

Proposal No : **OB18345312**



## Sales details

LOB/Agent Code : **01245065**

Agent/AFSM Name : **ICICI PRUDENTIAL WEBSITE**

Channel Code : **DM**

Bank : **NBNK**

Branch : **00DM**

Source : **OB35**

IN UNIT-LINKED INSURANCE POLICIES(ULIPs), THE INVESTMENT RISK IN INVESTMENT PORTFOLIO IS BORNE BY THE POLICY HOLDER.

IMPORTANT GUIDELINES:

1) Insurance is contract of utmost good faith between the Insurer and the Insured. The Proposer and the Life to be Assured are required to disclose all facts in response to the question in this proposal form. 2) Any cancellation/alteration is to be signed by the Proposer/Life to be Assured as applicable. 3) For adding nominee(s) or assignee to the policy please refer to the servicing forms available on the website.

I/We understand the importance of disclosing all material information and confirm that I/we shall share details which are true and correct, failing which the company reserves the right to cancel the policy and/or repudiate any claims under the policy and initiate appropriate action.

## Proposer / Life Assured Basic Details

Full Name : **NEHA SINHA**

Gender : **FEMALE**

Date Of Birth : **Feb 05,1988**

Marital status : **MARRIED**

## Proposer/Policy Owner Electronic Insurance Account(eiA)

Do you have an Electronic Insurance Account?: **NO**

Insurance Repository : **NO PREFERENCE**

Do you wish to convert your ICICI Prudential policies into electronic policies : **NO**

## Proposer / Life Assured Personal Details

Relationship With The Life Assured : **SELF**

Education : **GRADUATE**

Occupation : **SALARIED**

Organization Type: **PVT LTD**

Name Of Organization : **OTHERS - SOFTWARE AG**

Annual Income : **INR 28,48,610**

Politically Exposed : **NO**

(Politically Exposed Persons (PEPs) are individuals who have been entrusted with Prominent public functions in a foreign country, Example, Heads of the State or Governments, Senior Politicians, Senior Government/Judicial/Military officials, Senior Executives of State Owned Corporations, important political party officials, etc - including the family Members and close relatives).

Have you ever been or currently being investigated, charge sheeted, prosecuted or convicted

or acquittal or having pending charges in respect of any criminal/civil offences in any court of

law in India or abroad?If Yes, give details :

## Contact Details

Mailing Address : **C 201 KOEL BLOCK, SALARPURIA SATTVA CELESTA, SALARPURIA SATTVA CELESTA, BANGALORE- 560049, KARNATAKA, INDIA**

E-mail ID : **NSINHA1810@GMAIL.COM**

Contact Number : **9899860536**

Permanent Address : **C 201 KOEL BLOCK, SALARPURIA SATTVA CELESTA, SALARPURIA SATTVA CELESTA, BANGALORE- 560049, KARNATAKA, INDIA**

Nationality : **INDIAN**

Resident Status : **RESIDENT INDIAN**

## Previous Policy Details

Details of Life Insurance/Mediclaim/Health/Personal Accident policies of the Life to be Assured held/applied with ICICI Prudential Life Insurance Company Limited/other companies. (Have any such proposals on your life / application for reinstatement ever been accepted with extra premium, postponement, decline, withdrawal, non completion, been offered on modified terms.) : **No**

Company Name	Policy Number / Application Number	Base Sum Assured (in Rs)	Proposal Date	Policy decision

If The Life To Be Assured Is A Student/Housewife, Please Provide Insurance Details Of Parents/Husband/Siblings : **NO**

Has any of your insurance application or reinstatement application on life, accident, medical or health, critical illness, or disability ever been declined, postponed or accepted at extra

premium or modified terms? (If Yes, please provide the details)**NO**.

Has any claim under any such policy or scheme ever been made? If so, please give full particulars detailing cause and amount of claim.**NO** .

Nominee Details

Full Name : **ANIKET CHHABRA**

Gender : **MALE**

Date Of Birth : **Dec 13,1987**

Relationship with Life Assured/Proposer : **HUSBAND**

Proposer / Life Assured KYC Details

IT Proof : **PANCARD - DDDPS4518G**

Source Of Funds : **SALARY**

Address Proof : **PASSPORT (CURRENT)**

Income Proof : **FORM 16**

ID Proof : **PASSPORT (CURRENT)**

ID Number : **DDDPS4518G**

Objective Of Taking This Policy : **PROTECTION**

Age Proof : **BANKERS CONFIRMATION**

Is The Premium Paid By A Person Other Than Proposer : **NO**

Health Details of Life Assured

Suppressing facts or giving wrong information will adversely impact payment of your claim.

Height : **5 feet 1 inches**

Weight : **61(Kgs)**

Do You Consume Or Have Ever Consumed Tobacco? : **NO**

Do You Consume Or Have Ever Consumed Alcohol? : **NO**

Do You Consume Or Have Ever Consumed Narcotics? : **NO**

Is your occupation associated with any specific hazard or do you take part in activities or have hobbies that could be dangerous in any way ? (eg - occupation - Chemical factory, mines, explosives, radiation, corrosive chemicals j - aviation other than as a fare paying passenger, diving, mountaineering, any form of racing, etc ) : **NO**

Are you employed in the armed, para military or police forces ?(If yes, please provide Rank, Department/Division, Date of last medical & category after medical exam)? : **NO**

Family details of the life assured(include parents/sibling) Are any of your family members suffering from /have suffered from/have died of heart disease,Diabetes Mellitus, cancer or any other hereditary/familial disorder, before 55 years of age.if yes please provide details below? : **NO**

Have you lost weight of 10 kgs or more in the last six months? : **NO**

Do you have any congenital defect/abnormality/physical deformity/handicap? : **NO**

Have you undergone or been advised to undergo any tests/investigations or any surgery or hospitalized for observation or treatment in the past? : **NO**

Did you have any ailment/injury/accident requiring treatment/medication for more than a week or have you availed leave for more than 5 days on medical grounds in the last two years? : **NO**

Hypertension/High BP/high cholesterol : **NO**

Chest Pain/Heart Attack/any other heart disease or problem : **NO**

Undergone angioplasty,bypass surgery,heart surgery : **NO**

Diabetes/High Blood Sugar/Sugar in Urine : **NO**

Asthma,Tuberculosis or any other respiratory disorder : **NO**

Nervous disorders/stroke/paralysis/epilepsy : **NO**

Any GastroIntestinal disorders like Pancreatitis,Colitis etc. : **NO**

Liver disorders/Jaundice/Hepatitis B or C : **NO**

Genitourinary disorders related to kidney,prostate,urinary system : **NO**

Cancer, Tumor, Growth or Cyst of any Kind : **NO**

HIV infection AIDS or positive test for HIV : **NO**

Any blood disorders like Anaemeia, Thalassemia etc : **NO**

Psychiatric or mental disorders : **NO**

Any other disorder not mentioned above : **NO**

Have you ever suffered/are suffering from or have undergone investigations or treatment for any gynecological complications such as disorders of cervix,uterus,ovaries,breast, breast lump,cyst etc? : **NO**

Are you pregnant at present? : **NO**

Product Details

Product Name : **ICICI PRULIFE IPROTECT SMART**

Policy Term (in yrs) : **27**

Premium Payment Term(in Yrs) : **27**

Guaranteed Maturity Benefit/Guaranteed Surrender Benefit/Sum Assured on Maturity (in INR) : **N.A.**

Sum Assured/Modal Income (in INR) : **3,00,00,000**

Lumpsum Percentage : **0**

Income Percentage : 0

Mode : YEARLY

Benefit Option : Life

Modal Premium (in INR) : 22,837

Death Benefit Option : Lump-Sum

Premium Deposit

Mode Of Deposit : CREDIT CARD

Amount : 26,949

Note 1. Cheque/DD should be drawn in favour of "ICICI Prudential Life Insurance Co. Ltd." only. Please mention application no. and name of the proposer behind the cheque/DD. 2. In the event of non-realization of first premium deposit, the policy, if issued, shall be treated as cancelled/void from inception. 3. Incase of non-acceptance/withdrawal of this application for insurance, the company shall return the first premium deposit without any interest and after deducting the expenses incurred on the medical test/examination. 4. Kindly submit PAN/Form 60 (as defined under Income Tax Rules, 1962), at the time of applying for the policy. The premium payment can be done only through the acceptable premium collection modes. Where any customer/policyholder wishes or proposes to make any payment in cash, it can be accepted up to the limit of ` 49,999/- only at the authorized collection points. In case you opt to pay cash up to an acceptable limit , you are requested to pay cash only at the authorized collection points and not to advisor or employee. The company will not be responsible for any loss in this regard. 5. Please submit a cash authority letter along with the cash if you are depositing the cash through a third party. 6. Payments made through credit cards can be accepted only if the card is issued in the name of the relevant proposer/policy holder.

Payout Mode

Mode selected would be used by the company to makepayout(s) to the proposer. Payout would be in accordance and subject to the terms and conditions of the policy.

Bank Name : -

Branch : -

Account Number : -

MICR Code : -

IFSC Code : NA

Do you wish to set the preference month for renewal premium as November: NA

Note 1. Please provide a cancelled copy of your cheque if any of the above payout option is selected. 2. In case of non credit to my bank account with or without assigning any reasons there of or if the transaction is delayed or not effected at all for reasons of incomplete/incorrect information, I would not hold ICICI Prudential Life Insurance Co. Ltd. responsible. 3. Further, the company reserves the right to use any alternative payout option in spite of opting for Direct Credit option.

Declaration & Authorization

I/We declare that I/we have answered all the questions in the proposal form and have duly signed it after understanding its contents. I/ We have fully understood the nature of the questions including health related questions and the importance of disclosing all material information while answering such questions. I/We declare that the answers given by me/us to all the questions in the proposal form and the information given to ICICI Prudential Life Insurance Co. Ltd. as to the state of health and habits of the life/lives to be assured are true and complete in every respect and that I/we have not withheld any material information or suppressed any material fact. I/ We have made no statement to the Insurance Advisor, Medical Examiner or any other person associated with the Company which in any way modifies the answer given by me/ us in this application form. I/We undertake to notify the Company of any change in the information given by me/ us in the proposal form with respect to the Life/ Lives to be Assured subsequent to the signing of this proposal form and before the receipt of the policy document. I/We also understand that the terms and conditions including the premium and the benefits payable under the Policy are subject to taxes/ duties/ charges in accordance to applicable laws. I/We confirm that all premiums will be paid from bonafide sources.

I/We hereby authorize ICICI Prudential Life Insurance Co. Ltd. to assess the health status and conduct screening/confirmation/telephonic verification/reconfirmation of the life/lives to be assured including the health status through medical examinations which may include Laboratory tests, Cardiology, Radiological investigations and other medical tests including blood tests to detect bacterial/viral/fungal infections if required by the Company. I/We hereby give my/our consent to undergo HIV1/2 test. I/We am/are aware that this test is only for screening purpose and not confirmatory for HIV/AIDS. I/We hereby authorize ICICI Prudential Life Insurance Co. Ltd. to send all service related communications to the contact details registered with the Company. The Company reserves the right to accept, decline or offer alternate terms on my/our proposal for Life/Health Insurance. In order to enable the Company to assess the risk under this proposal and any time thereafter, I/we hereby, authorize the past and present employer(s)/business associates/medical practitioner(s)/hospital and medical source/any life and non-life insurance Company to provide the records of employment/business or other details as may be considered relevant.I/we agree and authorize the Company, for the purpose of processing of this Proposal or servicing of the resulting policy, to verify/share my our/documents/other information provided herein on confidential basis within ICICI group and/or third party agencies. This proposal form shall be a part of the life insurance policy contract, in case of its acceptance by the Company.

I/We agree that the PAN details and other information provided by me/us in the proposal form maybe used by the Company to download/verify my/our KYC documents from the CERSAI\* CKYC portal for processing this application. I/We understand that only the acceptable officially valid documents would be relied upon for processing this application. (\*Central Registry of Securitisation and Asset Reconstruction and security Interest of India.)

I/We understand that in case of fraud or misstatement by me/us, the policy shall be treated by the Company in accordance with Section 45 of the Insurance Laws (Amendment) Act, 1938 as amended from time to time.

I hereby consent to receiving information from Central KYC registry through SMS or email on the above registered number or email address.

Date : Dec 31, 2021

Authenticated by NEHA SINHA via OTP shared for OB18345312 on 12/31/2021 19:55:48

Place : KARNATAKA

The Insurance Laws (Amendment) Act, 2015

Section 41 Prohibition of rebates: (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:

Section 45 Policy not to be called in question on ground of mis statement after three years: (1) No policy of life insurance shall be called in question on any ground whatsoever after the expiry of three years from the date of the policy, i.e., from the date of issuance of the policy or the date of commencement of risk or the date of revival of the policy or the date of the rider to the policy, whichever is later. (2) A policy of life insurance may be called in question at anytime within three years from the date of issuance of the policy or the date of commencement of risk or the date of revival of the policy or the date of the rider to the policy, whichever is later, on the ground of fraud: Provided that the insurer shall have to communicate in writing to the insured or the legal representatives or nominees or assignees of the insured the grounds and materials on which such decision is based. Explanation I. For the purposes of this sub-section, the expression 'fraud' means any of the following acts committed by the 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 specially declares to be fraudulent. Explanation II. Mere silence as to facts likely to affect the assessment of the risk by the insurer is not fraud, unless the circumstances of the case are such that regard being had to them, it is the duty of the insured or his agent, keeping silence to speak, or unless his silence is, in itself, equivalent to speak. (3) Notwithstanding anything contained in sub-section (2), no insurer shall repudiate a life insurance policy on the ground of fraud if the insured can prove that the mis-statement of or suppression of a material fact was true to the best of his knowledge and belief or that there was no deliberate intention to suppress the fact or that such mis-statement of or suppression of a material fact are within the knowledge of the insurer. Provided that in case of fraud, the onus of disproving lies upon the beneficiaries, in case the policyholder is not alive. Explanation. - A person who solicits and negotiates a contract of insurance shall be deemed for the purpose of the formation of the contract, to be the agent of the insurer. (4) A policy of life insurance may be called in question at any time within three years from the date of issuance of the policy or the date of commencement of risk or the date of revival of the policy or the date of the rider to the policy, whichever is later, on the ground that any statement of or suppression of a fact material to the expectancy of the life of the insured was incorrectly made in the proposal or other document on the basis of which the policy was issued or revived or rider issued: Provided that the insurer shall have to communicate in writing to the insured or the legal representatives or nominees or assignees of the insured the grounds and materials on which such decision to repudiate the policy of life insurance is based: Provided further that in case of repudiation of the policy on the ground of mis-statement or suppression of a material fact, and not on the ground of fraud, the premiums collected on the policy till the date of repudiation shall be paid to the insured or the legal representatives or nominees or assignees of the insured within a period of ninety days from the date of such repudiation. Explanation - For the purposes of this sub-section, the mis-statement of or suppression of fact shall not be considered material unless it has a direct bearing on the risk undertaken by the insurer, the onus is on the insurer to show that had the insurer been aware of the said fact no life insurance policy would have been issued to the insured. (5) Nothing in this section shall prevent the insurer from calling for proof of age at anytime 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 that the age of the life insured was incorrectly stated in the proposal."