

Kotak Group Accident Care PROPOSAL FORM

KGAN

v2

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 actual liability of the Company does not commence until this proposal has been accepted by the Company through the issuance of the Policy Document and the premium has been realized in full.
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, AND ACCURATELY AND CORRECTLY in respect of person proposed to be insured and that you provide us with any and all additional information relevant to risk to be insured or our decision as to acceptance of the risk or the terms upon which it should be accepted.
4. Please note that all questions left unanswered or blank will be considered to be answered as "Not Applicable"
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.

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 DETAILS

Name*

First Name
Middle Name
Last Name

Email ID Mobile No.

PAN^ Aadhaar No.^ GSTIN

(^) Please provide for the Authorised signatory also.

COVERAGES

	Covers	Opted for Yes / No	Sum Insured (₹)
Section A Benefits	Accidental Death		
	Permanent Total Disablement		
	Permanent Partial Disablement		
	Temporary Total Disablement		
Extensions to Section A	Ambulance Charges		
	Modification Allowance		
	Out-patient Treatment Cover		
	Children's Education Grant		
	Funeral Expenses Extension		
	Marriage Benefit for Children		
	Disappearance Benefit		
	Compassionate Visit		
	Sports Activity Cover		
	Carriage of Dead Body		
Funeral Expenses			
Section B	Accidental Hospital Daily Cash Benefit		
	Convalescence Benefit		
	Burns Benefit		
	Broken Bones Benefit		
	Coma Benefit		
	Accidental Hospitalisation		
	Domestic travel for medical treatment		
Loss of Job due to Accident			

* Mandatory cover - Any one cover either from section A or B

Assignment Details (if any)

Bank / Institution Name

Loan Account Number Loan Amount

Loan Tenure EMI Amount Loan Sanction Date

DETAILS OF THE PERSON(S) PROPOSED TO BE INSURED

Sr. No	Name of the Insured	Address	Date of Birth	Gender	Nominee & their Relationship with Insured/ Appointee in case Nominee is Minor	Member premium (inclusive of tax)

Payment for claims will be made to the Insured Person. In the unfortunate event of the Insured Person's death, We will pay the Nominee named in the Policy Schedule or to the Insured person's legal heir or legal representatives holding a valid succession certificate. The nominee must be an immediate relative of the Proposer.

PREMIUM PAYMENT DETAILS

Payment Frequency Monthly Annual Payment Mode DD Cheque

Premium Amount Instrument No. Instrument Date

Premium Amount (in words):

Bank Name

For cheque/ DD (Payable in favour of "Kotak Mahindra General Insurance Company Limited)

For installment premium policies, the revival period shall be 15 days. Wherever premiums are not received within the revival period the policy will be terminated and all claims that fall beyond such installment due date shall not be covered as part of the policy. However, We will be liable to pay in respect of all claims where the treatment/admission/accident has commenced/occurred before date of termination of such policies.

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*

AADHAAR DECLARATION

I hereby provide my consent in accordance with Aadhar Act, 2016, Prevention of Money Laundering Act, 2002, Prevention of Money Laundering (Maintenance of Records) Rules and the applicable norms for the following:

- To validate/authenticate my Aadhar number with UIDAI
- To collect, store, share and use the details provided above in accordance with the applicable norms

Place* Date* Signature/Thumb impression of Proposer*

VERNACULAR DECLARATION

I hereby declare that, I have fully explained the contents of the proposal form and terms and conditions of the Policy to the Proposer in the language understood to him/her and that the Proposer has affixed the thumb impression /signature after fully understanding the contents thereof.

Signature/Thumb impression of Proposer

Place* Date* Signature of Intermediary/ Sales Person*

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 of Intermediary/ Sales Person*

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

- 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.
- Any person making default in complying with the provisions of this section shall be punishable with fine, which may extend to Ten Lakhs Rupees.

Kotak Mahindra General Insurance Company Ltd.

CIN: U66000MH2014PLC260291. **Registered Office:** 27 BKC, C 27, G Block, Bandra Kurla Complex, Bandra East, Mumbai – 400051. Maharashtra, India.

Office: 8th Floor, Zone IV, Kotak Infinity, Bldg. 21, Infinity IT Park, Off WEH, Gen. AK Vaidya Marg, Dindoshi, Malad (E), Mumbai – 400097. India.

Toll Free: 1800 266 4545 Email: care@kotak.com Website: www.kotakgeneralinsurance.com IRDAI Reg. No. 152.