

## Customer Declaration Form

Proposal form ID/Application number: 00089199

I/We **KATHIRAVAN R** request you to process the proposal with the above mentioned application number submitted electronically to the Company.

### Disclaimers:

I/We agree that the answers to the above questions are true and that this addendum forms a part of the proposal/contract between me and Bharti AXA Life.

1. I/We declare and confirm that all the replies to the questions in the Suitability Assessment Form, e-proposal, the details furnished in the enclosed questionnaires and the reports of any medical examination are provided to the best of my/our knowledge. I/We declare that no material information required by the Company to assess the risk on my life is withheld with me/us.
2. I/We declare that the content of the Suitability Assessment Form, Benefit Illustration, e-proposal form and related documents have been fully explained to me/us and I/We have fully understood the significance of the e-proposal form, related document and the proposed contract.
3. I/We have submitted the e-proposal to buy this product on my/our record after having read and understood the terms and conditions of the said product on company's website i.e. www.bharti-axa.com.
4. I/We have gone through the suitability process and the benefits as mentioned in the Benefit Illustration of the selected product. I/We have also verified the contents of the e-proposal form and understand and agree that by submitting the One Time Password (OTP) received for the purpose of insurance or by submitting this duly signed customer declaration form, I would be submitting this e-proposal for insurance and I/We will be bound by such statements/disclosures of material facts in the same manner and to the same extent as if I/We had physically signed and submitted the Suitability Form, Benefit Illustration, Written Proposal and related documents for insurance after having read and understood the illustration of benefits.
5. I/We fully understand the nature of the questions including health related questions and the importance of disclosing all material information to the company while answering such questions in the e-proposal duly filled in the electronic mode by me/us or as per the information provided by me/us.
6. I/We declare that answers given by me/us to all questions in the e-proposal form including the information given to the company as to the state of health and habits of the life/lives to be insured are true and complete in every respect.
7. In order to enable the Company to assess the risk under this e-proposal and any time thereafter, I/We hereby authorize the past and present employer(s)/ business associates of mine/ours, my/our medical practitioner(s)/hospital/medical source/ any life and non-life insurance Company/organization to release to the Company the records of employment/ business or other details of mine as may be considered relevant for acceptance or otherwise of the e-proposal.
8. I/We declare that the deposit towards the first premium and the renewal premium to be paid under the Policy are from legal sources of income. I/We hereby declare and confirm that I/We am/are making the premium payment towards this proposal through own bank account/credit card and I/We agree to submit a third party declaration in case the premium payment is not made from own account.
9. In case of premium payment through cash, I understand and confirm that I will personally visit the branch office of the Company for depositing the cash along with print of this e-proposal form.
10. I/We undertake to notify the Company forthwith, in writing, of any changes in my/our health, occupational and financial state and any proposal for insurance made with any other company between the date of this e-proposal and the date of the acceptance of risk by the Company.
11. I/We hereby understand and agree that Fraud or Misrepresentation would be dealt with in accordance with the provisions of Section 45 of Insurance Act, 1938 as amended from time to time.
12. I/We agree and confirm to the use of electronic medium, including email, as a mode for communication from and to the Company.

13. I/We hereby understand and agree that the replies to the questions in the e-proposal, the details furnished in the enclosed questionnaires, the reports of any medical examination, or laboratory tests, my proof of age and this declaration will be the basis of the contract of assurance between me and Bharti AXA Life Insurance Company Ltd (the "Company") and that if any statement made in the e-proposal for insurance or to any medical examiner or referee or in any other document leading to the issue of the policy is inaccurate or false, is on a material matter or facts which is material to disclose or if any information provided or disclosure made by me/us at the time of e-proposal are in variance with my/own financial position or health condition, physical or mental, as at the time of e-proposal or if any of the documents submitted by me/us is found to be false or forged then action will be taken immediately to make the contract void. In case of fraud, misrepresentation and suppression of material facts the policy contract shall be treated in accordance with the Section 45 of Insurance Act, 1938 as amended from time to time.

14. I/We agree and declare that the Company may without any reference to me (or to my beneficiary, as the case may be) disclose any information contained in the proposal, the annexure, in the reports of any medical examination/laboratory tests or in the documents submitted by me/us or procured by the Company, to any other insurer or to any reinsurer, to any claims investigator or any service provider engaged by the Company for insurance, servicing and claim processing of the policies. Likewise the Company may make available copies of the proposal form, annexures, reports of any medical examination laboratory tests or any documents submitted by me/us (or as the case may be, by my beneficiary) or procured by the Company, to any insurer, to any claims investigator or any service provider engaged by the Company for servicing the policies. So also the Company may without any reference to me/us (or, as the case may be, to my beneficiary) furnish to any court / tribunal or other Authority any such information or proposal, annexure, reports or documents as may be required of the Company or as may be considered necessary by the Company.

15. I/We will abide by Company's directions on medicals through any medium. The Company or Company's representative/s may contact me/ us at the address provided in the e-proposal form in connection with this e-proposal or resulting policy.

16. I/We declare that should any statement(s) including health declaration be incomplete, false, wrong or inaccurate or should there be any omission(s) or withholding of information on my/our part, the company shall have the right to cancel the policy. The Policy will be cancelled immediately, subject to fraud or misrepresentation being established by the company in accordance with Section 45 of the Insurance Act, 1938 as amended from time to time.

17. I/We further state and confirm that whatever is stated, declared, confirmed and agreed in this e-proposal form and related document are done/elected on my/our own freewill and volition.

18. I/We consent/agree and hereby state that I have no objection in the Company conducting an offline authentication of myself including offline KYC XML download for the purpose of availing Life Insurance Policy from Bharti AXA Life Insurance Company and for servicing of said Policy. I/We further consent and state that I/We have no objection in authenticating myself with Aadhaar based authentication system and UIDAI, sharing of my Aadhaar details including name, father's name, date of birth, address, mobile number, email id, gender and image for Aadhaar based validation/e-KYC through biometric and/or One time Pin (OTP) authentication for the purpose of availing Life Insurance Policy from Bharti AXA Life Insurance Company subject to Bharti AXA Life Insurance Company being permitted to undertake such validation/e-KYC.

I/We understand that I/We may receive calls from Bharti AXA Life in relation to my application for insurance or the resulting policy(ies). I/We give my consent to Bharti AXA Life to make such calls when I am/we are registered under NDNC category.

OTP signing details / Signature of Life Assured	Signature of Proposed Policy Holder (If different)
	OTP: 118291
Name	Name KATHIRAVAN R
Date	Date 09-7-2020