

Corona Kavach Group Policy, Kotak Mahindra General Insurance Company Ltd. Proposal Form

20-21/v1

CKGP

GUIDELINES FOR COMPLETION OF THE PROPOSAL FORM

1. Please fill the proposal form in BLOCK LETTERS. All details with * are mandatory.
2. The issuance of this form by Kotak Mahindra General Insurance Company Limited (hereafter referred as "Company") does not amount to acceptance of the proposal. The Liability of the Company in relation to the subject matter of this Proposal does not commence until this Proposal has been accepted by the Company through the issuance of the Policy Document/Cover Note and subject to the receipt by the Company of the premium paid.
3. This Proposal will be the basis of any subsequent policy that the Company issues to you. It is therefore essential that you provide all the information in this Proposal FULLY, ACCURATELY AND CORRECTLY in respect of all persons proposed to be insured and that you provide the Company with any and all additional information relevant to risk to be insured or the Company's decision as to acceptance of the risk or the terms upon which it should be accepted.
4. The Policy shall become voidable at the option of the Company, in the event of any untrue or incorrect or incomplete statement, misrepresentation, non-description or on non-disclosure in any material particular in the Proposal Form / personal statement, declaration and connected documents, or any material information having been withheld by the proposed policyholder or any one acting on its behalf to obtain any benefit under this Policy.
5. If you require additional space to answer any question on this Proposal Form, please attach additional sheets of paper and indicate on the additional sheet the question number to which the information being provided pertains. (Information given herein will be treated in strict confidence).

FOR OFFICE USE ONLY

Quote No.*	Quote Date*	Branch Code	Sales Manager Code	Intermediary Code	Intermediary Service RM	Intermediary Branch Code	Intermediary Business Vertical	Intermediary Client Ref. No.	SP Name / Code

PROPOSER'S INFORMATION

Name of the Proposer/ Group Administrator (Organisation/ Institute/ Association)*

Proposer's Trade/ Business/ Activity *

Proposer's Mailing Address*

Nearest Landmark City / District State

Pin Code Country

GSTIN Contact No.

Email ID PAN

Any existing policy from Us Yes No If 'Yes', Policy No. Are you a Non-profit Organization? Yes No

COVERAGE DETAILS

1. Policy Period From: DD MM YYYY To: Midnight of DD MM YYYY

2. Policy Tenure 3 ½ months 6 ½ months 9 ½ months

3. Policy Category Individual / Family Floater

4. Number of Persons to be insured
Categories of proposed Insured (Add more categories if needed) – (senior management, middle management, management trainee, etc.)

a. Cat 1:

b. Cat 2:

c. Cat 3:

d. Cat 4:

e. Cat 5:

5. Family Definition:

6. Relationships Covered:

7. Sum Insured:

BENEFIT DETAILS

Sr. No.	Coverage	Amount
Base Cover		
1	Covid Hospitalization Cover	Upto Sum Insured
2	Home Care Treatment Expenses	Upto Sum Insured
3	Road Ambulance	Subject to a maximum of ₹2,000/- per hospitalisation
4	AYUSH Treatment	Upto Sum Insured
5	Pre Hospitalization	Upto 15 days
6	Post Hospitalisation	Upto 30 days
Optional Cover		
7	Hospital Daily Cash	0.5% of sum insured per day for a maximum up to 15 days during a policy period in respect of every insured person.

INSURED DETAILS (*All fields are mandatory)

Membership ID / Employee Number	Name of the Insured Person	Category	Date of Birth DD/MM/YYYY	Gender	Relationship with the Insured Person	Designation/ Occupation	Any existing illness	Nominee Details			
								Name	Relationship with the Insured Person	Date of Birth DD/MM/YYYY	Appointee Details in case Nominee is a Minor

PAYMENT DETAILS*

Cheque Demand Draft Credit Card Online Payment

Cheque / D.D # Amount Drawn On

Date DD MM YYYY Bank

Branch (In favour of Kotak Mahindra General Insurance Company Ltd.)

IFSC/MICR Code

For Credit/Debit Card

Transaction Reference No. Transaction Date DD MM YYYY

Online / Credit card premium payment should be made by the policyholder himself. Third party payments are not allowed.

GO GREEN / GO PAPERLESS

Please tick the check box to support Us in our Go Green initiative.

I would like to protect and contribute in conserving the environment and help save paper by authorizing Kotak Mahindra General Insurance Company Limited to send all my policy and service related communication in soft copy to the email id as mentioned in the application form.

ELECTRONIC INSURANCE ACCOUNT DETAILS OF PROPOSER (E-MAIL ID IS MANDATORY)

Do you have an EIA Account	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please quote EIA Number	<input type="text"/>
Please mention name of Insurance Repository	<input type="text"/>
If No, do you want Us to create an EIA account for you	<input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, please fill up Insurance Repository Application form)
Email id (Registered with Insurance Repository)	<input type="text"/>
Your address details as mentioned in the EIA account shall override the address provided in this application for Insurance.	

DECLARATION FOR AGENT

I hereby declare that, I have fully explained the features and terms & condition of the policy in detail to the Proposer and the Proposer has affixed the thumb impression / signature after fully understanding the features thereof.

Signature / Thumb impression of Proposer

Place* Date*

Signature & Stamp as applicable of the Insurance Advisor / Specified person of Corporate Agent/Authorised Employee of Broker/ Sales person*

ACKNOWLEDGEMENT:

Received from Ms. /Mrs. / Mr. a Sum of ₹

Through Cheque / DD against your proposal for Corona Kavach Group Policy, Kotak Mahindra General Insurance Company Ltd.

Signature of Kotak Mahindra General Insurance Company Limited Official / Intermediary

Date DD MM YYYY

Kotak Mahindra General Insurance Company Limited Official / Agent / Intermediary / Name

Time : Place

Note: Neither the submission of a completed proposal for insurance or any payment for any policy sought oblige the Company to agree to issue a policy, which decision is and always shall be in the Company's sole and absolute discretion. If Kotak Mahindra General Insurance Company Limited accepts a proposal for insurance, it shall be subject to the Board approved underwriting policy of Kotak Mahindra General Insurance Company Limited and the policy Terms and Conditions of Corona Kavach Group Policy, Kotak Mahindra General Insurance Company Ltd. and the Company shall have no liability to make any payment if premium is not received by Kotak Mahindra General Insurance Company Limited in full and in time, or is not realised. If a proposal is not accepted, Kotak Mahindra General Insurance Company Limited will inform you and refund any payment received from you without interest.

DECLARATION

I 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 am 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 insurer and that the policy will come into force only after full payment of the premium chargeable.

I further declare that I will notify in writing any change occurring in the occupation or general health of the life to be insured/proposer after the proposal has been submitted but before communication of the risk acceptance by the company.

I declare that I consent to the company seeking medical information from any doctor or 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.

I authorize the company 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 any Governmental and/or Regulatory authority.

Place* Date*

*Signature / Thumb Impression of Proposer

STATUTORY WARNING

PROHIBITION OF REBATES (Under Section 41 of Insurance Act 1938 as amended)

- 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 Lakhs Rupees.