

Saral Suraksha Bima, Zurich Kotak General Insurance Company (India) Limited Proposal Form

ZK - 25-26/v1

PSSB

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 Zurich Kotak General Insurance Company (India) 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	PoS Person PAN

PROPOSAL DETAIL

Type of cover: Individual Cover Family Cover

Policy Period* 1 Year

Installment Option* Yes No If yes, **Installment Frequency*:** Monthly Quarterly Half yearly

Proposed Start Date*

SECTION I

PROPOSER'S INFORMATION

Title Mr. / Miss / Mrs. / M/s / Others

Name*

Gender* Male Female Others Date of Birth*

Nationality* Indian Non-Indian NRI 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

Correspondence Address*

Address (Line 1)

Address (Line 2)

Nearest Landmark City/District State

Pin Code Country GSTIN

Phone Mobile* Email*

Occupation* Business Salaried Professionals Student Housewife Retired Others

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

Annual Income Upto 2.5 lacs 2.5 - 6 lacs 6 - 10 lacs 10 - 15 lacs 15 - 20 lacs 20 - 25 lacs >25 lacs

PAN Number* / Form 60 (only in case the customer does not have PAN No.)

CKYC Identifier / Number (Generated by CERSAI)

Please share the following for authentication purpose:

Proof of Identity (POI) and Proof of Address (POA) [Tick (✓) whichever is applicable]

PAN Ration Card Passport Driving Licence Voter ID Card Others (Please specify):

Are you an existing customer of Kotak Mahindra Bank Ltd. / Kotak Mahindra Prime Ltd.? Yes No If Yes, CRN

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

SECTION II

COVERAGE DETAILS

Sr. No.	Base Covers	Sum Insured
1	Death*	100% of Sum Insured
2	Permanent Total Disablement:*	100% of Sum Insured
3	Permanent Partial Disablement:*	% of Sum Insured specified in the Policy Wording
4	Cumulative Bonus	5% of the Base Sum Insured, upto a maximum of 50% for each renewal.

Optional Covers

Sr. No.	Would you like to opt for the following	Yes / No	Sum Insured
1	Temporary Total Disablement:*	Yes / No	0.2% of the base sum insured per week for a maximum of 100 weeks
2	Hospitalisation Expenses due to Accident:	Yes / No	10% of the Base Sum Insured
3	Education Grant:	Yes / No	10% of the Base Sum Insured per child to all dependent children Pls mention the No. of dependent children _____

*due to Accident

SECTION III

INSURED INFORMATION

Persons who can be covered:

Any one or more of the following can be covered - Proposer, Proposer's legally wedded spouse, Parents and Parents-in-law, dependent Children (i.e. natural or legally adopted) between the age 3 months to 25 years. If the child above 18 years of age is financially independent, he or she shall be ineligible for coverage in the subsequent renewals.

Please note that the dependent children as mentioned in the Insured Details, if above 18 years should be financially dependent on the proposer to be covered under this policy. For children who are above 18 and financially independent, separate policy needs to be taken.

Sum Insured:

Sum Insured can be chosen between ₹2.5 lacs and INR 1 crore in multiples of ₹50,000/-

Max Sum Insured which can be opted across all the Personal Accident Policies obtained by the Person from all Insurers:

- in case of salaried person - Max 10 times of Income (as appearing in the Form 16/ Salary Slip/IT acknowledgment)
- in case of self-employed person - Max 20 times of Income (as appearing in the IT acknowledgment/ Audited P&L)

Name in Full*	Relation with the Proposer*	Date of Birth DD/MM/YYYY*	Gender*	Occupation*	Marital Status*	Annual Income*	Base Sum Insured*	ABHA Number

In case your ABHA Number is not created, please visit the link (<https://healthid.ndhm.gov.in/>) to create the same.

Nominee Details

Nominee Name*								
Relationship of Nominee with Proposer*								
Nominee Date of Birth DD/MM/YYYY*								
Nominee Mobile Number								
Nominee Email ID								
Nominee Present Address								
Nominee Permanent Address								
Nominee Bank Name and Account Details								
% of claim share*								

***Total % share cannot exceed more than 100%**

For all other persons covered under the policy, the Proposer will be the nominee.

Where Nominee is a minor, give details of Appointee

Name of the Nominee	Name of the Appointee	Date of Birth DD/MM/YYYY	Relationship with the Nominee

Note: Please provide an additional sheet if space is not sufficient to complete details.

Medical History

Please answer the below mentioned questions.

	Insured 1
Do you have history of any illness / disease / injury / disability in the past other than for childbirth, flu, or for minor injuries that have completely healed?	Yes / No

Please specify the details of the illness/disease/injury/disability if above question is answered "Yes"

SECTION IV

OTHER INSURANCE DETAILS

Please provide details of similar policies held by the persons to be insured with us and other Insurers or details of any proposal pending for Policy issuance.

Sr. No.	Name in Full	Policy No.	Insurers	Policy Sum Insured	Policy Start Date

SECTION V

CLAIM DETAILS

Kindly provide the particulars of the losses for the past 3 years for which policy availed.

Sr. No.	Name & Address of the Insurers	Policy No.	Policy Period	Total Premium	Nature of Loss	Total Amount of claims

Any additional information relevant to the policy applied for

Note: Please provide an additional sheet if space is not sufficient to complete details.

SECTION VI

*PAYMENT DETAILS

Cheque Demand Draft (DD) Credit/Debit Card Online Payment

Cheque / DD# Amount Drawn On Date

Bank Branch (In favour of Zurich Kotak General Insurance Company (India) Limited)

IFSC/MICR Code

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

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

BANK ACCOUNT DETAILS

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: Zurich Kotak General Insurance Company (India) Limited shall not be liable to anybody, in any manner, whatsoever if the NEFT transaction does not complete

ASBA Declaration:

I hereby accord my consent to authorize Zurich Kotak General Insurance to block the applicable premium payable for the aforesaid insurance policy under the BIMA ASBA facility and debit the same from my bank account upon acceptance of this proposal. In case the proposal is not accepted, I accord my consent to debit only the expenses incurred towards medical examination, if any, and unblock the balance amount.

Place* Date*

*Signature of Proposer

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	
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 (to be registered with Insurance Repository)	
Your address details as mentioned in the EIA account shall override the address provided in this application for Insurance.	

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.

Protect and contribute in conserving the environment, all your policy and service related communication would be sent in soft copy to the email id mentioned in the proposal form and it is valid for all regulatory /policy servicing requirements. I/We would still want to receive a physical copy of the policy.

I/We hereby give my/our consent to the Company to verify and obtain my/our identity/address proof through Central KYC Registry or Goods and Service Tax Portal or Ministry Of Corporate Affairs Portal or National Securities Depository Limited portal for the purpose of undertaking KYC.

AML DECLARATION

I/We hereby confirm that all premiums have been/will be paid from bonafide sources and no premiums have been /will be paid out of proceeds of crime related to any of the offence listed in Prevention of Money Laundering Act,2002. I/We understand that the Company has the right to call for document to establish sources of funds. The Insurance Company has right to cancel the insurance contract in case I am/have been found guilty by any competent court of law under any of the statutes, directly or indirectly governing the prevention of money laundering in India.

In case of entity, Type of Organisation making the payment:

- Limited Company Government Organisation Non-Government Organisation (NGO) Society Trust Partnership
- International Organisation Co-operatives Section 25 Company Others

Are You or any of the proposed applicants or close relatives is/are associated to Politically Exposed Person (PEP)?* Yes No

"Politically Exposed Persons" (PEPs) are individuals who have been entrusted with prominent public functions by a foreign country, including the heads of States or Governments, senior politicians, senior government or judicial or military officers, senior executives of state-owned corporations and important political party officials.

Are you a Non-Profit Organization?*(only in case of an entity) Yes No

"Non-profit organization" means any entity or organisation, constituted for religious or charitable purposes referred to in clause (15) of section 2 of the Income-tax Act, 1961 (43 of 1961), that is registered as a trust or a society under the Societies Registration Act, 1860 (21 of 1860) or any similar State legislation or a Company registered under the section 8 of the Companies Act, 2013 (18 of 2013)."

Place* Date* Signature / Thumb impression of the 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 IN CASE THE PROPOSER/ POLICYHOLDER IS PERSON WITH DISABILITY (PWD)

I hereby declare that I _____, am a person with a disability and require assistance in completing this proposal form. I authorize _____ [Name of Representative], to act as my authorized representative and provide necessary declaration on my behalf for this Insurance Policy.

Signature/Thumb impression of Proposer
Place* Date* Signature of Authorised Representative*

ACKNOWLEDGEMENT

Received from Ms./Mrs./ Mr a sum of ₹
Through Cheque/DD against your proposal for Saral Suraksha Bima, Zurich Kotak General Insurance Company (India) Limited
Signature of Zurich Kotak General Insurance Company (India) Limited / Intermediary Date
Zurich Kotak General Insurance Company (India) Limited / 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 Zurich Kotak General Insurance Company (India) Limited accepts a proposal for insurance, it shall be subject to the Board approved underwriting policy of Zurich Kotak General Insurance Company (India) Limited and the policy Terms and Conditions of Saral Suraksha Bima, Zurich Kotak General Insurance Company (India) Limited. and the Company shall have no liability to make any payment if premium is not received by Zurich Kotak General Insurance Company (India) Limited in full and in time, or is not realised. If a proposal is not accepted, Zurich Kotak General Insurance Company (India) Limited will inform you and refund any payment received from you without interest.

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*

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.