

## Kotak Secure Shield PROPOSAL FORM

KHSS

v4

### 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

### PROPOSAL DETAILS

Policy Period\*  1 Year  2 Years  3 Years

Proposed Policy Period\* From  To

### SECTION I

### PROPOSER'S INFORMATION

Title

Name\*

Gender\*  Male  Female  Others Date of Birth\*

Nationality  Marital Status  Single  Married  Others

Permanent Address\*

Address (Line 1)

Address (Line 2)

Nearest Landmark  City / District

State  Pin Code  Country

Is Correspondence Address same as Permanent Address?\*  Yes  No If 'No', please provide below

Address (Line 1)

Address (Line 2)

Nearest Landmark  City / District

State  Pin Code  Country

Phone  Mobile\*

Emergency Contact No.\*  Email\*

Occupation\*  Business  Salaried  Professional  Student  Housewife  Retired  Others

Profession\*  CA  Paramilitary Services  Govt. Teacher  Govt. Employee  Medical Doctor  Others

PAN  GSTIN

Kotak Group Employees  Yes  No If yes, Employee ID  Any existing policy from Us  Yes  No If yes, Policy No.

**!** Correct communication details will enable us to deliver the policy certificate & contact you

## SECTION II

## INSURED INFORMATION

Insured Person Details	
Name in Full*	
Relation with the Proposer*	
Date of Birth DD/MM/YYYY*	____/____/____
Gender*	<input type="checkbox"/> M <input type="checkbox"/> F
Occupation*	
Annual Income (₹)	
Marital Status*	
Nominee Name*	
Relationship of Nominee with Insured*	
Nominee Date of Birth*	
Salaried*	<input type="checkbox"/> Y <input type="checkbox"/> N
Proposal Type*	<input type="checkbox"/> Loan Product <input type="checkbox"/> Non Loan product
Loan Details (if applicable) Loan Application Single / Joint a) Name of the Bank/Financial Institution from which loan availed of; b) Loan Tenure; c) Type of Loan; d) Loan Account No; e) Total Loan Amount f) Outstanding Principal Loan Amount g) Loan Sanction Date h) Loan Disbursement Date i) In case of joint application please provide additional details	
Portability	<input type="checkbox"/> Y <input type="checkbox"/> N
Previous Policy Details (if applicable) a) Previous Insurer Name; b) Previous Insurer Policy Number; c) Previous Insurer Policy Period; d) Previous Insurer Claim ( Y / N ) e) Previous Insurer Claim Number and Amount;	
Proposed Fixed Sum Insured Section 1 : Critical Illness Benefit* Section 2(a) : Personal Accident Benefit Section 2(b): Child Education Benefit Section 3 : Loss of Job Benefit <b>Note:</b> Section 1 is a mandatory cover, Section 2 and 3 are optional covers, where Section 3 can be selected by Salaried Person's opting for Loan. Non loan Linked policies are not eligible for "Loss of Job" cover. Section 1 and Section 2(a) shall always have same Sum Insured.	
In case of any history of Hospitalization please name the ailment and period of hospitalization	
In case the person proposed herein for insurance is currently suffering from or have suffered from any illness or injury, please specify the date/year when it was first detected, treatment taken, details of medical practitioner and was it completely cured?	
Whether received any claim or benefit under any Critical illness, Health or Mediclaim or any disability benefit under any Personal Accident policy?	

## SECTION III

## HEALTH STATUS (To be answered by individual applicant(s))

Please answer all questions by checking either the Yes or No box

- Are you now in good health and entirely free from any mental or physical impairments or deformities?  Yes  No
- Height \_\_\_\_\_ (Cm.) Weight \_\_\_\_\_ (Kg.) How much weight have you lost or gained over the last 12 months? \_\_\_\_\_ (Kg.)  
Reason for weight change: \_\_\_\_\_
- Have you ever suffered or do you now suffer from:
  - Diseases of the circulatory system (eg. Heart trouble, chest pain, rheumatic fever, high blood pressure, diseases of the arteries and veins)?  Yes  No
  - Diseases of the respiratory system (eg. Tuberculosis, asthma, persistent cough, pneumonia or emphysema)?  Yes  No
  - Diseases of the genito-urinary system (eg. Infections of the kidneys, urinary or genital organs, renal stones, venereal disease)?  Yes  No
  - Diseases of the gastrointestinal system (eg. Digestive disorders, gastric or duodenal ulcer, hepatitis B, hepatitis C or other disorders of the liver, disorders of the gall bladder)?  Yes  No
  - Diseases of the nervous system or mental disorders (eg. Stroke, epilepsy, fits or fainting attacks, frequent headaches, nervous breakdown, depression or other mental or psychiatric disorder)?  Yes  No
  - Diabetes mellitus, cancer or tumour of any kind, or any diseases of the blood, glands, spleen, ears, eyes or skin?  Yes  No
  - Unexplained night-sweats and/or loss of weight, persistent fever, chronic or recurrent diarrhea, unexplained infections or swollen glands?  Yes  No
  - Any other diseases or ailments not mentioned above? \_\_\_\_\_

4. Have you or any of your immediate family members (father, mother, brother or sister) have / had cancer, heart attack, or stroke and at what age? If yes \_\_\_\_\_ years  Yes  No
5. Have you ever had or been advised to have hospital treatment or surgery?  Yes  No
6. Have you ever had or been advised to have a blood test for AIDS or an AIDS-related condition or have you ever been refused as a blood donor?  Yes  No
7. In the past 5 years, have you consulted a physician for any reason or have you had any investigation such as blood or urine tests, X-rays, electrocardiograms, ultra sonograms, CT scans or biopsy, other than for routine purposes?  Yes  No
8. Have you ever received or do you now receive any personal accident, disability benefit, or disability-related payments?  Yes  No
9. Are you at present or any time in past were on any medication, special diet, or treatment?  Yes  No
10. Have you ever taken narcotics or other habit-forming drugs or been treated or advised in connection with your alcohol consumption or the taking of drugs?  Yes  No
11. Do you participate or do you intend to participate in any hazardous sports or activities such as motor sports, climbing, parachuting, hang-gliding or aviation except as a rare-paying passenger?  Yes  No
12. Are you pregnant (or female only)/ If yes, please state how many months. Please state if you had any pregnancy related complication during your previous pregnancy / delivery?  Yes  No
13. Have you smoked or used any substance or product containing tobacco, nicotine or marijuana?  Yes  No  
If yes, please state duration and average daily consumption and type: \_\_\_\_\_
14. Name and address of your regular medical consultant: \_\_\_\_\_

If you answered "yes" to any of the questions numbered 1 to 13 (in section 3 Health Status), please give complete details (including dates, duration and treatment, names and addresses of physicians) in the space mentioned below.

#### PAYMENT DETAILS\*

Cheque  Demand Draft (DD)  Credit/Debit Card

Cheque / DD No.  Amount (₹)  Date

Bank  IFSC/MICR Code

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

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

#### BANK ACCOUNT DETAILS

Mandatory details required to process all payment due in relation to your policy including refunds (if any) and / or claims directly to your bank account. Please select any one of the below options as applicable.

Bank details as per premium cheque to be used for electronic fund transfer.  No existing Bank Account#  Cancelled Cheque submitted of Other Bank

# I agree to open a bank account and provide my bank account details to the Company for electronic fund transfer as mode of payment. I shall provide these details before renewal of my insurance policy or before any payment becomes due in relation to my insurance policy (whichever is earlier). I understand that as per regulatory requirement, Company shall process any payment in relation to my insurance policy only through electronic fund transfer after receipt of aforesaid pending bank details from me.

#### Particulars of Bank Account:

Bank Name  Account Holder Name

Account No.  IFSC/MICR Code

**Disclaimer:** Kotak Mahindra General Insurance Company Limited shall not be liable to anybody, in any manner, whatsoever if the NEFT transaction does not complete

Date\*

\*Signature

#### ACKNOWLEDGEMENT:

Received from Ms. / Mrs./ Mr.

a sum of ₹  through Cheque / DD  against your proposal for Kotak Secure Shield Policy.

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 obliges 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 Secure Shield Insurance Policy 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. **Insurance is a subject matter of solicitation**

**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	
Please mention name of Insurance Repository	
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)	
Your address details as mentioned in the EIA account shall override the address provided in this application for Insurance.	

**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.

**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\*

**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 &amp; Stamp as applicable of the Insurance Advisor/Specified person of Corporate Agent/Authorised Employee of Broker/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.