in

States of Bihar and Jharkhand.

PUNE

Office of the Insurance Ombudsman,
2nd Floor, Jeevan Darshan, N.C. Kelkar Road, Narayanpet, Pune – 411030.
Tel: 020-32341320, Email: bimalokpal.pune@gbic.co.in

State of Maharashtra, Area of Navi Mumbai & Thane but excluding Mumbai Metropolitan Region

Note: For the current ombudsman list please visit <http://www.irda.gov.in>

Annexure - (1)

Section 38 - Assignment and Transfer of Insurance Policies

Assignment or transfer of a policy should be in accordance with Section 38 of the Insurance Act, 1938 as amended from time to time. The extant provisions in this regard are as follows:

01. This policy may be transferred/assigned, wholly or in part, with or without consideration.
02. An Assignment may be effected in a policy by an endorsement upon the policy itself or by a separate instrument under notice to the Insurer.
03. The instrument of assignment should indicate the fact of transfer or assignment and the reasons for the assignment or transfer, antecedents of the assignee and terms on which assignment is made.
04. The assignment must be signed by the transferor or assignor or duly authorized agent and attested by at least one witness.
05. The transfer of assignment shall not be operative as against an insurer until a notice in writing of the transfer or assignment and either the said endorsement or instrument itself or copy there of certified to be correct by both transferor and transferee or their duly authorized agents have been delivered to the insurer.
06. Fee to be paid for assignment or transfer can be specified by the Authority through Regulations.
07. On receipt of notice with fee, the insurer should Grant a written acknowledgement of receipt of notice. Such notice shall be conclusive evidence against the insurer of duly receiving the notice.
08. If the insurer maintains one or more places of business, such notices shall be delivered only at the place where the policy is being serviced.
09. The insurer may accept or decline to act upon any transfer or assignment or endorsement, if it has sufficient reasons to believe that it is
 - a. not bonafide or
 - b. not in the interest of the policyholder or
 - c. not in public interest or
 - d. is for the purpose of trading of the insurance policy.
10. Before refusing to act upon endorsement, the Insurer should record the reasons in writing and communicate the same in writing to Policyholder within 30 days from the date of policyholder giving a notice of transfer or assignment.
11. In case of refusal to act upon the endorsement by the Insurer, any person aggrieved by the refusal may prefer a claim to IRDAI within 30 days of receipt of the refusal letter from the Insurer.
12. The priority of claims of persons interested in an insurance policy would depend on the date on which the notices of assignment or transfer is delivered to the insurer; where there are more than one instruments of transfer or assignment, the priority will depend on dates of delivery of such notices. Any dispute in this regard as to priority should be referred to Authority.
13. Every assignment or transfer shall be deemed to be absolute assignment or transfer and the assignee or transferee shall be deemed to be absolute assignee or transferee, except
 - a. where assignment or transfer is subject to terms and conditions of transfer or assignment OR
 - b. where the transfer or assignment is made upon condition that
 - i. the proceeds under the policy shall become payable to policyholder or nominee(s) in the event of assignee or transferee dying before the insured OR
 - ii. the insured surviving the term of the policy
14. In other cases, the insurer shall, subject to terms and conditions of assignment, recognize the transferee or assignee named in the notice as the absolute transferee or assignee and such person
 - a. shall be subject to all liabilities and equities to which the transferor or assignor was subject to at the date of transfer or assignment and
 - b. may institute any proceedings in relation to the policy
 - c. obtain loan under the policy or surrender the policy without obtaining the consent of the transferor or assignor or making him a party to the proceedings
15. Any rights and remedies of an assignee or transferee of a life insurance policy under an assignment or transfer effected before commencement of the Insurance Laws (Amendment) Ordinance, 2014 shall not be affected by this section.

[Disclaimer: This is not a comprehensive list of amendments. Policyholders are advised to refer to Section 38 of the Insurance Act, 1938, as amended from time to time for complete and accurate details.]

Annexure - (2)

Section 39 - Nomination by policyholder

Nomination of a life insurance policy should be in accordance with Section 39 of the Insurance Act, 1938 as amended from time to time. The extant provisions in this regard are as follows:

01. The policyholder of a life insurance on his own life may nominate a person or persons to whom money secured by the policy shall be paid in the event of his death.
02. Where the nominee is a minor, the policyholder may appoint any person to receive the money secured by the policy in the event of policyholder's death during the minority of the nominee. The manner of appointment to be laid down by the insurer.
03. Nomination can be made at any time before the maturity of the policy.
04. Nomination may be incorporated in the text of the policy itself or may be endorsed on the policy communicated to the insurer and can be registered by the insurer in the records relating to the policy.
05. Nomination can be cancelled or changed at any time before policy matures, by an endorsement or a further endorsement or a will as the case may be.
06. A notice in writing of Change or Cancellation of nomination must be delivered to the insurer for the insurer to be liable to such nominee. Otherwise, insurer will not be liable if a bonafide payment is made to the person named in the text of the policy or in the registered records of the insurer.
07. Fee to be paid to the insurer for registering change or cancellation of a nomination can be specified by the Authority through Regulations.
08. On receipt of notice with fee, the insurer should grant a written acknowledgement to the policyholder of having registered a nomination or cancellation or change thereof.
09. A transfer or assignment made in accordance with Section 38 shall automatically cancel the nomination except in case of assignment to the insurer or other transferee or assignee for purpose of loan or against security or its reassignment after repayment. In such case, the nomination will not get cancelled to the extent of insurer's or transferee's or assignee's interest in the policy. The nomination will get revived on repayment of the loan.
10. The right of any creditor to be paid out of the proceeds of any policy of life insurance shall not be affected by the nomination.
11. In case of nomination by policyholder whose life is insured, if the nominees die before the policyholder, the proceeds are payable to policyholder or his heirs or legal representatives or holder of succession certificate.
12. In case nominee(s) survive the person whose life is insured, the amount secured by the policy shall be paid to such survivor(s).
13. Where the policyholder whose life is insured nominates his
 - a. parents or
 - b. spouse or
 - c. children or
 - d. spouse and children
 - e. or any of them

the nominees are beneficially entitled to the amount payable by the insurer to the policyholder unless it is proved that policyholder could not have conferred such beneficial title on the nominee having regard to the nature of his title.

14. If nominee(s) die after the policyholder but before his share of the amount secured under the policy is paid, the share of the expired nominee(s) shall be payable to the heirs or legal representative of the nominee or holder of succession certificate of such nominee(s).
15. The provisions of sub-section 7 and 8 (13 and 14 above) shall apply to all life insurance policies maturing for payment after the commencement of Insurance Laws (Amendment) Ordinance, 2014 (i.e 26.12.2014).
16. If policyholder dies after maturity but the proceeds and benefit of the policy has not been paid to him because of his death, his nominee(s) shall be entitled to the proceeds and benefit of the policy.
17. The provisions of Section 39 are not applicable to any life insurance policy to which Section 6 of Married Women's Property Act, 1874 applies or has at any time applied except where before or after Insurance Laws (Ordinance) 2014, a nomination is made in favour of spouse or children or spouse and children whether or not on the face of the policy it is mentioned that it is made under Section 39. Where nomination is intended to be made to spouse or children or spouse and children under Section 6 of MWP Act, it should be specifically mentioned on the policy. In such a case only, the provisions of Section 39 will not apply.

[Disclaimer: This is not a comprehensive list of amendments. Policyholders are advised to refer to Section 39 of the Insurance Act, 1938, as amended from time to time for complete and accurate details.]

Annexure - (3)

Section 45 – Policy shall not be called in question on the ground of mis-statement after three years

Provisions regarding policy not being called into question in terms of Section 45 of the Insurance Act, 1938, as amended from time to time. The extant provisions in this regard are as follows:

01. No Policy of Life Insurance shall be called in question **on any ground whatsoever** after expiry of 3 yrs from
 - a. the date of issuance of policy or
 - b. the date of commencement of risk or
 - c. the date of revival of policy or
 - d. the date of rider to the policywhichever is later.
02. On the ground of fraud, a policy of Life Insurance may be called in question within 3 years from
 - a. the date of issuance of policy or
 - b. the date of commencement of risk or
 - c. the date of revival of policy or
 - d. the date of rider to the policywhichever is later.

For this, the insurer should communicate in writing to the insured or legal representative or nominee or assignees of insured, as applicable, mentioning the ground and materials on which such decision is based.
03. Fraud means any of the following acts committed by insured or by his agent, with the intent to deceive the insurer or to induce the insurer to issue a life insurance policy:
 - a. The suggestion, as a fact of that which is not true and which the insured does not believe to be true;
 - b. The active concealment of a fact by the insured having knowledge or belief of the fact;
 - c. Any other act fitted to deceive; and
 - d. Any such act or omission as the law specifically declares to be fraudulent.
04. Mere silence is not fraud unless, depending on circumstances of the case, it is the duty of the insured or his agent keeping silence to speak or silence is in itself equivalent to speak.
05. No Insurer shall repudiate a life insurance Policy on the ground of Fraud, if the Insured / beneficiary can prove that the misstatement was true to the best of his knowledge and there was no deliberate intention to suppress the fact or that such mis-statement of or suppression of material fact are within the knowledge of the insurer. Onus of disproving is upon the policyholder, if alive, or beneficiaries.
06. No Insurer shall repudiate a life insurance Policy on the ground of Fraud, if the Insured / beneficiary can prove that the misstatement was true to the best of his knowledge and there was no deliberate intention to suppress the fact or that such mis-statement of or suppression of material fact are within the knowledge of the insurer. Onus of disproving is upon the policyholder, if alive, or beneficiaries.
07. In case repudiation is on ground of mis-statement and not on fraud, the premium collected on policy till the date of repudiation shall be paid to the insured or legal representative or nominee or assignees of insured, within a period of 90 days from the date of repudiation.
08. Fact shall not be considered material unless it has a direct bearing on the risk undertaken by the insurer. The onus is on insurer to show that if the insurer had been aware of the said fact, no life insurance policy would have been issued to the insured.
09. The insurer can call for proof of age at any time if he is entitled to do so and no policy shall be deemed to be called in question merely because the terms of the policy are adjusted on subsequent proof of age of life insured. So, this Section will not be applicable for questioning age or adjustment based on proof of age submitted subsequently.

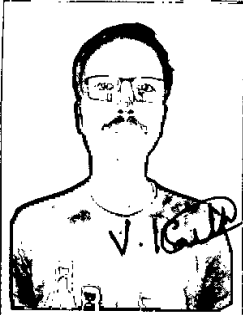
[Disclaimer: This is not a comprehensive list of amendments. Policyholders are advised to refer to Section 45 of the Insurance Act, 1938, as amended from time to time for complete and accurate details.]

In Case of unit linked plan, Investment risk in Investment Portfolio is borne by the policyholder.

EXIDE Life
Insurance

PROPOSAL FORM
Proposal Form Number: MA 0864393


This Box is For Office Use Only



Advisor Code	60175844	Branch Code	BC6
PDA Number	03389887	Branch Inward Date	06082016
Client Number			
IBR Code	SC	PEC	TMC
CIF No.			

APPLICATION FORM : 1. Complete the proposal form in **CAPITAL LETTERS** using a **Black Ball Point Pen**. 2. Please mark your selection by marking "X" inside the box. word, letter or initial. 4. Please write "NA" for questions which are not applicable. 5. DO NOT USE the ' ' or ' ' to identify your initial or separate the address line. 6. Submission proposal form.

IMPORTANT INSTRUCTIONS WITH REGARD TO DISCLOSURE OF INFORMATION: Insurance is a contract of **UTMOST GOOD FAITH** and it is required to disclose all material and relevant facts completely. **DO NOT** suppress any facts in response to the questions in the proposal form. **FAILURE TO PROVIDE COMPLETE AND ACCURATE INFORMATION OR MISREPRESENTATION OF THE FACTS COULD DECLARE THIS POLICY CONTRACT NULL AND VOID AFTER PAYMENT OF SURRENDER VALUE, IF ANY, SUBJECT TO SECTION 45 OF INSURANCE ACT, 1938 As AMENDED FROM TIME TO TIME.**
Section I- Details of the Life to be Assured

1. Title	<input checked="" type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Dr. <input type="checkbox"/> Others (Specify)
2. First Name	KARTHIK VISWANATHAN V
3. Surname	NIL
4. Father's Name	RAJAGOPALAN VENKATARAMAN
5. Date of Birth	05 12 1982
6. Gender	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female
7. Age Proof Submitted	<input type="checkbox"/> School Certificate <input type="checkbox"/> Driving Licence <input type="checkbox"/> Passport <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> PAN Card
8. Marital Status	<input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Widow(er) <input type="checkbox"/> Divorcee
9. Spouse Name	S. AISHWARYA
10. Maiden Name (For married women)	- N. A. -
11. Nationality	<input checked="" type="checkbox"/> Resident Indian National <input type="checkbox"/> Non Resident Indian (NRI) <input type="checkbox"/> Others (Specify)
12. Education	<input checked="" type="checkbox"/> Postgraduate / Doctorate <input type="checkbox"/> Graduate <input type="checkbox"/> 12th std. Pass <input type="checkbox"/> 10th std. Pass <input type="checkbox"/> Below 10th std. <input type="checkbox"/> Illiterate / Uneducated <input type="checkbox"/> Others (Specify)
13. Address for communication	NO. 2, RUKMANI AMMAL STREET, PURUSHOTHAMAN NAGAR, CHROME PET, HASTHINAPURAM MAIN ROAD, CHENNAI 600044 State TAMILNADU
Landmark	
City	
Pin Code	
Address Proof	<input type="checkbox"/> Passport <input type="checkbox"/> Driving Licence <input type="checkbox"/> Voter ID <input type="checkbox"/> Bank Statement <input type="checkbox"/> Utility Bill <input checked="" type="checkbox"/> Others FAMILY CARD
14. Permanent Address	- SAME AS MENTIONED ABOVE -
Landmark	
City	
Pin code	
Address Proof	<input type="checkbox"/> Passport <input type="checkbox"/> Driving Licence <input type="checkbox"/> Voter ID <input type="checkbox"/> Bank Statement <input type="checkbox"/> Utility Bill <input checked="" type="checkbox"/> Others FAMILY CARD
15. Contact Details*	
Mobile	9444185695
Office / Business	NIL Co De
E-mail	SK3891954@rediffmail.com
Preferred mode:	<input checked="" type="checkbox"/> Letter <input type="checkbox"/> E-mail *To get information regularly, I agree to receive SMS updates from Exide Life Insurance on my enrolled mobile number, as updated from time to time.
Preferred Language for Letter (other than English):	<input type="checkbox"/> Hindi <input type="checkbox"/> Kannada <input checked="" type="checkbox"/> Tamil <input type="checkbox"/> Telugu <input type="checkbox"/> Malayalam <input type="checkbox"/> Gujarati <input type="checkbox"/> Bengali <input type="checkbox"/> Oriya <input type="checkbox"/> Marathi
16. Occupation	<input type="checkbox"/> Salaried-Govt / PSU <input checked="" type="checkbox"/> Salaried-other <input type="checkbox"/> Self Employed Professional <input type="checkbox"/> Agriculturist / Farmer <input type="checkbox"/> Part Time Business <input type="checkbox"/> Retired <input type="checkbox"/> Landlord <input type="checkbox"/> Student (Current Std.) <input type="checkbox"/> Others (Specify)
17. Full Name of the Employer/ Business/ School/ College	T. C. S.
18. Designation & Exact nature of Work / Business	TEAM LEADER
19. Annual Income in Figures (₹)	1200000
20. Annual Income of Husband / Father (for female and minor lives)	
21. Exact nature of work / business of Husband / Father for female and minor lives	
22. Permanent Account Number (PAN)	APFPK0790K
Unique Identification Number (Aadhar):	
Your E-Insurance Account Details : Service Provider :	
Account Number:	

☐ I DO NOT HAVE Permanent Account Number.

☒ I DO NOT HAVE Aadhar.

☒ I DO NOT HAVE E-Insurance Account.



Section II - Details of the <input type="checkbox"/> Proposer <input checked="" type="checkbox"/> Nominee# (#Nomination details are required as per Section 39 of Insurance Act-1938)									
23. Title	<input type="checkbox"/> Mr.	<input checked="" type="checkbox"/> Mrs.	<input type="checkbox"/> Miss	<input type="checkbox"/> Dr.	<input type="checkbox"/> Others (Specify)				
24. First Name	S. AISHWARYA								
25. Surname	N I L								
26. Father's Name	S R I D H A R . S . K .								
27. Date of Birth	30	04	1986	28. Gender	<input type="checkbox"/> Male	<input checked="" type="checkbox"/> Female			
29. Marital Status	<input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Widow(er) <input type="checkbox"/> Divorcee								
30. Nationality	<input checked="" type="checkbox"/> Resident Indian National <input type="checkbox"/> Non Resident Indian (NRI) <input type="checkbox"/> Others (Specify)								
31. Address for communication	<input checked="" type="checkbox"/> Same as mentioned in section I <input type="checkbox"/> As mentioned below								
City									
State									
32. Mobile	Phone (Home) S T D Co Do								
33. E-mail									
34. Relationship with the life to be assured	S P O U S E								
35. Occupation	H O U S E W I F E								
36A. Permanent Account Number (PAN)	<input checked="" type="checkbox"/> I DO NOT HAVE Permanent Account Number.								
36B. Unique Identification Number (Aadhar)	<input checked="" type="checkbox"/> I DO NOT HAVE Aadhar.								
If Nominee is Minor, then please complete the Appointee details who should be a Major as on date of this application and should be different from the life to be assured.									
37. Full Name of the Appointee									
38. Appointee's Relationship with the nominee									
39. Appointee DOB									
40. Signature of Appointee									
41. In case if life to be assured is minor, do you agree to the condition that the policy will automatically vest in the life to be assured on his or her becoming a Major?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No								
Section III-Plan Details (In case of Unit Linked Insurance Plans, the investment risk in the investment portfolio is borne by the policy holder. Field marked with * is mandatory)									
42. Product name	NEW FULFILLING LIFE			43. Sum Assured / GMB* (in INR)	519950				
If Exide Life Mera Aashirvad	Choose Maturity Benefit	<input type="checkbox"/> Option A (Guaranteed Staggered Payouts + Lump sum Payout)	<input type="checkbox"/> Option B (Lump sum Payout)						
If Exide Life Secured Income Insurance Plans / Exide Life New Creating Life Insurance Plans	Choose	<input type="checkbox"/> Option A: Lump Sum	<input type="checkbox"/> Option B: Lump Sum + Family Income Benefit						
If Exide Life My Term Insurance, Choose	<input type="checkbox"/> Base benefit	<input type="checkbox"/> Base benefit + Family Income Benefit	If Family Income Benefit opted in Exide Life My Term Insurance, choose:	Lumpsum Benefit	80%	50%	40%	30%	
			Family Income Benefit	20%	50%	60%	70%		
If Exide Life Guaranteed Income Insurance Plan, choose how you want to receive following benefits:									
● Guaranteed Income Payout :	<input type="checkbox"/> Monthly	<input type="checkbox"/> Annual	● Guaranteed Death Benefit :	<input type="checkbox"/> Option A: Lump Sum	<input type="checkbox"/> Option B: Family Income Benefit				
If Exide Life Income Advantage Plan, choose the survival benefit option									
<input type="checkbox"/> Option A: Pure Income Benefit	<input type="checkbox"/> Option B: Income with Maturity Benefit								
If Exide Life Smart Term Plan, choose the variant									
<input type="checkbox"/> Classic	<input type="checkbox"/> Step-up	<input type="checkbox"/> Comprehensive	If Comprehensive variant chosen, provide the sum assured* for:						
			Classic _____ Extra Protection _____						
*Total of sum assured for Classic and Extra Protection should be equal to sum assured mentioned in point no.43									
For Exide Life Assured Gain Plus: If Entry Age is 45 years and above, choose life cover multiple*: <input type="checkbox"/> 7 times the Annual Premium <input type="checkbox"/> 10 times the Annual Premium									
*Not applicable for Single Premium Option									
For Exide Life Wealth Maxima, please select the product variant <input type="checkbox"/> Maxima Invest <input type="checkbox"/> Maxima Family <input type="checkbox"/> Maxima Child									
If Entry Age is 45 years and above, choose Basic Sum Assured multiple*: <input type="checkbox"/> 7 times the Annualized Premium <input type="checkbox"/> 10 times the Annualized Premium									
Please select the investment strategy (please tick any one)									
<input type="checkbox"/> Self-Managed Option	<input type="checkbox"/> Automatic asset re-balancing strategy	<input type="checkbox"/> Systematic Transfer Plan (with Annual Mode only)							
For Exide Life Prospering Life Plus/Exide Life Prospering Life Plus SP,									
<input type="checkbox"/> Self-Managed Option	<input type="checkbox"/> Automatic asset re-balancing strategy								
44. For Self Managed Strategy in Exide Life Wealth Maxima and Exide Life Prospering Life Plus / SP, please select from following Fund Options (Allocation % should total to 100%)									
Exide Life Preserver Fund	Exide Life Secure Fund	Exide Life Balanced Fund	Exide Life Active Asset Allocation Fund	Exide Life Growth Fund	Exide Life Prime Equity Fund	Total			
						100%			


Mandate for Credit of Policy Payouts in Bank Account

Please find below my bank account details and I authorize the company to credit into it the policy payouts as per terms and conditions of the product chosen.

Account Holder Name** **V. KARTHIK VISWANATHAN**
Bank Name **INDIAN BANK** Bank Branch **CHROMPET**
Account Number **805140658** IFSC Code **IDIB000C028**
MICR Code **600019009** Account Type ☒ Savings ☐ Current ☐ Cash Credit ☐ NRO

**as in Bank records, should match with proposer name

Note: Please provide a cancelled personalized cheque of the above mentioned account or recent bank statement (within last 3 months).

Signature of Proposer **V. Karthi**

45. Installment Premium in INR **54600** 46. Premium Payment Term (Years) **16** 47. Policy Term (Years) **52**

Particulars of First Premium Deposit: Mode of Deposit

☒ Cash ☐ Cheque / DD

Amount(in INR) **54600**

Cheque / DD No. **54600**

Bank **INDIAN BANK**

Is the premium paid by a person other than Proposer (If yes, please submit third party declaration): ☐ Yes ☒ No

Source of Funds: ☐ Salary ☐ Business Income ☐ Sale of Assets ☐ Inheritances ☐ Others (Specify) **Others**

48. Name of the Rider **Accident** Rider Sum Assured **54600** Rider Term **52**

49. Frequency of payment ☐ Monthly ☐ Quarterly ☐ Half-Yearly ☒ Yearly ☐ Single

50. Do you wish to pay renewal premium through ECS / SI mode ☐ Yes ☒ No (If you have chosen payment option as Credit Card / ECS / SI, then please complete appropriate mandate)

Section IV - Details of Existing / Simultaneously Applied Insurance Cover on the Life to be Assured

51. Are you an existing customer of Exide Life Insurance Company Limited? (Formerly ING Vysya Life Insurance Company Limited) ☐ Yes ☒ No

52. Have you concurrently / simultaneously applied for any life, health insurance cover with us or any other life, health insurance company which is still under consideration? ☐ Yes ☒ No

53. Have you concurrently / simultaneously applied for revival of your lapsed policies with us or any other life, health insurance company which is still under consideration? ☐ Yes ☒ No

54. Please provide details of existing insurance cover on your life in the below table. If you do not have any existing insurance on your life, please mention 'NIL' in Sum Assured column below. Please include any Keyman Insurance, Partnership Insurance & Employer Employee Insurance cover as well. If answer to question 51 to 54 is YES, then please provide the complete details in the below mentioned table.

Policy / Proposal / Application No.	Year of Issue/ Submission	Company Name	Sum Assured	Decision (Standard. Other than Standard terms)	Status (In - Force, Lapsed, Surrendered, Paid up, Applied for)	Type of Policy (Life, Health, Accident)
			NIL			

55. Has any insurance (life, health) cover on your life ever been declined, postponed or accepted with modified terms? ☐ Yes ☒ No (If Yes, please provide the necessary details in the below mentioned table)

Company Name	Year of application	Decision (decline, postpone, modified terms)	Actual reason for such a decision
			N.A.

Section V - Insurance details of family members

56. Details of Existing / Simultaneously Applied Insurance Cover on Family Members.

Relationship	Policy / Proposal / Application No.	Year of Issue / Submission	Name of the Company (ies)	Sum Assured
				NIL


Section VI - Details of family history, habits, build, occupation, hobbies and travel of the Life to be Assured

57. Has any of your parents, brothers, sisters suffered / suffering from, or died to any of the following conditions: Heart diseases, ☐ Yes ☒ No diabetes, stroke, high blood pressure, cancer, kidney disease or any other hereditary disorders? If yes, please give full details below.

Family member	Exact cause of death or Details of illness suffered / suffering	If alive-current Age	If deceased- Age at death

58. Number of children Please specify age of each child 05 YRS. & 1 YRS.

59. What is your exact height (cms) 60. What is your exact weight(kgs)

61. Do you consume or have you ever consumed any form of tobacco, gutkha, paan masala? ☐ Yes ☒ No

62. Please state your smoking habits: (number of cigarettes / bidies per day)

☒ Non Smoker ☐ 1-5 ☐ 6-10 ☐ 11-20 ☐ 21-40 ☐ more than 40

63. Please state your alcohol drinking habits (past / present): (Quantity per week)

☒ Does not drink ☐ Beer (Number of Bottles) _____ ☐ Wine (Number of Bottles) _____ ☐ Hard liquor/any other form of alcohol (ml) _____

- 64 A. Are you involved or do you intend to involve in any hazardous occupation or pursuits? e.g. working at heights, underground or offshore, using explosives, flying other than as a fare-paying passenger, diving, mountaineering or any other dangerous activity. ☐ Yes ☒ No

- 64 B. Is your occupation associated with exposure to chemicals(e.g. benzene, nickel compounds, vinyl chloride, etc.), ionizing radiations, mining, dusts (e.g. leather or wood dusts, silica, asbestos, etc.), industrial processes (aluminium production, iron and steel founding, etc.) ☐ Yes ☒ No

65. Do you consume or have ever consumed any form of narcotic substance? ☐ Yes ☒ No

66. Are you suffering from any alcohol related disease or advised to reduce consumption by any medical practitioner? ☐ Yes ☒ No

67. Are you employed in the armed, para military, police forces or any other similar establishment? ☐ Yes ☒ No

68. Apart from normal family holiday do you intend to stay away from your country of citizenship / residence in the next one year? ☐ Yes ☒ No

Section VII- Health Details of the Life to be Assured

69. Within the last twelve months has there been any unusual weight gain or loss of more than 7 kgs? ☐ Yes ☒ No

70. Are you currently taking any medication or drugs, either prescribed or not prescribed by a doctor? ☐ Yes ☒ No

71. Have you been absent from work for more than 10 days in the last two years due to health reasons? ☐ Yes ☒ No

72. Have you suffered from any illness, disorders, disability, or injury during the past 5 years which has required any form of medical or specialized examination (including chest X-rays, ECG, Stress Test, Angiography, MRI / CT Scan or blood tests), consultation, hospitalization or surgery? ☐ Yes ☒ No

73. Do you have any form of congenital / acquired impairment, disease, disability or deformity? ☐ Yes ☒ No

74. Is any surgery planned or are you currently aware that you may need to seek medical advice within the next 6 months? ☐ Yes ☒ No

75. Have you ever been diagnosed or have suffered from any of the following:

a) Hypertension, High Blood Pressure, Diabetes, Elevated Blood Sugar, Elevated Cholesterol / Lipids ☐ Yes ☒ No

b) Heart Attack, chest pain, palpitations, irregular heart beats, heart valve disease, heart murmur, rheumatic heart disease, shortness of breath or any other cardiovascular disease or disorders. ☐ Yes ☒ No

c) Stroke, Transient Ischemic Attack (TIA), hemorrhage, dizziness, fainting, giddiness, blackouts, loss of consciousness, double vision or any other cerebrovascular disease or disorders. ☐ Yes ☒ No

d) Anaemia, Thalassemia, Leukemia or any other blood disorder including blood cancer. ☐ Yes ☒ No

e) Asthma, bronchitis, tuberculosis, persistent / recurrent cough, hoarseness of voice or difficulty in swallowing, pneumonia or any other respiratory disease or disorders ☐ Yes ☒ No


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- f) Cyst, growth, pre-cancerous conditions, non-healing ulcer, cancer or tumour of any kind (throat, lung, colon, breast cancer, cancer of reproductive organs etc.) ☐ Yes ☒ No
- g) Gall bladder disorder, gastritis, gastric ulcer, bleeding from intestine, hernia, piles, fistula, jaundice, hepatitis, fatty liver or any other disease or disorder of digestive system. ☐ Yes ☒ No
- h) Defective vision, blurred vision, hearing defect, defective speech, stammering or any other disease or disorders of Eye, Ear, Nose and Throat. ☐ Yes ☒ No
- i) Depression, Anxiety, Multiple Sclerosis, Parkinsonism, Fits, Epilepsy, recurrent headache, Paralysis, numbness or any other disease or disorder of the brain, spinal cord or nervous system ☐ Yes ☒ No
- j) Thyroid or any other hormonal disorder, Kidney disorders, Bladder disorder, urine abnormality or genital organ disorder. ☐ Yes ☒ No
- k) Arthritis, prolapsed disc, recurrent back or neck pain, slipped disc or any other disease or disorder of spine, muscles, bones or joints. ☐ Yes ☒ No
- l) Were you investigated for any persistent loss of blood or unusual discharge or pus from any body opening like nose, mouth, gums, rectum, breast, vagina, anus, etc. or blood in stools, urine, sputum? ☐ Yes ☒ No
76. Have you or your spouse ever tested positive for HIV / AIDS, hepatitis B or C, or any other sexually transmitted diseases? ☐ Yes ☒ No
77. Have you seen suffered or are you currently suffering from any illness, impairment, or disability not yet mentioned above? ☐ Yes ☒ No

Section VIII - Additional Questions to be answered if the Life to be assured is Female

N.A.

78. Have you ever suffered or are you suffering from any gynecological problems like Endometriosis, fibroids, any spotting or unusual/painful vaginal bleeding or discharge or any disease of the breast ☐ Yes ☒ No
79. Have you ever undergone or advised to undergo a mammogram / Pap smear test? ☐ Yes ☒ No
80. Have you ever had a miscarriage / medical termination or Pregnancy / Caesarean Section? ☐ Yes ☒ No
81. Are you pregnant at present? If yes, Please indicate duration in weeks ☐ Yes ☒ No
82. Have you ever been diagnosed with pregnancy related increase in blood pressure, preeclampsia, elevated blood sugar levels, and any other complications of pregnancy in this or past pregnancy. ☐ Yes ☒ No

Section IX - Additional Questions to be answered if the Life to be assured is Minor

N.A.

83. Except for the normal care at birth, has the child, in the past, required any specialists consultation, special medical investigation, and hospitalization for any illness? ☐ Yes ☒ No
84. Have all the minimum necessary vaccines (Oral Polio Vaccine, BCG, MMR, DPT, Chickenpox Vaccine, Hepatitis B) been administered as per the age of the child? ☐ Yes ☒ No

If answer to Question 61 to 84 is yes, please provide the complete details below

Section X - Declaration by the Parent (Proposer) for minor

I hereby declare that the proposed insured N.A. is in sound health, and does not have any birth defects, congenital anomalies, physical defect, deformity or disability. The proposed insured has never suffered from, nor currently suffering from any medical conditions such as heart disorder; rheumatic fever; cancer or tumor; kidney disease; diabetes; musculo - skeletal disorder; blood disorder; liver disease; lung disease; digestive system disease or disorder; any mental or nervous system disease; HIV/AIDS or AIDS related complex. NO previous or concurrent application on the minor's life for life, accident, medical or health related insurance has been refused, withdrawn, declined, postponed or offered with restricted benefits or with an increased premium or any claim has been made under any such policy of insurance with Exide Life Insurance or any other insurer in India or abroad.

If the answer to any of the question from 64 to 83 is Yes, please provide details of the disease / disorder / illness / disability / deformity suffered, investigations / operation underwent, result of the investigations, treatment advised and taken, whether cured or still suffering and date of investigation / disease suffered etc. Please mention complete detail about the hazardous occupation, pursuits in a separate sheet and attach with this proposal form.

Section XI - General Declaration

85. Are you a Politically Exposed Person*? ☐ Yes ☒ No
*Politically exposed person means a person who holds or has ever held a prominent public function (Minister of any Government, Judicial or Military or Senior Executives of Government Companies, Important Political party officials and Immediate family members of the above persons).
86. Whether the premium payable is from legally ascertainable sources? ☒ Yes ☐ No
(Income which can be substantiated through valid documentary evidence)

Section XII - Declaration

- 1) I/We declare that the answers and statements made by me/us in this Proposal Form have been made after fully understanding features of the policy, the nature of questions and the importance of disclosing all material information.
- 2) I/We further declare on my behalf and on behalf of all persons proposed to be insured, that the above statements, answers and/or particulars given by me are true and complete in all respects to the best of my knowledge and have not withheld or suppressed any material fact and that I/We am/are authorized to propose on behalf of these other persons.
- 3) I/We 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 insurance company and that the policy will come into force only after full receipt of the premium chargeable.



- 4) I/We have been explained the Policy/Rider terms and conditions (if rider is opted) and I/we fully understand the benefits and risks associated with it. I/we have made no statement/s to the Company, its advisor or to any person associated with the Company, which in any way modifies/contradicts the answers/statements in this Proposal form.
- 5) I/We also certify that I/We have received the Benefit Illustration/charges if applicable, along with the Proposal Form and I/we have opted for the Policy/Rider after understanding the same. I/We also understand that the terms and conditions including the premium and the benefits under the Policy/Rider are subject to taxes/duties/charges in accordance with applicable laws. I confirm that all the premiums will be paid from bonafide sources. This clause is applicable only for those products for which BI is made available as required by the Regulation from time to time.
- 6) 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.
- 7) The Company reserves the right to request additional health information or any other information on the basis of the responses given to questions in this Proposal Form. The medical report and its interpretations if any done by the medical examiner are not binding on the Company and the decision of the Company regarding issuance of the Policy/Rider will be final. I/We also declare and consent to the Company taking independent decision regarding the insurability of the life to be assured/proposer.
- 8) 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 assured/proposer and seeking information from any insurance company to which an application for insurance on the life to be assured/proposer has been made for the purpose of underwriting the proposal and/or claim settlement.
- 9) I/We authorize the company to share information pertaining to my personal data /proposal including the medical records for the purpose of underwriting, policy issuance and/or claim settlement and with any Governmental and/or Regulatory authority.
- 10) I/We understand that as per the Free look provision I shall have a period of 15 days (30 days if the policy is sourced through Distance Marketing) from the date of receipt of the Policy document to review the terms and conditions of this Policy and if I disagree with any of the terms and conditions, I have an option to return the Policy stating the reasons for the objections upon which the Company shall return the Premium paid subject to deduction of a proportionate risk Premium for the period of insurance cover in addition to the expenses incurred on medical examination (if any) and the stamp duty charges. All Benefits and rights under this Policy shall immediately stand terminated at the cancellation of the Policy. I understand that in case of fraud or misrepresentation the policy shall be treated in accordance with Section 45 of the Insurance Act, 1938 as amended from time to time.
- 11) I/We agree that the risk under the Policy/Rider shall not commence till the Company accepts this proposal.

Signature/ Thumb Impression of the Proposer

Date: 05 08 2016

Place: CHENNAI

Signature/Thumb impression of Life to be assured (if major)

Date: 05 08 2016

Place: CHENNAI

Signature of Advisor

Date: 05 08 2016

Place: CHENNAI

If the Life to be Assured / Proposer is an illiterate or suffering from disability due to which writing is restricted or where the Life to be Assured / Proposer signs the form in vernacular language, then the following declaration is necessary from the person who has assisted the Life to be Assured / Proposer in filling up the form.

I, _____, hereby declare that I have truthfully recorded the replies given by the Life to be Assured and / or Proposer after fully explaining the contents of this form to the Life to be Assured and / or Proposer and he/she/they have fully understood the contents thereof.

I, _____, Life to be Assured / Proposer confirm that the contents in this proposal form have been fully explained to me and on understanding the substance I have provided my responses.

Signature / Thumb Impression of the Proposer signing in vernacular language or illiterate or disabled.

Signature / Thumb impression of Life to be assured (if Major) signing in vernacular language or illiterate or disabled.

Witness Signature in English*

In case the Proposer/Life to be Assured is illiterate, his or her thumb impression should be attested by a person of standing whose identity can be established, but unconnected with the Exide Life Insurance Company Limited and this declaration should be made by him/her.

Date: DD MM YYYY

Place: _____

Date: DD MM YYYY

Place: _____

Date: DD MM YYYY

Place: _____

*Name and Address of Witness: _____

**Section XIII - Section 41 & 45 of the Insurance Act 1938****Prohibition of Rebate in accordance with provisions of Section 41 of the Insurance Act 1938 as amended from time to time**

- 1) No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take 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.
- 2) Any person making default in complying with the provisions of this section shall be punishable with fine which may extend to ten lakh rupees.

Fraud, Misrepresentation and forfeiture

Fraud, Misrepresentation and forfeiture would be dealt with in accordance with provisions of Section 45 of the Insurance Act 1938 as amended from time to time.

[A Leaflet containing the simplified version of the provisions of Section 45 is enclosed in Annexure – (1) for reference]

Exide Life Insurance Company Limited is a wholly owned subsidiary of Exide Industries Limited. The trademark "Exide" is owned by Exide Industries Limited and licensed to Exide Life Insurance vide Trademark license agreement dated 30th October 2014. Exide Life Insurance Company Limited (Formerly known as ING Vysya Life Insurance Company Limited). IRDAI Registration number: 114, CIN: U66010KA2000PLC028273, Registered Office: Exide Life Insurance Company Limited, 3rd Floor, JP Techno Park, No. 3/1, Millers Road, Bengaluru - 560 001. Toll Free: 1800 419 8228; Visit: exidelife.in.

IRDAI Notice: Beware of spurious phone calls and fictitious/fraudulent offers. IRDAI clarifies to public that • IRDAI or its officials do not involve in activities like sale of any kind of insurance or financial products nor invest premiums • IRDAI does not announce any bonus. Public receiving such phone calls are requested to lodge a police complaint along with details of phone call, number.

**Annexure - (1)****Section 45 - Policy shall not be called in question on the ground of mis-statement after three years**

Provisions regarding policy not being called into question in terms of Section 45 of the Insurance Act, 1938, as amended from time to time. The extant provisions in this regard are as follows:

01. No Policy of Life Insurance shall be called in question **on any ground whatsoever** after expiry of 3 yrs from

- a. the date of issuance of policy or
 - b. the date of commencement of risk or
 - c. the date of revival of policy or
 - d. the date of rider to the policy
- whichever is later.

02. On the ground of fraud, a policy of Life Insurance may be called in question within 3 years from

- a. the date of issuance of policy or
 - b. the date of commencement of risk or
 - c. the date of revival of policy or
 - d. the date of rider to the policy
- whichever is later.

For this, the insurer should communicate in writing to the insured or legal representative or nominee or assignees of insured, as applicable, mentioning the ground and materials on which such decision is based.

03. Fraud means any of the following acts committed by insured or by his agent, with the intent to deceive the insurer or to induce the insurer to issue a life insurance policy:

- a. The suggestion, as a fact of that which is not true and which the insured does not believe to be true;
- b. The active concealment of a fact by the insured having knowledge or belief of the fact;
- c. Any other act fitted to deceive; and
- d. Any such act or omission as the law specifically declares to be fraudulent.

04. Mere silence is not fraud unless, depending on circumstances of the case, it is the duty of the insured or his agent keeping silence to speak or silence is in itself equivalent to speak.

05. No Insurer shall repudiate a life insurance Policy on the ground of Fraud, if the Insured / beneficiary can prove that the misstatement was true to the best of his knowledge and there was no deliberate intention to suppress the fact or that such mis-statement of or suppression of material fact are within the knowledge of the insurer. Onus of disproving is upon the policyholder, if alive, or beneficiaries.

06. Life insurance Policy can be called in question within 3 years on the ground that any statement of or suppression of a fact material to expectancy of life of the insured was incorrectly made in the proposal or other document basis which policy was issued or revived or rider issued. For this, the insurer should communicate in writing to the insured or legal representative or nominee or assignees of insured, as applicable, mentioning the ground and materials on which decision to repudiate the policy of life insurance is based.

07. In case repudiation is on ground of mis-statement and not on fraud, the premium collected on policy till the date of repudiation shall be paid to the insured or legal representative or nominee or assignees of insured, within a period of 90 days from the date of repudiation.

08. Fact shall not be considered material unless it has a direct bearing on the risk undertaken by the insurer. The onus is on insurer to show that if the insurer had been aware of the said fact, no life insurance policy would have been issued to the insured.

09. The insurer can call for proof of age at any time if he is entitled to do so and no policy shall be deemed to be called in question merely because the terms of the policy are adjusted on subsequent proof of age of life insured. So, this Section will not be applicable for questioning age or adjustment based on proof of age submitted subsequently.

[Disclaimer: This is not a comprehensive list of amendments. Policyholders are advised to refer to Section 45 of the Insurance Act, 1938, as amended from time to time for complete and accurate details.]



Dear Mr. KARTHIK VISWANATHAN V,

Date of illustration 06/08/2016

Thank you for showing interest in Exide Life Insurance.
Based upon the inputs shared by you, we are happy to provide a detailed benefit illustration for the plan chosen by you.

Plan Summary

Personal Details	
Age (years)	33
Gender	Male

Plan Details	
Product Name	Exide Life New Fulfilling Life (114N024V02)
Annualized Premium (INR)	52,621 per annum
Premium Frequency	Annual
Modal Premium (INR)	52,621 per annum
Total Modal Premium inclusive of Service Tax (INR)	54,600
Policy Term (years)	52
Premium Payment Term (years)	16
Maturity Age (years)	85
Sum Assured (INR)	519,952
Rider Opted	No
Standard Age Proof	Yes

Total Modal Premium Including Riders And Service Tax (if any)	
Modal Premium for Base plus Rider (if any)	52621 per annum
Extra Premium Charged For Non Standard Age Proof	Nil
Service Tax (if any)	1979
Total Premium To Be Paid	54600 per annum


Policyholder's Signature

Product: Exide Life New Fulfilling Life

Reference Table

Benefits Payable on Maturity	
Guaranteed Maturity Benefit (INR)	519,952
Assuming gross returns of 8% (INR)	3,275,700
Assuming gross returns of 4% (INR)	519,952

Policy Year	Age of Life Assured	Total Annualized Premium	Cumulative Annualized Premium	Guaranteed Survival Benefits	Cumulative Guaranteed Survival Benefits	Guaranteed Death Benefit	Cumulative Non Guaranteed Bonuses (EOY) 4% p.a. (assumed investment returns)	Cumulative Non Guaranteed Bonuses (EOY) 8% p.a. (assumed investment returns)	Total Death Benefit (EOY) 4% p.a. (assumed investment returns)	Total Death Benefit (EOY) 8% p.a. (assumed investment returns)	Guaranteed Surrender Value (EOY)	Non Guaranteed Surrender Value on bonuses declared (EOY) 4% p.a. (assumed investment returns)	Non Guaranteed Surrender Value on bonuses declared (EOY) 8% p.a. (assumed investment returns)	Total Surrender Value (EOY) 4% p.a. (assumed investment returns)	Total Surrender Value (EOY) 8% p.a. (assumed investment returns)
1	33	52,621	52,621	0	0	526,210	0	38,996	526,210	565,206	5,262	0	0	5,262	5,262
2	34	52,621	105,242	0	0	526,210	0	77,993	526,210	604,203	21,048	0	0	21,048	21,048
3	35	52,621	157,863	0	0	526,210	0	116,989	526,210	643,199	47,359	0	11,699	47,359	59,058
4	36	52,621	210,484	103,990	103,990	526,210	0	155,986	526,210	682,196	1,252	0	23,398	1,252	24,650
5	37	52,621	263,105	0	103,990	526,210	0	194,982	526,210	721,192	27,562	0	29,247	27,562	56,809
6	38	52,621	315,726	0	103,990	526,210	0	233,979	526,210	760,189	53,873	0	35,097	53,873	88,970
7	39	52,621	368,347	0	103,990	526,210	0	272,975	526,210	799,185	80,183	0	40,946	80,183	121,129
8	40	52,621	420,968	103,990	207,981	526,210	0	311,971	526,210	838,181	23,551	0	46,796	23,551	70,347
9	41	52,621	473,589	0	207,981	526,210	0	350,968	526,210	877,178	52,493	0	52,645	52,493	105,138
10	42	52,621	526,210	0	207,981	526,210	0	389,964	552,521	916,174	81,435	0	58,495	81,435	139,930
11	43	52,621	578,831	0	207,981	526,210	0	428,961	607,773	955,171	139,318	0	64,246	139,318	223,110
12	44	52,621	631,452	103,990	311,971	526,210	0	467,957	663,025	994,167	66,900	0	93,591	66,900	160,491
13	45	52,621	684,073	0	311,971	526,210	0	506,954	718,277	1,033,164	98,472	0	101,391	98,472	199,863
14	46	52,621	736,694	0	311,971	526,210	0	545,950	773,529	1,072,160	166,880	0	109,190	166,880	276,070
15	47	52,621	789,315	0	311,971	526,210	0	584,946	828,781	1,111,156	240,549	0	175,484	240,549	416,033
16	48	52,621	841,936	207,981	519,952	526,210	0	623,943	884,033	1,150,153	69,403	0	187,183	69,403	256,586
17	49	0	841,936	0	519,952	526,210	0	662,939	884,033	1,189,149	69,403	0	198,882	69,403	268,285
18	50	0	841,936	0	519,952	526,210	0	701,936	884,033	1,228,146	69,403	0	210,581	69,403	279,984
19	51	0	841,936	0	519,952	526,210	0	740,932	884,033	1,267,142	69,403	0	222,280	69,403	291,683
20	52	0	841,936	0	519,952	526,210	0	779,929	884,033	1,306,139	69,403	0	233,979	69,403	303,382

Product: Exide Life New Fulfilling Life

Reference No. null

Policy Year	Age of Life Assured	Total Annualized Premium	Cumulative Annualized Premium	Guaranteed Survival Benefits	Cumulative Guaranteed Survival Benefits	Guaranteed Death Benefit	Cumulative Non Guaranteed Bonuses (EOY) 4% p.a. (assumed investment returns)	Cumulative Non Guaranteed Bonuses (EOY) 8% p.a. (assumed investment returns)	Total Death Benefit (EOY) 4% p.a. (assumed investment returns)	Total Death Benefit (EOY) 8% p.a. (assumed investment returns)	Guaranteed Surrender Value (EOY)	Non Guaranteed Surrender Value on bonuses declared (EOY) 4% p.a. (assumed investment returns)	Non Guaranteed Surrender Value on bonuses declared (EOY) 8% p.a. (assumed investment returns)	Total Surrender Value (EOY) 4% p.a. (assumed investment returns)	Total Surrender Value (EOY) 8% p.a. (assumed investment returns)
21	53	0	841,936	0	519,952	526,210	0	818,925	884,033	1,345,135	69,403	0	245,678	69,403	315,081
22	54	0	841,936	0	519,952	526,210	0	857,921	884,033	1,384,131	69,403	0	257,376	69,403	326,779
23	55	0	841,936	0	519,952	526,210	0	896,918	884,033	1,423,128	69,403	0	269,075	69,403	338,478
24	56	0	841,936	0	519,952	526,210	0	935,914	884,033	1,462,124	69,403	0	280,774	69,403	350,177
25	57	0	841,936	0	519,952	526,210	0	1,000,908	884,033	1,527,118	69,403	0	292,473	69,403	361,876
26	58	0	841,936	0	519,952	526,210	0	1,065,902	884,033	1,592,112	69,403	0	304,172	69,403	373,575
27	59	0	841,936	0	519,952	526,210	0	1,130,896	884,033	1,657,106	69,403	0	315,871	69,403	385,274
28	60	0	841,936	0	519,952	526,210	0	1,195,891	884,033	1,722,101	69,403	0	327,570	69,403	396,973
29	61	0	841,936	0	519,952	526,210	0	1,260,885	884,033	1,787,095	69,403	0	339,269	69,403	408,672
30	62	0	841,936	0	519,952	526,210	0	1,325,879	884,033	1,852,089	69,403	0	350,968	69,403	420,371
31	63	0	841,936	0	519,952	526,210	0	1,390,873	884,033	1,917,083	69,403	0	362,667	69,403	432,070
32	64	0	841,936	0	519,952	526,210	0	1,455,867	884,033	1,982,077	69,403	0	374,366	69,403	443,769
33	65	0	841,936	0	519,952	526,210	0	1,520,861	884,033	2,047,071	69,403	0	386,065	69,403	455,468
34	66	0	841,936	0	519,952	526,210	0	1,585,855	884,033	2,112,065	69,403	0	397,764	69,403	467,167
35	67	0	841,936	0	519,952	526,210	0	1,650,849	884,033	2,177,059	69,403	0	409,463	69,403	478,866
36	68	0	841,936	0	519,952	526,210	0	1,715,843	884,033	2,242,053	69,403	0	421,161	69,403	490,564
37	69	0	841,936	0	519,952	526,210	0	1,780,837	884,033	2,307,047	69,403	0	432,860	69,403	502,263
38	70	0	841,936	0	519,952	526,210	0	1,845,831	884,033	2,372,041	69,403	0	444,559	69,403	513,962
39	71	0	841,936	0	519,952	526,210	0	1,910,825	884,033	2,437,035	69,403	0	456,258	69,403	525,661
40	72	0	841,936	0	519,952	526,210	0	1,975,819	884,033	2,502,029	69,403	0	467,957	69,403	537,360

Product: Exide Life New Fulfilling Life

Reference No. null

Policy Year	Age of Life Assured	Total Annualized Premium	Cumulative Annualized Premium	Guaranteed Survival Benefits	Cumulative Guaranteed Survival Benefits	Guaranteed Death Benefit	Cumulative Non Guaranteed Bonuses (EOY) 4% p.a. (assumed investment returns)	Cumulative Non Guaranteed Bonuses (EOY) 8% p.a. (assumed investment returns)	Total Death Benefit (EOY) 4% p.a. (assumed investment returns)	Total Death Benefit (EOY) 8% p.a. (assumed investment returns)	Guaranteed Surrender Value (EOY)	Non Guaranteed Surrender Value on bonuses declared (EOY) 4% p.a. (assumed investment returns)	Non Guaranteed Surrender Value on bonuses declared (EOY) 8% p.a. (assumed investment returns)	Total Surrender Value (EOY) 4% p.a. (assumed investment returns)	Total Surrender Value (EOY) 8% p.a. (assumed investment returns)
41	73	0	841,936	0	519,952	526,210	0	2,040,813	884,033	2,567,023	69,403	0	479,656	69,403	549,059
42	74	0	841,936	0	519,952	526,210	0	2,105,807	884,033	2,632,017	69,403	0	491,355	69,403	560,758
43	75	0	841,936	0	519,952	526,210	0	2,170,801	884,033	2,697,011	69,403	0	503,054	69,403	572,457
44	76	0	841,936	0	519,952	526,210	0	2,235,795	884,033	2,762,005	69,403	0	514,753	69,403	584,156
45	77	0	841,936	0	519,952	526,210	0	2,300,789	884,033	2,826,999	69,403	0	526,452	69,403	595,855
46	78	0	841,936	0	519,952	526,210	0	2,365,783	884,033	2,891,993	69,403	0	538,151	69,403	607,554
47	79	0	841,936	0	519,952	526,210	0	2,430,777	884,033	2,956,987	69,403	0	549,850	69,403	619,253
48	80	0	841,936	0	519,952	526,210	0	2,495,771	884,033	3,021,981	69,403	0	561,549	69,403	630,952
49	81	0	841,936	0	519,952	526,210	0	2,560,766	884,033	3,086,976	69,403	0	573,248	69,403	642,651
50	82	0	841,936	0	519,952	526,210	0	2,625,760	884,033	3,151,970	69,403	0	584,946	69,403	654,349
51	83	0	841,936	0	519,952	526,210	0	2,690,754	884,033	3,216,964	69,403	0	596,645	69,403	666,048
52	84	0	841,936	0	519,952	526,210	0	2,755,748	884,033	3,281,958	69,403	0	608,344	69,403	677,747

Product: Exide Life New Fulfilling Life

Note:-

1. BOY: beginning of year, EOY: End of year
2. The illustration above explains the benefits and features of the proposed policy and is not a contract or representation of any guarantee or warranty.
3. The above illustration assumes premiums are paid at beginning of year and benefits are accrued at end of year
4. Service Tax and Education Cess are levied on the premiums as per applicable tax laws and the same is subject to changes in the tax laws in future.
5. Some benefits are guaranteed and some benefits are variable with returns based on the future performance of your Insurer carrying on life insurance business. If your policy offers guaranteed returns then these will be clearly marked "guaranteed" in the illustration table on this page. If your policy offers variable returns then the illustrations on this page will show two different rates of assumed future investment returns. These assumed rates of return are not guaranteed and they are not the upper or lower limits of what you might get back, as the value of your policy is dependent on a number of factors including future investment performance.
6. The Death, Survival, Surrender and Maturity benefits mentioned under the guaranteed column are guaranteed subject to the policy terms and conditions and that all premiums being paid on time and bonuses are not guaranteed and depend on funds performance.
7. Bonuses include Simple Reversionary Bonus and Terminal Bonus.
8. Guaranteed Surrender Value is deducted by the Guaranteed Survival Benefits already paid.
9. Rider Premiums, if applicable are not a part of the illustration.
10. The above information is indicative of the terms and conditions, warranties and exceptions contained in the policy terms and conditions of Exide Life New Fulfilling Life.
11. Exide Life Insurance Company Limited is only the name of the Insurance Company and Exide Life New Fulfilling Life is only the name of the product and does not in any way indicate the quality of the product, its future prospects or returns.
12. The purpose of this Benefit Illustration is only to provide a general overview about this policy. The information herein is indicative of the terms, conditions, warranties and exceptions contained in the policy terms and conditions of Exide Life New Fulfilling Life. Please read this benefit illustration in conjunction with the product brochure, policy Terms and Conditions/Rider Terms and conditions to understand the Terms & Conditions & Exclusions carefully before concluding the sale.
13. In the event of any inconsistency/ambiguity between the terms contained herein and the policy terms and conditions, the policy terms and conditions shall prevail

I **KARTHIK VISWANATHAN : V** (Name), having received the information with respect to the above, have understood the above statement before entering into the contract. I have also received a document containing a glossary of the various terms of the charges under the policy and I fully understand the same.

Adhisor Name: **M.S. VISAYARAJA**
Code: **60175814**
Company Code/Adhisor's Signature: **V. Karthik**
Place: **CHENNAI**
Date: **06/08/2016**
Policyholder's Signature

Insurance is the subject matter of the solicitation. Exide Life New Fulfilling Life (114N024V02) UTN. For more details on risk factors, terms and conditions, please read the sales brochure of the mentioned product carefully before concluding the sale. Exide Life Insurance Company Limited (Formerly known as ING Vysya Life Insurance Company Limited) IRDAI Registration number: 114, CIN: U66010KA2000PLC028273
Registered Office: Exide Life Insurance Company Limited, (Formerly ING Vysya Life Insurance Company Limited), 3rd Floor, JP Techno Park, No 3/1, Mollars Road, Bangalore - 560 001, India. Toll Free 1800 419 8228; Phone: 080 - 4134 5444; Visit exidelife.in

Disclaimer: Beware of spurious phone calls and fictitious/fraudulent offers: IRDAI clarifies to public that IRDAI or its officials do not involve in activities like sale of any kind of insurance or financial products nor invest premiums. IRDAI does not announce any bonus, public receiving such phone calls are requested to lodge a police complaint along with details of phone call, number.

Endorsement

This Endorsement is attached to & forms part of the Policy No. 03389887

Registering a Claim is Easy

A simple process to ensure your claims are settled with ease and minimal documentation

Step 1	Register your claims as soon as the loss has occurred
Step 2	Use the claim intimation form available at:
	<ul style="list-style-type: none"> Your nearest Exide Life Insurance Branch office exidelife.in Write to us at customer.service@exidelife.in
Step 3	Fill the form completely and attach required documents
Step 4	You can submit the same at: <ul style="list-style-type: none"> Nearest Exide Life Branch office Mail to Exide Life Insurance Company Limited (Formerly ING Vysya Life Insurance Company Limited), 3rd Floor, JP Techno Park, No. 3/1, Millers Road, Bengaluru-560 001.
Step 5	On registration, you will be given an acknowledgment letter. Your policy number can be used for all queries till such time that the claim is settled

Standard Requirements for Submission of a Claim

Waiver of Premium Claim

- Hospitalisation documents (Discharge summary, all medical reports)
- Proof of Disability
- Physician's Statement
- Claim Form

Maturity Claims

- Original Policy Document
- Discharge form

Accident Disability & Dismemberment Claims

- Hospitalisation documents (Discharge summary, all medical reports)
- Physician's Statement
- Proof of Disability
- Claim Form

Death Claim

- Completely filled in Claim Intimation form
- Original Policy Document
- Original Death Certificate issued by Local Authority
- Age Proof & Identification document (with photo) of Life Assured
- Identification document (with photo) of Claimant
- Proof of Bank account of Claimant (Self Attested copy of Bank Passbook/Account Statement of Claimant)
- Proof of your Current Address
- Copy of Medical Cause of Death Certificate
- Medical Records (Discharge / Death summary, Test results, Admission notes, Outpatient consultation notes, etc.)
- In case of accident / unnatural death:
 - Jurisdictional Police Station Attested Copy of FIR
 - Jurisdictional Police Station Attested Copy of Panchnama / Inquest Report
 - Attested Copy of Post Mortem Report
- In case nominee dies before the Life Assured or during the claim process then,
 - Declaration of Legal Heir / Successor certification from competent court of law.

In case of unnatural deaths including accidents (in addition to above)

- First Information Report (FIR) attested by the police officials
- Final investigation Report attested by the police officials
- Post-Mortem Report (PMR) attested by the police officials
- Police Inquest Report and Panchnama report attested by the police officials
- Newspaper clippings of the incident (if any)

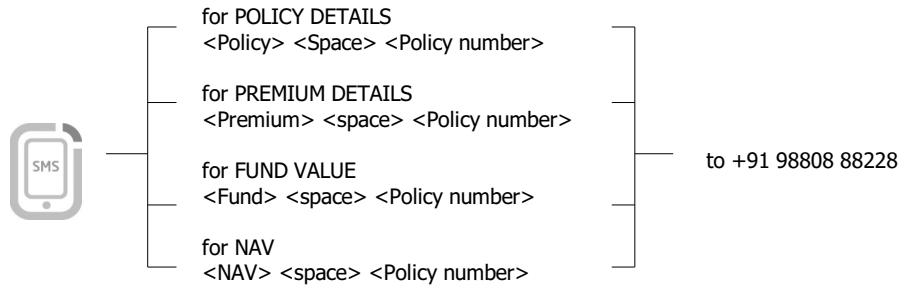
Note: Depending on the circumstances of a claim, additional relevant information may be required which would be case specific

Alerts and Reminder Services



SMS Alerts

This service provides you timely information on various transactions done on your insurance policy. You can get updates on the premium payment schedule, payment receipt confirmation, policy details and more.



Register for SMS Alerts: Send an SMS to +91 98808 88228 and start managing your policy at your convenience



Reminder Services

- Premium reminder notices is sent via post
- Payment reminder call
- Assistance on various premium payment methods at Exide Life Insurance
- SMS and an e-mail with the premium amount due and the due date for payment is sent

The above reminders are sent only to customers who have not opted for ECS / SI and are sent for regular premium payment policies. To avail Email / SMS services, please register your Email ID / mobile number with us.

Payment Options



Non-payment of policy premium

- In case of non-payment of your premium within the grace period, your policy will lapse
- On lapse of the policy you will lose some of the key benefits
- You may also be required to pay Late Payment Interest and / or submit additional documents to revive your policy to enjoy uninterrupted benefits of the policy and avoid any inconvenience, we urge you to pay the Net Premium Amount Payable at the earliest



Electronic Clearing Services (ECS) / Standing Instructions (SI)

Sign up today for direct debit of your premium from your bank account. Standing Instructions available with:

- | | | |
|---|------------------------|------------------------|
| • ING Vysya Bank
(Now Kotak Mahindra Bank) | • Karnataka Bank | • Allahabad Bank |
| • Citibank | • Union Bank of India | • Bank of India |
| • AXIS Bank | • Bank of Baroda | • Federal Bank |
| • ICICI Bank | • IDBI Bank | • Kotak Mahindra Bank |
| • Corporation Bank | • State Bank of India | • United Bank of India |
| | • Punjab National Bank | |



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AXIS Bank



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South Indian Bank

Suvidha Centres

Sify

AISECT

One Stop Shop

