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**Kotak Group Accident Protect
PROPOSAL FORM - CREDIT LINKED**

KGAC

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/ Bank/ Financial Institution (Organisation/ Institute/ Association)*

Proposer's Trade/ Business/ Activity*

Proposer's Mailing Address*

Address (Line 1)

Address (Line 2) Nearest Landmark

City / District State Pin Code Country

Contact No. PAN No.^ Aadhar No.^

GSTIN Email ID

Any existing policy from Us Yes No If Yes Policy Number Are you a Profit - Profit Organizations? Yes NO

(^) Please provide for the Authorised signatory also.

COVERAGE DETAILS(*)

1. Policy Period From: DD MM YYYY To: Midnight of DD MM YYYY 2. Policy Tenure 3. Number of Persons to be insured:

4. Type of Credit 5. Sum Insured Basis Fixed Sum Insured Basis Reducing Sum Insured Basis

6. Installment Option* Yes No If Yes, Installment Frequency* Monthly Quarterly Half yearly Annually

INSURED DETAILS (*)

Account No. with reference to credit	Tenure with reference to credit	Name of Financier	Name of the Insured Person	Applicant / Co-applicant	Occupation (Salaried/ Self-employed)	Date of Birth DD/MM/YYYY	Gender	Credit sanctioned date	Credit Amount/ Outstanding Credit Amount	Sum Insured	Sum Insured Basis	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		

RISK DETAILS (*)

Sr. No.	Coverage Opted	Please tick the Cover you wish to Opt for	Sum Insured Limits
Benefit - Section A			
1	Accidental Death (AD)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
2	Permanent Total Disablement (PTD)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3	Permanent Partial Disablement (PPD)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4	Temporary Total Disablement (TTD)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Section B – Optional Covers to Section A			
1	Carriage of Dead Body	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2	Funeral Expenses	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3	Accidental Medical Expenses Extension	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4	Purchase of Blood	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
5	Transportation of imported medicine	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6	Compassionate Visit	<input type="checkbox"/> Yes <input type="checkbox"/> No	
7	Disappearance Benefit	<input type="checkbox"/> Yes <input type="checkbox"/> No	
8	Modification of Residence / Vehicle	<input type="checkbox"/> Yes <input type="checkbox"/> No	
9	Cost of Support Items	<input type="checkbox"/> Yes <input type="checkbox"/> No	
10	Common Carrier	<input type="checkbox"/> Yes <input type="checkbox"/> No	
11	Children Education Grant	<input type="checkbox"/> Yes <input type="checkbox"/> No	
12	Marriage expenses for Children	<input type="checkbox"/> Yes <input type="checkbox"/> No	
13	Sports Activity	<input type="checkbox"/> Yes <input type="checkbox"/> No	
14	Widowhood cover	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Section C – Benefits			
1	Ambulance Charges	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2	Accidental Hospital Daily Cash Benefit	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3	Accidental Hospitalization (inpatient)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4	OPD Treatment	<input type="checkbox"/> Yes <input type="checkbox"/> No	
5	Accidental Dental Expenses	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6	Convalescence Benefit	<input type="checkbox"/> Yes <input type="checkbox"/> No	
7	Burns	<input type="checkbox"/> Yes <input type="checkbox"/> No	
8	Broken Bones	<input type="checkbox"/> Yes <input type="checkbox"/> No	
9	Coma	<input type="checkbox"/> Yes <input type="checkbox"/> No	
10	Domestic travel for medical treatment due to accident	<input type="checkbox"/> Yes <input type="checkbox"/> No	
11	Loss of Employment due to accident*	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Monthly Pay out option	<input type="checkbox"/> 3 Months <input type="checkbox"/> 6 Months	
12	On Duty cover	<input type="checkbox"/> Yes <input type="checkbox"/> No	
13	Legal Expenses	<input type="checkbox"/> Yes <input type="checkbox"/> No	

(*) For Salaried Persons only | * Mandatory cover – Any one cover either from section A or C

PREVIOUS POLICY DETAILS

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

Policy Period From – To	Name of the Insurer	Policy Number	Number of Members Covered	Total Premium (₹)	Total amount of claims (Paid + Outstanding) (₹)

***PAYMENT DETAILS**

Cheque
 Demand Draft (DD)
 Credit/Debit Card
 Online Payment
(In favour of Kotak Mahindra General Insurance Company Limited)

Cheque / DD# Amount Drawn On Date

Bank Branch IFSC/MICR Code

For Credit/Debit Card: Transaction Reference No. Transaction Date

Sample

ACKNOWLEDGEMENT

Received from Ms./Mrs./ Mr./ M/s.

a sum of ₹ Through Cheque / DD against your proposal for Kotak Group Accident Protect

Signature of Kotak Mahindra General Insurance Company Limited Official / Intermediary Date

Kotak Mahindra General Insurance Company Limited Official/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 Kotak Group Accident Protect 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 of Proposer*

Name _____ Designation _____

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:

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

Place*

Date*

Signature of Proposer*

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 of Proposer

Place*

Date*

Signature of Intermediary/ Sales Person*

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.

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.

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