Individual Personal Accident
Proposal Form

ApolloMunich HEALTH INSURANCE

Let's Uncomplicate

Application No. : _____

This is an application for Insurance. Every Information this application seeks is important. Please read all questions and answer them carefully. You must provide complete and correct information. Incomplete/incorrect/partially correct information may lead to cancellation of proposal and policy even if it is issued. It is not obligatory for us to accept any risk or issue policy to anyone. Regulations mandate that the coverage can incept only after we have received the full amount of premium and have explicitly accepted the risk. Please fill-up this form in CAPITAL LETTERS.

SECTION 1 : PROPOSER DETAILS

The Central Government has made Aadhaar & PAN No./Form 60 mandatory for availing financial services including Insurance. The Aadhaar & PAN details provided by you would be used for authentication of your identity. In case Aadhaar Number/Pan Number is not provided at the time of application, it is to be submitted within six months from the date of the application failing which it may have an impact on policy status and claim processing.

I understand that the Aadhaar/Virtual ID & PAN details provided by me would be used for authentication of my identity as per applicable law and I hereby give my consent to the company to authenticate my Aadhaar & PAN details & link them with all existing policies I may have or take in future. Yes ☐ No ☐

☐ I am not eligible for Pan Card and in lieu of the same, I am submitting a copy of Form 60.

Proposer : (Mr./Ms./Mrs.)			
First Name	Middle Name	Last Name	
Date of Birth (DD/MM/YYYY)		Gender:	M ☐ F ☐
Telephone		Mobile No.:	
GSTIN/ UIN (if any) of Policy Holder		E Mail :	
Aadhaar Number/Virtual ID		PAN No.	
In case you do not have your Aadhaar Number/Virtual ID please provide Aadhaar Acknowledgment Number below			
Aadhaar Acknowledgment No.			
Aadhaar Address:			
District:		City/Town :	
Pin Code:		State :	
Is your Current Address different from your Aadhaar address, Yes ☐ No ☐ If Yes, please provide your Current Address below			
Current Address:			
District:		City/Town :	
Pin Code:		State :	
Spouse Name (If applicable)			
First Name	Middle Name	Last Name	

Please submit a certified copy of any of the below **Officially Verified Document (OVD)** in any of the following scenarios:

- You are not entitled to be enrolled for Aadhaar and PAN
- The address mentioned in your Aadhaar Card is not your current address

ID Proof Type : Passport ☐ Driving License ☐ Voter's Card ☐ NREGA Job Card ☐

If Others (Any document notified by Central Government), please specify_____

ID Proof No.: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Highest Qualification: Under Matriculate ☐ Matriculate ☐ Graduate ☐ Post-Graduate☐ Higher ☐

Nature of employment (Income sources): Salaried ☐ Self Employed ☐ Unemployed ☐

Student OR House spouse ☐ Landlord OR Rental/Interest Income ☐ Details .....

Nationality: _____ Country of residence (If Non Indian): _____

Marital Status _____ Annual Income_____

Do you want to save Planet Earth? The answer to the question is evident but the irony is we all choose wrong option. Here is chance to do right

In case multiple "Yes" options are chosen, the first option would be considered by default.

Go digital with verified & digitally signed documents accessible anytime, anywhere at my fingertips. Yes ☐ No ☐

I choose e-insurance account to view or download policy details from an Insurance Repository & hereby give my consent to share my KYC details including Aadhaar No. & PAN with the Insurance Repository. Yes ☐ No ☐

I choose to have a hard copy as a proof of my policy although it means I am being unprotective to the environment. Yes ☐ No ☐

SECTION 2 : PLAN DETAILS (Please refer to the brochure for details of benefits under each plans and select the appropriate option below

Plan Name _____ Sum Insured _____

Proposed policy period : from D D M M Y Y Y Y to D D M M Y Y Y Y

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SECTION 3 : PROPOSED INSURED(S) DETAILS : Name of the persons proposed to be insured (including proposer)

S No.	Name of the person to be insured	Relationship	*Gender F\M	Date of Birth	Accidental Death Sum Insured	Optional Benefits**	Optional Benefit Sum Insured (if chosen)	
							TTD	Loan Amount
1						☐TTD ☐IHP ☐LS ☐HC ☐DC ☐FS ☐IC		
2						☐TTD ☐IHP ☐LS ☐HC ☐DC ☐FS ☐IC		
3						☐TTD ☐IHP ☐LS ☐HC ☐DC ☐FS ☐IC		
4						☐TTD ☐IHP ☐LS ☐HC ☐DC ☐FS ☐IC		
5						☐TTD ☐IHP ☐LS ☐HC ☐DC ☐FS ☐IC		
6						☐TTD ☐IHP ☐LS ☐HC ☐DC ☐FS ☐IC		

*Gender Code (Male), F (Female)
**TTD: Temporary Total Disablement; IHP: Inpatient hospitalization with Restore Benefit; LS: loan Secure; HC: Hospicare; DC: Disability Care; FS: Family Support; IC; Injury care

SECTION 4 :OCCUPATION & INCOME DETAILS (same order must be maintained as in Sec 3 above. proposed insured 1 should be the primary proposer of the policy)

Please Note – the following information are important for issuance of your policy as they have bearing on your eligibility for the product, premium & sum insured. Any Mis declaration, will be considered as a non-disclosure and would result in termination of the policy with forfeiture of premium.

Occupation Class Description OC1-Persons working inside offices/shops without exposure to working in the open, manual labour or regular on-road travel. **OC2** - Persons working outside office/shops involving mild manual work, supervision of manual labour or regular on-road travel. **OC3**- Semi or Unskilled workers, skilled laborers, low voltage electricians, drivers, automated machine operators with moderate to heavy manual work working in workshops or in the open. **OC4**- occupation or nature of job involve working in mines, with explosive, oil/gas/metal/power or chemical production, professional sports, high voltage electricity, handling of heavy machinery or hazardous materials, heat or noise or working at heights or significant manual labor. **OC5**-Individuals with unearned income (rental or interest, pension, landlords). **OC6**-Police, Armed forces, sea going vessels Crews, Aircraft pilots and cabin crews, Actors, Heavy vehicle drivers, Machine operators

In relation to each of the insured persons						
	Insured 1	Insured 2	Insured 3	Insured 4	Insured 5	Insured 6
Occupation Class						
Organization Name & Address (if Salaried)						
Annual Income						
Designation / Level of Employment						

SECTION 5: NOMINEE DETAILS

In the event of the death of an Insured Person any payment due under the Policy will be payable to the nominee in accordance with the policy terms and conditions. Please give below the details of the nominee, who must be an immediate relative of the Proposer. Nominee for all other persons proposed to be insured shall be the Proposer

Nominee Name	Relationship	Address of the Nominee

SECTION 6: EXISTING INSURANCE DETAILS

Is the proposer or any of the persons proposed, already insured under or proposed for a personal accident insurance policy with Apollo Munich or any other insurance company? If yes, please indicate below the Policy/Application number(s) (Please mention application number incase of pending proposal):

Policy No. / Application No.	Insurer	From (Date)	To (Date)	Sum Insured	Claim Details (If any)

SECTION 7: MEDICAL & LIFE STYLE INFORMATION

Please answer the below mentioned questions in Yes(Y)/No (N):

Have you in the past or are you currently suffering from any of the following disease:	**Insured 1**	**Insured 2**	**Insured 3**	**Insured 4**	**Insured 5**	**Insured 6**
i. Diabetes, problems of sight, hearing or speech						
ii. Mental/psychiatric illness, epilepsy, stroke/CVA or any other disease of the brain, nerves or spinal cord.						
iii. Deformity of the limbs, arthritis, gout, paralysis or any other condition affecting mobility.						
iv. Cancer, chronic kidney disease, any other heart disease or surgery or any other terminal illness.						

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SECTION 8: PAYMENT DETAILS

Mode of payment: ☐ Cash ☐ Cheque ☐ Debit Card ☐ Credit Card ☐ Electronic Clearing System (ECS)* ☐ NACH ☐ Others

Instrument Number	Name of the Premium Payor	Relationship of Payor with proposer	Bank details	Date	Amount (in Rs.)

*If ECS is selected please submit the standing instruction form available at our branches.
Please make a Crossed Cheque/DD/Pay Order in favour of 'Apollo Munich Health Insurance Company Limited' only.

Section 41 of 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 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 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 prospectus or tables of the insurers.

2) Any person making default in complying with the provisions of this section shall be punishable with fine which may extend to ten lakh rupees.

SECTION 9: ADDITIONAL INFORMATION

[If there is insufficient space to provide additional relevant information, whether as requested or otherwise, please attach a separate sheet to this proposal and return it to us.]

SECTION 10: DECLARATION & WARRANTY ON BEHALF OF ALL THE PERSONS PROPOSED TO BE INSURED

- ☐ I/ We 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/We am/ are authorized to propose on behalf of these other persons.
- ☐ I understand that the information provided by me will form the basis of 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 be 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 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 and 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 Governmental and/or Regulatory Authority.

Signature of the Proposer: _____ Signature of the Advisor:_____

Time: Date: D D M M Y Y Place:

SECTION 11 VERNACULAR DECLARATION

(to be filled only if the proposer has signed in vernacular)

Certification in case the proposer has signed in vernacular (to be witnessed by someone other than agent/employee of the company):

Name of Proposer _____

The content of this form and its particulars have been explained by me in vernacular to the proposer who has understood and confirmed the same.

Signature of the Proposer: Signature of the witness:

Date: D D M M Y Y Place: Name of the witness:

SECTION 12 : FOR OFFICE USE ONLY

Apollo Munich Health Office Code	:	Advisors Code & Name	:
Branch Receipt Date	:	Channel Type	:
Business Type (Urban/ Rural/ Social)	:	Intermediary Branch Code	:

SECTION 13: CHECK LIST

Please check the following documents are attached along with the proposal form

i. ID Proof: Passport/ Pan Card/Voter id card/Driving License/ Letter from a recognized public authority/Adhaar card
ii. Proof of residence: Telephone Bill/ Bank Account Statement/ letter from any recognized public authority/Electricity Bill/ Ration Card
iii. Age Proof: Passport/PAN card/Driving licence/School or college certificate/Birth Certificate/Government issued ID proof
iv. Renewal Notice with claim details
v. Certification of previous insurer for previous claim details
vi. Photocopies of all previous policies and endorsements

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SECTION 14: PLEASE PROVIDE DETAILS OF YOUR BANK ACCOUNT (Required For all refunds, if any/Claims):

Please select any one of the below options

I hereby declare that below bank details are correct and should be used to process all payment due in relation to my insurance policy:

- ☐ Bank account details as mentioned on the cheque* being submitted along with the Proposal Form towards premium payment for insurance Policy should be used by the Company for electronic fund transfer as mode of payment.
- ☐ I do not have any existing bank account. 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.
- ☐ Bank account details as provided below and for which I am submitting a cancelled cheque, should be used by the Company for electronic fund transfer as mode of payment. (Cancelled Cheque should be of the same bank account in which the refund needs to be credited directly)

Particulars of Bank Account:

Name as in Bank Account:																							
Bank Name:																							
Bank Branch:																							
Bank Account Number:																							
MICR No. :										IFSC Code:													

I agree and undertakes to intimate in writing to Apollo Munich about any change in bank account details. also hereby certify that the particulars furnished above are correct to the best of my knowledge.

Proposer/Policy holder's Signature

Date : D D M M Y Y

DISCLAIMER: APOLLO MUNICH shall not be liable to anybody, in any manner, whatsoever if the NEFT transaction does not complete for any reason whatsoever including without limitation- failure on part of the Bank/s involved to perform any of their obligations for aforesaid NEFT transaction or incomplete/incorrect information by Customer/Policy Holder. Aforesaid NEFT transaction shall be governed by applicable Reserve Bank of India rules, directions & guidelines and shall be subject to participating Bank user terms and conditions related to NEFT facility. Apollo Munich shall be indemnified against any loss/damage/claims caused to Apollo Munich in carrying out your aforesaid NEFT instructions.

Instructions:

- It is important for these electronic payment systems that the Policy Holder's name in the Policy must exactly match with the name in the Bank Account records/ details given above.
- In cases where beneficiary's bank account number & name is printed on the cheque, bank attestation is not required. For all other cases bank attested NEFT mandate is required.
- The customer who is willing to transfer the funds will be required to provide the 11 digits valid IFS Code, which is applicable for NEFT only. (a number allotted to each participating banks branch) of the branch where the funds need to be transferred.
- Cancelled cheque should be attached along with the NEFT format.
- In case cancelled blank cheque does not bear account holder's name, please provide photocopy of bank statement / passbook with latest entries updated or else Bank attestation is required
- NEFT Form needs to be complete in all respect.

*** in case the premium payment cheque does not have all the details required for electronic fund transfer, please fill the above table.**

Apollo Munich Health Insurance Co. Ltd. • Central Processing Center, 2nd & 3rd Floor, iLABS Centre, Plot No. 404-405, Udyog Vihar, Phase-III, Gurgaon-122016, Haryana • Corp. Off. 1st Floor, SCF-19, Sector-14, Gurgaon-122001, Haryana • Reg. Off. Apollo Hospitals Complex, 8-2-293/82/J III/DH/900, Jubilee Hills, Hyderabad-500033, Telangana • For more details on risk factors, terms and conditions, please read sales brochure carefully before concluding a sale • IRDAI Reg. No.: - 131 • CIN: U66030TG2006PLC051760 • UIN: APOPAIP18053V031819 • URN: AM/PA/0001/A/092017

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Acknowledgement

Application No : _____ Date : _____

Name of Proposer : _____

We acknowledge with thanks the receipt of your application and amount by cash/cheque/Demand Draft/others _____ of amount of Rs. _____.

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 to make any payment 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 any payment received from you without interest within next 30 days.

Signature of the receiver and official seal

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