Proposal Form

FOR OFFICE USE ONLY
Intermediary Id: 8654380 Intermediary Name: AMERICAN EXPRESS BANKING CORP Deal no: DL-4128/1409989
Branch Name: DELHI LAJPAT NAGAR Proposal no: 2078026546 Previous Policy No: 4128i/iHP/163202699/01/000

PROPOSER / CUSTOMER INFORMATION					
Proposer Name:	Mr/Mrs/Miss	SUSHANTA MEHER			
Date of Birth:	05-Mar-1983	Gender:	Male	Marital Status:	
Occupation:	OTHERS				
Annual Income (₹):					
Nationality:	Indian				
Residential Status:	Indian Resident				
PAN No:	ALFPM0716M	Passport No:		Aadhar No:	
GSTIN No. Customer:					

Correspondence Address:

201 RING VIEW RESIDENCY, DODDANEKUNDI OUTER RING ROAD, KARTHIK NAGAR, OPPOSITE PLAZA SUPERMARKET		
DODDANEKUNDI OUTER RING ROAD, KARTHIK NAGAR		Landmark:
City/Town: BANGALORE	State: KARNATAKA	Pin Code: 560037
Landline Number (with STD Code):		Mobile No*: 9740096978
Email Address: SUSHANTA.MEHER@GMAIL.COM		

Permanent Residence Address:

201 RING VIEW RESIDENCY, DODDANEKUNDI OUTER RING ROAD, KARTHIK NAGAR, OPPOSITE PLAZA SUPERMARKET		
DODDANEKUNDI OUTER RING ROAD, KARTHIK NAGAR		Landmark:
City/Town: BANGALORE	State: KARNATAKA	Pin Code: 560037
Landline Number (with STD Code):		Mobile No*:
Email Address:		

*Kindly provide the mobile number you wish to link to your policy. This will enable us to send important updates/ notifications and serve you better

DETAILS OF PERSONS TO BE INSURED:

Insured No	Full Name		Gender	Date of Birth	Relationship with Proposer	Add on Covers	Height		Weight (KGs)
	Title	Name					Feet	Inches	
0	SUSHANTA MEHER		Male	05-Mar-1983	SELF	None			

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	iHealth Plus A		Sum Insured	1000000	
Plan Name	iHP_Individual_Adult_2Years_A		Deductible SI	NA	
Tenure (Years)	2	Premium	31642	Voluntary Deductible	

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:

1. Individual(s) applying for policy are aged 46 years & above irrespective of the sum insured.
2. Both the members applying for policy with Annual Sum Insured greater than ₹ 10 lacs irrespective of age
3. **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:				APPOINTEE DETAILS: (IF NOMINEE MINOR)			
Nominee Name:	Mr/Mrs/Miss			Mr/Mrs/Miss			
Date of Birth:		Relationship with proposer:			Relationship with proposer:		

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:
  (i) Age slab of the senior most insured member at the time of renewal.
  (ii) 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

1. 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.
2. 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.
3. 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.
4. The list of exclusions/ inclusions and other policy details are indicative. For complete list and comprehensive details kindly refer policy wordings.
5. 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	SUSHANTA MEHER
1.	Hypertension High Blood pressure History	N
2.	Diabetes Mellitus Sugar History	N
3.	Hyperlipidemia Cholesterol History	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
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
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
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
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	N

	or Respiratory Disease	
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
10.	Cancer or Tumor Benign Or Malignant tumor Any Growth or Cyst any Cancer diagnosed earlier and or treatment taken for cancer	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
12.	Female Reproductive Conditionsor 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
13.	Eye Ear Nose and Throat Disorders Cataract glaucoma Opticneuritis retinal detachment conjunctivitis squint ptosis Blindness refractive error or spectacle number in dioptres otitis media Deviated Nasal Septum Otosclerosis Loss of speech Hearing loss nasal polyps chronic sinusitis Any other disorder of Ear Nose and Throat	N
14.	Sexually Transmitted Diseases HIV or AIDS immunodeficiency or any venereal disease VD or sexually transmitted disease STD	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
16.	Is any female member pregnant tested positive with a home pregnancy test or ectopic pregnancy infertility treatment	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
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
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

Remarks

PAYMENT DETAILS

Payment Option: Debit Authorization	Cheque/DD Number: 1137280707	Premium Amount: 31642	Cheque/DD Date/Transaction Date: 14/01/2022
Amount In Words: Thirty One Thousand Six Hundred Forty Two			
Bank Name: AMEX 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.

STATUTORY WARNING

PROHIBITION OF REBATES

(Under Section 41 of Insurance Act 1938)

1. 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.
2. Any person making default in complying with the provisions of this section shall be punishable with fine, which may extend to ten thousand rupees.

"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."