Group Personal Accident Proposal Form

Customer ID:_____ Intermediary Name:_____ Code:_____

Contact No.:_____

GUIDELINES FOR COMPLETION OF THE FORM

1. Please answer all questions fully and correctly. Where any question does not apply, please mention that the same is not applicable clearly.
2. Insurance is a contract of utmost good faith, requiring the Insured or Proposer not only to disclose all material facts but also not to suppress any material fact in response to the questions in the proposal form. This obligation continues until the policy is issued and does not end with the submission of this Proposal form. If therefore, there is any change in the information given herein or new information comes to light before the policy expires, then you must inform. Us of the same in writing without delay.
3. The Policy shall become voidable at the option of the Insurer, in the event of any untrue or incorrect statement, misrepresentation, non-description or non-discloser of any material particular in the proposal form/personal statement, declaration and connected documents or any material information having been withheld by the Proposer or Insured person or anyone acting on his behalf.
4. Kindly contact Niva Bupa Health Insurance Company Limited's offices or authorized representative, for any doubts or clarifications on the proposal form.

NOTE

The liability of the Company does not commence until this proposal has been accepted by the company and premium is realized.

SCOPE OF COVER

This Policy offers benefits like Accidental Death Cover, Accidental Permanent Total Disability Cover, Accidental Permanent Partial Disability Cover, Accidental Temporary Total Disability Cover and few optional benefits.

SIGNIFICANT EXCLUSIONS

The following is an indicative list of exclusions from the cover under the Policy. For a detailed set of exclusions, kindly refer to the policy document.

Pre-existing disability, death or disability due to mental disorder, intentional self injury, payment of compensation due to death, injury or disablement of Insured Person whilst under the influence of intoxicating liquor or drugs or arising from the Insured committing any breach of law with criminal intent, adventure sports, war, invasion, act of foreign enemy etc.

OPTIONAL BENEFITS

In addition, certain optional benefits are also available. Details of which are provided in the relevant section of this proposal form.

NOTE

The foregoing is only an indication of the cover offered. For details, please refer to the Policy.

DETAILS: Put a (✓) mark wherever applicable

1. CLIENT INFORMATION

I. Name of proposer (organization/institute/association)
(Please leave a space after each part of name)

II. Proposer's mailing address (please leave a space after each part of address)

City/Town/Village

State

Pin code

PAN Number (Mandatory)

Contact number

Fax number

E-mail address

III. Proposer's trade or business or activity

2. RISK DETAILS

i. Period of insurance: (DD/MM/YYY)

From: D D M M Y Y Y Y To: midnight D D M M Y Y Y Y

ii. Number of persons to be insured

Categories of Proposed Insured (Add more categories if needed)-for e.g. Cat 1- Senior Management; Cat 2 - Middle Management; Cat 3- Junior Management

Sr	Category	General Description	Nature of Work
1	Cat 1		
2	Cat 2		
3	Cat 3		
4	Cat 4		
5	Cat 5		

iii. Corporate Floater Sum Assured (can be opted up to 5% of Cumulative Sum Assured)

iv. Please provide the details of benefits opted for Primary Insured:

Number of Proposed Insured	Cat 1	Cat 2	Cat 3	Cat 4	Cat 5
Basic Benefits					
Principal Sum Assured (PSA)					
Accidental Death - 100% of PSA (Yes/No)					
Accidental Permanent Total Disability (PTD) (Yes/No) Coverage available from 100% to 200% of PSA. If 'Yes' please specify percentage					
Accidental Permanent Partial Disability (PPD) (Yes/No)					
Temporary Total Disability** (Yes/No) If 'Yes', please specify weekly amount for Primary Insured only					
Optional Benefits					
Fixed Medical Expenses* (Yes/No) If 'Yes', please specify the amount up to Rs 50,000					

DETAILS: Put a (3) mark wherever applicable

Variable Medical Expenses* (Yes/No)	**Cat 1**	**Cat 2**	**Cat 3**	**Cat 4**	**Cat 5**
Variable Medical Expenses* (Yes/No) If 'Yes', please specify Option (i) / Option (ii)					
Education Allowance for Children - (Yes/No) If 'Yes', please specify only for Primary Insured Option (i) / Option (ii)					
Broken Bones - (Yes/No) If 'Yes', please specify yearly limit/insured					
Corporate Floater Please specify only for Primary Insured Option a / Option b / Option c					
Elimination Period# (Yes/No)					

* Proposer can opt for one of the two benefits - Fixed Medical Expenses/variable Medical Expenses
** Temporary Total Disability benefit is available only for employer-employee groups.

Available only if Temporary Total Disability is opted.

v. Please provide the details of benefits opted for Primary Insured's Spouse:

	Cat 1	**Cat 2**	**Cat 3**	**Cat 4**	**Cat 5**
Number of Proposed Insured					
Basic Benefits					
Principal Sum Assured (PSA) [(1)] - Please specify%					
Accidental Death - 100% of PSA (Yes/No)					
Accidental Permanent Total Disability (PTD) (Yes/No) Coverage available from 100% to 200% of PSA if 'Yes' please specify percentage					
Accidental Permanent Partial Disability (PPD) (Yes/No)					
Optional Benefits					
Fix Medical Expenses* (Yes/No) If 'Yes', please specify the amount up to Rs 50,000					
Variable Medical Expenses* (Yes/No) If 'Yes', please specify Option (i) / Option (ii)					
Broken Bones (Yes/No). If 'Yes', please specify yearly limit/Insured					

(1) - Principal Sum Assured restricted up to 50% of Principal Sum Assured of Primary Insured
* Proposer can opt for one of the two benefits - Fixed Medical Expenses/Variable Medical Expenses

vi. Please provide the details of benefits opted for Primary Insured's Children:

	Cat 1	**Cat 2**	**Cat 3**	**Cat 4**	**Cat 5**
Number of Proposed Insured					
Basic Benefits					
Principal Sum Assured (PSA)[(2)] - Please specify%					
Accidental Death - 100% of PSA (Yes/No)					
Accidental Permanent Total Disability (PTD) (Yes/No) Coverage available from 100% to 200% of PSA. If 'Yes' please specify percentage					
Accidental Permanent Partial Disability (PPD) (Yes/No)					
Optional Benefits					
Fixed Medical Expenses* (Yes/No) If 'Yes' please specify the amount up to Rs 50,000					
Variable Medical Expenses* (Yes/No) If 'Yes' please specify Option (i) / Option (ii)					
Broken Bones - (Yes/No). If 'Yes', please specify yearly limit / Insured					

(2) - Principal Sum Assured restricted up to 25% of Principal Sum Assured of Primary Insured
* Proposer can opt for one of the two benefits - Fixed Medical Expenses/Variable Medical Expenses

vii. Please provide the details of benefits opted for Primary Insured' Parents:

	Cat 1	Cat 2	Cat 3	Cat 4	Cat 5
Number of Proposed Insured					
Basic Benefits					
Principal Sum Assured (PSA) [3] - Please specify %					
Accidental Death - 100% of PSA (Yes/No)					
Accidental Permanent Total Disability (PTD) (Yes/No) Coverage available from 100% to 200% of PSA. If 'Yes' please specify percentage					
Accidental Permanent Partial Disability (PPD) (Yes/No)					

(3) - Principal Sum Assured restricted up to 50% of Principal Sum Assured of Primary Insured
*Proposer can opt for one of the two benefits - Fixed Medical Expenses/Variable Medical Expenses

Note: Please use additional sheets if space is not sufficient to complete details

3. Additional Loadings/Discounts Options

(i) Residential Accommodation and Vehicle Modification allowance (payable only in case of Accidental Permanent Total Disability of an Insured Person)

No ☐ Yes ☐

(ii) Family Transportation (payable only in case of Accidental Death or Accidental Total Disability of an Insured person)

No ☐ Yes ☐

(iii) Last Rites Expenses (payable only in case of Accidental Death of an Insured Person)

No ☐ Yes ☐

(iv) Any One Year loss (customers can avail premium discount by specifying Any one Year)

No ☐ Yes ☐

If Yes, please specify the Any One Year loss limit in Rs (lacs) _____

(v) Coverage for Special Conditions (option to avail premium discount by opting limited coverage)

Only during particular trip/event ☐ Only during office hours ☐

Only while out of office (on Official Duty) ☐ No ☐

(vi) Waiver for Permanent Exclusion

Coverage during terrorist attack ☐ Adventure sports ☐ No ☐

Note: Please note that coverage under 'Optional Benefits' may be subject to payment of additional premium or a discount in premium depending on the type of benefits opted.

4. Please provide details of Insured in the following format (for named policies only)

Member's Unique ID	Category	Name of the proposed Insured	Date of birth/age	Relationship with Primary Insured	City of residence	Designation Or Occupation	Salary or Cost to Company	Any existing disability or accidental injury	Nominee Details	
									Name	Relation with Insured

Note: Please use additional sheets if space is not sufficient to complete details.

5. Any additional information material to assumption of risk:

Note: Please use additional sheets if space is not sufficient to complete details.

6. Previous Policy Details

Kindly provide the particulars for the past 3 or less policy periods for which policy was availed, in the following format.

Policy Period From - To	Name of the Insurer	Policy number	Number of employees /dependents covered	Total premium (Rs.)	Total amount of claims (Paid + Outstanding) (Rs.)

I/We hereby declare, on my behalf and on behalf of all persons proposed to be insured, that the above statements, answer a 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.

Place: Proposer's Signature:_____

Date: D D M M Y Y Y Y Name:_____ Designation:_____

7. Authorisation (Please read carefully and put a check mark against each before signing)

☐ 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 full receipt of the premium chargeable.

☐ I/We further declare that I/We will notify in writing any change occurring in the occupation or general health of the life to insured/proposer 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 anytime has attended on the life to be insured/proposer 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 and with any Government and/or Regulatory authority.

Place: Proposer's Signature_____

Date: D D M M Y Y Y Y Name _____ Designation _____

8. Proposer Declaration

(Certification where for any reason, the proposal and other connected papers are not filled in by the prospect).
The contents of the proposal form and connected documents have been fully explained to me and I have fully understood the significance of the proposed contract. The Proposal Form is filled by _____ under my instruction and I found it to be correct.

Signature of the Proposer _____

9. Vernacular Declaration

I/hereby declare that I have fully explained the contents of the proposal form and all other documents incidental to availing the Health Insurance from Niva Bupa Health Insurance Company Limited to the proposer in the language understood by him/her. The same have been fully understood by him/her and the replies have been recorded as per the information provided by the Proposer and the replies have been read out to fully understood and confirmed by the Proposer.

Declarant's Name:

Relationship with Proposer:

Address:

City Pin Code

Signature of Declarant: _____ Signature of Applicant in Vernacular: _____

Acknowledgment

Proposal Form No. Date D D M M Y Y Y Y

We acknowledge with thanks, the receipt of your proposal and amount by Cash/Cheque/Demand Draft/ Others_____of amount of Rs. _____ dated _____ drawn on _____ .

Neither the submission to Us of completed proposal for Insurance nor any payment for any Policy sought obliges Us to agree to issue a Policy, which decision is and always shall be in our sole and absolute discretion. If we accept a proposal for Insurance, it shall be subject to the Policy terms and conditions and we shall have no liability whatsoever if premium is not received by Us in full and in time or is not realized. If we do not accept the proposal, we will inform you and refund the payment, if any, received from you without interest.

Signature of the Receiver and office seal

STATUTORY WARNING: AS PER SECTION 41 OF THE 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 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 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 sections shall be punishable with fine, which may extend to Ten Lakhs rupees.

Niva Bupa Health Insurance Company Ltd.
Registered office: C-98, First Floor, Lajpat Nagar, Part 1, New Delhi -110024.
Customer Helpline Number: 1860-500-8888, CIN No. U66000DL2008PLC182918.
Website: www.nivabupa.com

GPA-PF/1213/V1

Neither the submission to Us of a completed proposal for insurance nor any payment for any policy sought obliges Us to agree to issue a policy, which decision is and always shall be in our sole and absolute discretion. If we accept a proposal for insurance, it shall be subject to the policy terms and conditions and we shall have no liability whatsoever if premium is not received by Us in full and in time, or is not realised. If we do not accept the proposal, we will inform you and refund the payment, if any, received from you, without interest.