

MEMBER ENROLMENT FORM



Rapid No	200020066	Total Insurance Premium (Incl. GST)	5427
Loan Tenure	60	Asset vertical	Mudra
Branch Code	2308	Branch Name	Vidisha_Subhash Path
Employee Name	Sachin Acharya	Sourcing Employee ID	161176

Member Details Co-Borrower

*Name	Mr. Shailendra Raghuwanshi		
*Address Line 1	Gali No 02,Khari Phatak,Vidisha		
*Address Line 2		*City	Vidisha
*District	VIDISHA	*PIN Code	464001
*State	Madhya Pradesh	*Country	India
*Mobile No. +91	9691495323	*Email ID	
*Marital Status	Single	*Gender	Male
*DOB	15/01/1992	*Occupation	Self Employed
*Annual Income	450000 INR	*E-Insurance Account No	
*E -Repository name		*PAN No	(For Premium >50K only)

Nominee Details

S.No.	Nominee Name	Relationship with Member	DOB	Appointee Name*	Appointee Date of Birth*
1	Jayanti Raghuanshi	Mother	15/08/1997		

* Only where Nominee's age is Less than 18 years In the event of death of the applicant any payment due under the certificate of insurance shall become payable to the nominee proposed in this form. The receipt of the proceeds by the nominee would be sufficient discharge to the insurer of its obligations towards the said cover.

Insurance Company ICICI Lombard General Insurance
Product Group Personal Accident + Hospital Cash
UIN No. ICIHLGP22083V022122/ICIHLGP22209V012122

RHIHLGP20126V011920 - Group care 360/CHOHLGP21423V022021/Group Medicare Policy TATHLGP21248V022021/Flexi Plus - CHOHLGP21132V012021/ Chola Credit Link Group Hospital Cash Insurance -CHOHLGP21430V022021/ Chola Credit Linked Group Personal Accident Insurance - CHOPAGP20102V011920/Chola Group Credit Linked Critical illness Insurance Policy CHOHLGP21423V022021/Group Activ Secure - IRDAI/HLT/ABHI/P-H(G)/V.I/18/2016-17/ADIHLGP22190V032122/Group Activ Secure - IRDAI/HLT/ABHI/P-H(G)/V.I/18/2016-17/Group Credit Secure Plus TATHLGP21004V032122/ Income protect product ICIHLGP22084V042122/ Health Shield 360 ICIHLGP22083V022122/ Group Hospishield ICIHLGP22090V032122/ Group Hospishield Plus ICIHLGP22209V012122

Plan Option Group Personal Accident + Hospital Cash
Sum Insured 1000000
Cutomer Type Co-Borrower
Policy Tenure 5 Years

Declaration & Warranties :

1. I hereby declare that I do not have any Pre Existing Disease, Medical history, treatment & not suffering or have suffered from any Critical Illness or condition requiring medical treatment, on date of signing the proposal. This policy doesn't cover any declared or undeclared pre-existing disease and in such case, any claims shall be rejected and the policy will stand cancelled.
2. I hereby declare that the all the statements are true in all respects and that I agree and declare that the above information shall form the basis of admission to the above scheme and that if any information be found untrue, my membership to the scheme shall be treated as cancelled.
3. I hereby declare, on my behalf that the above statements, answers and/or particulars given by me are true and complete in all respects to the best of my knowledge
4. By submitting my personal details/information here, I agree to AU Small Finance Banks' ('AU Bank') Privacy Policy (read and understood from AU Bank website) and authorize AU Bank and / or its authorised service providers to verify, use, record and store the above details/information and / or contact me for policy purchase and / or servicing the policies. The approval / authorisation provided by me herein will supersede all earlier authorisations / approvals / disapprovals / registrations made by me in this regards.
5. The insurance company has right to cancel the insurance contract in case I am/have been found guilty by any competent court of law under any of the statutes, directly or indirectly governing the prevention of money laundering in India.
6. The content of this form along with product benefits, terms/conditions and exclusions have been clearly explained to me. I have understood these and confirm to abide by the policy terms & conditions.
7. The claims process/terms and conditions of the policy have been explained to me and I/we have duly consented the same. I/We are aware that the insurance company have the right to reject the claim in the event of any misrepresentation or non disclosure of facts.
8. I/We agree to receive service related information from AU Small Finance Bank and its service providers from time to time, through electronic and telecommunication mode including WhatsApp, and understand that no unsolicited information will be sent to me/us
9. 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 insurer and that the policy will come into force only after full payment of the premium chargeable.
- 10I further declare that I will notify in writing any change occurring in the occupation or general health of life to be insured/proposer after the proposal has been submitted but before communication of the risk acceptance by the company.
- 11I declare that I consent to the company seeking medical information from any doctor or from a hospital who/which at any time has attended on the person to be insured/proposer or from any past or present employer concerning anything which affects the physical or mental health of the person to be insured / proposer and seeking information from any insurer to whom an application for insurance on the person to be insured/ proposer has been made for the purpose of underwriting the proposal and/or claim settlement
- 12I authorize the AU Small Finance Banks' ('AU Bank') & Insurer to share information pertaining to my proposal including the medical records of the Insured/Proposer for the sole purpose of underwriting the Proposal and/or claims settlement and with Governmental and/or Regulatory Authority. The Insurance Agent/Intermediary has explained Product Features and Suitability clearly and, in the language, understandable to me.
- 13I hereby confirm none of the insured members suffered/suffering from any pre-existing illness/medical/surgical condition, not taking medications on regular basis, nor awaiting any treatment, medical or surgical, or attending any follow up for any disease/condition/ailment/injury/addiction.
- 14Claims to be intimated within 30 days after discharge of patient with all the necessary claim documents with the insurance company
- 15I hereby declare that I have read all the features, benefits, exclusions & claim process of opted product & would like to voluntary opt for the same
- 16For Hospital Daily Cash benefit, A minimum of 24 hours of hospitalization is necessary for the benefit to be triggered
- 17Hospitalisation for treatment arising from or traceable to pregnancy and it's related complications would not be covered
- 18Initial waiting period applicable
- 19Please read Policy wordings for more details
- 20I hereby confirm that I am aware that enrolment to this product is purely voluntary and is not linked to me availing of any other facility from the bank.
- 21I hereby confirm that I have insurable interest in the policy and the premium is not borne by any third party entity or person.
- 22I/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

Section 64 VB of the insurance act 1938: Commencement of risk cover under the policy is subject to receipt of premium by the Insurance company.

FOR CLAIMS & REFUND PURPOSE

I do hereby authorize the Insured to pay claim benefit amount directly to my Loan account with AU Small Finance Bank towards my outstanding dues against the loan borrowed from AU Small Finance Bank out of the claim proceeds or premium refunds under the policy issued with the Insurer.

Date 20-Dec-2023

Shailendra Raghuvanshi

**The MEF form has been digitally authenticated by Mr. Shailendra Raghuvanshi using mobile no.9691495323 on 20-12-2023 at 7:15:21 PM
OTP : 3188**

Section 41 of insurance Act, 1938 - 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.
2. Any person making default in complying with the provisions of this section shall be punishable with fine which may extend to ten lakhs rupees.

Disclaimer: Insurance is the subject matter of the solicitation. For more details on risk factors, terms and conditions please read policy document carefully before concluding a sale.