

Proposal Form

FOR OFFICE USE ONLY

Intermediary Id: 8241757
 Intermediary Name: AARTI GUPTA
 Deal no: DL-4128/1414811
 Branch Name: DILSHAD GARDEN
 Proposal no: 2990625496
 Previous Policy No: 4128i/HSRN/99275731/08/000

PROPOSER / CUSTOMER INFORMATION

Proposer Name:	Mr/Mrs/Miss	SUDHANSHU MALHOTRA
Date of Birth:	20-Sep-1983	Gender: Male
Residential Status:		
PAN No:		CKYC number:

Politically Exposed Person (PEP)/close relative of PEP: No

*Politically Exposed Persons (PEPs) are individuals who are or have been entrusted with prominent public functions in a foreign country, e.g., Heads of States/Governments, senior politicians, senior government/judicial/military officers, senior executives of state-owned corporations, important political party officials, etc.

Correspondence Address:

HOUSE NO 1406, TOWER 1		
		Landmark:
City/Town: GURGAON	State: HARYANA	Pin Code: 122001
Landline Number (with STD Code):		Mobile No*: 9990328318
Email Address: SUDS.MALHOTRA@GMAIL.COM		

Permanent Residence Address:

HOUSE NO 1406, TOWER 1		
		Landmark:
City/Town: GURGAON	State: HARYANA	Pin Code: 122001
Landline Number (with STD Code):		Mobile No*:
Email Address:		

*Kindly provide the details to enable us to serve you better.

DETAILS OF PERSONS TO BE INSURED:

Insured No	Full Name		Gender	Date of Birth	Relationship with Proposer	Add on Covers	Occupation	Height		Weight (KGs)
	Title	Name						Feet	Inches	
0		SUDHANSHU MALHOTRA	Male	20-Sep-1983	SELF	None		1' 1"		1
1		Snigdha Joshi	Female	28-Dec-1984	SPOUSE	None		1' 1"		1
2		Shloka Joshi Malhotra	Female	08-Aug-2021	DAUGHTER	None		1' 1"		1

Attention! 80D Alert - Please note that for the premium paid towards health policy, the maximum eligible tax benefit under Section 80D of Income Tax Act, 1961 is ₹ 25,000 (for Self, Spouse and dependent children) and ₹ 30,000 (for Parents or Senior Citizen Members (Self/Spouse))

DETAILS OF INSURANCE

Sub Product Name	Health_Shield_R	Sum Insured	1000000
Plan Name	HSRN_2Adult_1Child_1Year	Zone Opted	Zone A
Tenure (Years)	1	Premium	24065
		Pneumococcal vaccine taken	NO
		Voluntary co-payment	0%

Please Note: Insured(s) will have to undergo medical underwriting before policy issuance at designated diagnostic centers empanelled by ICICI Lombard GIC Ltd in case:

ICICI Lombard General Insurance Company Limited

IRDA Reg. No. 115
 Mailing Address:
 ICICI Lombard General Insurance Company Limited,
 Interface Building No.: 16, 601 / 602, 6th Floor, New
 Link Road, Malad (West), Mumbai - 400 064.

CIN: L67200MH2000PLC129408
 Registered Office:
 ICICI Lombard House, 414, P Balu
 Marg, Off Veer Savarkar Road, Near
 Siddhi Vinayak Temple, Prabhadevi,
 Mumbai -400025.

ICICI Lombard Complete Health Insurance
 Toll free no.: 1800 2666
 Alternate No.: +918655 222 666 (chargeable)
 Email: customersupport@icicilombard.com
 Website: www.icicilombard.com

UIN - ICILHIP23144V072223
 URN - PF/4128/00

- Individual(s) applying for policy are aged 46 years & above irrespective of the sum insured.
- Both the members applying for policy with Annual Sum Insured greater than ₹ 10 lacs irrespective of age
- Cost of Pre Policy Medical Check-up for policy issuance:** 100% of the pre policy medical checkup cost will be borne by company, for accepted proposal. In case the health proposal is declined, medical check-up cost will be deducted from the premium and the balance would be refunded.

NOMINEE DETAILS:			
Nominee Name:	Mr/Mrs/Miss	SNIGDHA JOSHI	
Date of Birth:	28-Dec-1984	Relationship with proposer:	SPOUSE

Does any of the above insured members already have health policy with ICICI Lombard General Insurance Company - .

Terms and Conditions

- Initial waiting period of 30 days for all illnesses (except Hospitalization due to injury)*.
- Specific waiting period of first two years for specific illnesses and treatments (mentioned in the policy wording)*.
- Pre-existing conditions/diseases declared and accepted by us will be covered after expiry of the pre existing disease waiting period (as per plan)
- Sum Insured can be changed at the time of renewal only. Company reserves right to approve/ reject the change in Sum Insured. Fresh waiting period as per the terms of the policy will be applicable to the enhanced limit from the effective date of such enhancement.
- Factors determining the renewal premium are:
 - Age slab of the senior most insured member at the time of renewal.
 - Any change in the renewing policy.
- The liability of the Company does not commence until this Proposal has been accepted by the Company and premium realised.

Disclaimer: Insurance is a contract of Utmost Good Faith requiring the Insured not only to disclose all material facts but also not to suppress any material facts in response to the questions in the proposal form.

*Applicable for new insured.

IMPORTANT NOTES

- The information that you give to us on this proposal form or in any supplementary information form or documentation supplied by you or on your behalf will influence our decision to offer insurance and the terms upon which to offer it. Further, any policy we issue will be based on what you have communicated to us. It is therefore important that your answers are complete and accurate in all respects.
- The questions in this proposal are indicative rather than exhaustive. You must provide us with all information relevant to the risk to be insured, even if it is not the subject of a question in this proposal. If you are in any doubt as to what information should be given, you should liaise with your insurance advisor/ company.
- Acceptance of your proposal would be subject to receipt of complete medical reports(wherever applicable), medical underwriting and realization of full premium amount by the company and the insurance coverage will commence from the date of underwriting by the company.
- The list of exclusions/ inclusions and other policy details are indicative. For complete list and comprehensive details kindly refer policy wordings.
- The Policy shall become voidable at the option of the Company, in the event of any untrue or incorrect statement, misrepresentation, non-description or non-disclosure of material particulars in the Proposal Form/ personal statement, declaration and connected documents, or any material fact* information has been withheld by beneficiary or anyone acting on beneficiary's behalf to obtain insurance.

*A material fact will mean and include all important, essential and relevant information, pertaining to the questions made in this proposal form, that are likely to influence company's acceptance or assessment of the proposal.

MEDICAL AND LIFESTYLE INFORMATION

Declared are the medical conditions/disease and lifestyles details of the new insured members.

S.No	PED Declaration	SUDHANSHU MALHOTRA	Snigdha Joshi	Shloka Joshi Malhotra
1.	Hypertension High Blood pressure History	N	N	N
2.	Diabetes Mellitus Sugar History	N	N	N
3.	Hyperlipidemia Cholesterol History	N	N	N
4.	Does any person proposed to be insured smoke or consume Tobacco in any form or alcohol If yes please indicate the quantity consumed If not please indicate No	N	N	N
5.	Heart and Circulatory Conditions Disorders chest pain angina palpitations congestive heart failure coronary artery disease heart attack bypass surgery angioplasty valve disorder replacement pacemaker insertion rheumatic fever congenital heart condition varicose veins clots in veins or arteries blood disorders anticoagulant therapy etc	N	N	N

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6.	Urinary Conditions or Disorders Blood in urine increase in urinary frequency painful or difficult urination Kidney and or Bladder infections stones of urinary system kidney failure dialysis or Any Other Kidney or Urinary Tract Or Prostate Disease	N	N	N
7.	Musculoskeletal Conditions or Disorders Joint or back pain Arthritis Spondylosis Spondylitis SPinal disorders Surgeries Osteoporosis Osteomyelitis Joint Replacement Or Any Other Disorder of Muscle or Bone or Joint or ligaments tendons or discs gout herniated disc fractures or accidents or implants amputation or prosthesis Muscle weakness Polio etc	N	N	N
8.	Respiratory Conditions or Disorders Shortness or difficulty of breath Tuberculosis Asthma Bronchitis Chronic Obstructive Pulmonary Disease COPD chronic cough coughing of blood etc or any Other Lung or Respiratory Disease	N	N	N
9.	Digestive Conditions or Disorders Jaundice chronic diarrhea intestinal bleeding or problems or polyps diseases of the pancreas liver or gall bladder hepatitis A or B or C or other jaundice Ulcerative colitis Chrons disease Inflammatory or irritable bowel disease Cirrhosis unexplained weight loss or gain eating disorder or any Other Gastro Intestinal condition	N	N	N
10.	Cancer or Tumor Benign Or Malignant tumor Any Growth or Cyst any Cancer diagnosed earlier and or treatment taken for cancer	N	N	N
11.	Brain or Nervous System or Mental or Psychiatric Conditions or Developmental Disorders or Congenital or Birth defect Loss of consciousness fainting dizziness numbness or tingling weakness paralysis head injury stroke migraine headaches or chronic severe headaches sleep apnea multiple sclerosis seizures or epilepsy or any Other Brain or Nervous System Disease Mental or Psychiatric disorder ADHD autism disability or deformity whether physical or mental etc	N	N	N
12.	Female Reproductive Conditions or Disorders Pelvic pain abnormal menstrual bleeding abnormal PAP smear endometriosis Fibroid Cyst or Fibroadenoma Bleeding Disorder Pelvic infection Or Any Other Gynecological or Breast cysts or lumps or tumor	N	N	N
13.	Eye Ear Nose and Throat Disorders Cataract glaucoma Opticneuritis retinal detachment conjunctivitis squint ptosis Blindness refractive error or spectacle number in dioptries otitis media Deviated Nasal Septum Otosclerosis Loss of speech Hearing loss nasal polyps chronic sinusitis Any other disorder of Ear Nose and Throat	N	N	N
14.	Sexually Transmitted Diseases HIV or AIDS immunodeficiency or any venereal disease VD or sexually transmitted disease STD	N	N	N
15.	Metabolic Endocrine Conditions or Disorders and autoimmune or genetic disorder Adrenal or pituitary disorders thyroid disorder lupus scleroderma thyroid disorders Thallasemia anemia Hemophillia Obesity and related surgeries etc	N	N	N
16.	Is any female member pregnant tested positive with a home pregnancy test or ectopic pregnancy infertility treatment	N	N	N
17.	Does the person proposed to be insured suffer from any chronic or long term medical condition or have any other disability abnormality or recurrent illness or injury or unable to perform normal activities	N	N	N
18.	Has any member consulted with or received treatment from any doctor or other health care provider for any other condition or symptoms or undergone any hospitalization or illness or surgery or currently taking medications for any condition or medical procedures including diagnostic testing	N	N	N

19.	Does the individual have a family history of any disease like Heart disease or brain disease or cancer or organ failure or autoimmune or genetic disorder	N	N	N
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Remarks
PAYMENT DETAILS

Payment Option: Debit Authorization	Cheque/DD Number/NEFT/ UPI details: 1202278580	Premium Amount: 24065	Cheque/DD Date/Transaction Date: 04/03/2024
Amount In Words: Twenty Four Thousand Sixty Five			
Bank Name: ICICI BANK		Branch: NA	
Account Number:		MICR:	
Account Type:		IFSC:	

DECLARATION

I/We hereby 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 that I/We am/are authorized to propose on behalf of these other persons.

I 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 receipt of the chargeable premium in full.

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/proposal after the proposal has been submitted but before communication of the risk acceptance by the company.

I/We declare and consent to the company seeking medical information from any doctor or from a hospital who at any time has attended on the life to be insured/proposed 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.

I/We authorize the company to share information pertaining to my proposal including the medical records for the sole purpose of proposal underwriting and/or claims settlement with any Government and/or Regulatory authority.

I/We authorize IL or any of its Agents and/service representatives/affiliates to contact me via SMS/Email/Phone/WhatsApp/ Social Media or any other modes on my registered phone number over-riding my 'DND' registration to make welcome calls/SMS, service calls/SMS, policy related information or any other commercial communication.

I/We authorize IL or any of its service representatives/health service providers to contact me via SMS/Email/Phone/WhatsApp/ Social Media or any other modes and I/We have no objection to my/our medical information being saved for internal use.

I/We hereby give my/our consent to the Company to verify and obtain my/our identity/address proof through Central KYC Registry or UIDAI or through any other modes for the purpose of undertaking KYC.

I/We hereby declare and confirm that the premium has been paid out of legally acquired sources of income and the subsequent premiums if any, will continue to be paid out of legally declared and assessed source of income.

STATUTORY WARNING
PROHIBITION OF REBATES

(Under Section 41 of Insurance Act 1938)

- No person shall allow or offer to allow, either directly or indirectly as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property, in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectuses or tables of the Insurer.
- Any person making default in complying with the provisions of this section shall be punishable with fine, which may extend to ten lakh rupees.

AGENT DECLARATION

Agent Name: _____

Signature: _____

Place: _____

Date: D D / M M / Y Y Y Y SP Name : SP Code: License No. (Advisor/Corporate Agent/Broker/Relationship Officer)

I, _____ in my capacity as an Insurance Advisor/ Specified Person of the Corporate Agent, Insurance Sales Persons of Insurance Marketing Firm / Broker Qualified Person, Rural Authorized Person (RAP) and Village Level Entrepreneur – Ins (VLE-Ins) of Common Public Service Centre do hereby declare that I have explained all the contents of this Proposal Form, including the nature of the questions contained in this Proposal Form to the Proposer including statement(s), information and response(s) submitted by him/her in this Proposal Form to questions contained herein or any details sought herein will form the basis of the Contract of Insurance between the Company and the Proposer, if this Proposal is accepted by the Company for issuance of the Policy. I have further explained that if any untrue statement(s)/ information/response(s) is/are contained in this Proposal Form/including addendum(s), affidavits, statements, submissions, furnished/to be furnished, the Company shall have the right to cancel the policy at its discretion. Further, this declaration does not confirm issuance of policy or assumption of risk thereof

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"This is an e-proposal form. This doesn't require customer signature. The information captured as per the details provided during the first proposal of the policy or any changes (if any) in the subsequent renewals."

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