

**CHOLAMANDALAM MS GENERAL INSURANCE COMPANY LIMITED**

Registered Office: 2nd Floor "DARE House", 2, N.S.C. Bose Road, Chennai - 600 001

T: +91 (0) 44 4044 5400, F: +91 (0) 44 4044 5550

IRDA Regn. No.123 | PAN AABCC6633K | CIN: U66030TN2001PLC047977

**REACH US THROUGH WHATSAPP**  **7305234433**

( For Office Use Only )	POSP Name		POSP PAN	
	Intermediary Code		Office	
	Channelship Manager		Customer ID	

**PROPOSAL FORM**

Proposal form URN: Chola MS-CAP-008-2016

**CHOLA ACCIDENT PROTECTION**

UIN: CHOPAIP21418V022021

Instructions: Please complete all sections in CAPITAL LETTERS. Please seek the advise and guidance of your insurance advisor incase you require any clarification on the insurance cover or assistance in filling up the form. The liability of Cholamandalam MS General Insurance Company commences only upon acceptance of the proposal.

**1. INFORMATION ABOUT THE PROPOSER**

Personal Details	Name				
	Date of Birth: DD/MM/YYYY	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Others	
	Occupation	<input type="checkbox"/> Salaried <input type="checkbox"/> Self-Employed <input type="checkbox"/> Others Description _____ <input type="checkbox"/> Passport <input type="checkbox"/> DL No			
	Mobile No: +91		Tel (O) +91	Extn:	Tel (R) +91
	PAN Card No.		GSTIN:		
	ISD (Input Service Distriburion No.):				
	Email ID:				
Address	Door / Flat No:		Building No / Name:		
	Street Name:		Landmark:		
	Sub Area / Village:		Area / Tehsil:		
	City:	District:	State:		Pincode:
Existing CHOLA MS Customer <input type="checkbox"/> Yes <input type="checkbox"/> No					
If Yes, Provide Policy Number			Annual Income of Proposer in ₹		
(The below details are necessary for payment of any claim, refund or cancellation of Policy)					
Name of the Bank & Branch _____					
A/c. No. _____ IFSC Code _____ MICR Code _____					

**2. DETAILS OF PERSON TO BE COVERED**

		Full Name	Date of Birth	Gender	Name of the Nominee with Contact details	Nominee Relationship with the Insured
1	Self		DD/MM/YYYY			
2	Spouse		DD/MM/YYYY			
3	Dependent Child 1		DD/MM/YYYY			
4	Dependent Child 2		DD/MM/YYYY			

Children means the Insured Person's dependent Children (not more than 2 children) aged between six (6) months and eighteen (18) years and upto twenty five (25) years (if attending an accredited institution of higher learning) who are unmarried and who permanently reside with him.

Do any of the above suffered from any physical defect/ disability? (Please enclose details) \_\_\_\_\_

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**3. DETAILS OF OTHER INSURANCE POLICY**

Do any of the person proposed have an existing Accident Insurance cover? If yes, provide following details

	Name of Proposed	Insurance Company	D*	Expiration Date	Sum Insured
1				DD/MM/YYYY	
2				DD/MM/YYYY	
3				DD/MM/YYYY	
4				DD/MM/YYYY	

[\*D] Details of Coverage Source I - Individual PA Policy, G - Employer's Group PA Policy, C - Credit Card / Debit Card Accident Policy, O - Other Accident Policy

**4. ELECTRONIC INSURANCE ACCOUNT DETAILS SECTION**

I want policy related information in Physical Format ☐ Yes / ☐ No

E-Format (electronic) as & when applicable ☐ Yes / ☐ No

Choose your Insurance Repository (For those selecting e-format)

<input type="checkbox"/> NSDL Data Management Ltd.	<input type="checkbox"/> Karvy Insurance Repository Limited
<input type="checkbox"/> CDSL Insurance Repository Limited	<input type="checkbox"/> CAMS Insurance Repository Services Limited

I have E-Insurance Account & the No. is \_\_\_\_\_

My CKYC No (Central Know Your Customer Registry number) is (if available) \_\_\_\_\_

**5. PLAN DETAILS**

<b>a. Plan Options -</b>	<input type="checkbox"/> Plan 1: Self Option	<input type="checkbox"/> Plan 2: Self Option with Hospital Daily Cash
	<input type="checkbox"/> Plan 3: Family Option	<input type="checkbox"/> Plan 4: Family Option with Hospital Daily Cash
<b>b. *Sum Insured ₹</b>		*Sum Insured above Rs.25 Lacs requires salary slip/ITR/Form 16

**6. PREMIUM DETAILS (INCLUSIVE OF GST)**

Amount ₹	Amount (in words)
Cheque / Draft / PO Number	Date DD/MM/YYYY
Coverage required from _____ AM/PM of DD/MM/YYYY to Midnight of DD/MM/YYYY	

**7. 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.

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- I/We understood the covers being offered under this policy and am aware of the applicable terms and conditions including those stated overleaf, that apply to this proposal and are aware that any omission or incorrect statement will invalidate the cover.
- I/We agree to the company taking appropriate measures to capture the voice log for all such telephonic transactions carried out by me/us, in accordance with procedures/regulations. The maximum liability of the Company in respect of each individual shall be Sum Insured as per the option selected and in any case shall not exceed 10 times the annual income where multiple policies are taken.
- I/We hereby grant my/our consent to be contracted by the company in respect of any services provided or to be provided in respect of my insurance requirements.

**DPDP Act 2023 Declaration**

I/We confirm that I/We have provided personal data for the purpose of securing insurance policy/policies of the Insurer and I / We hereby provide express consent under Sec 6 of DPDP act, 2023 for the use and processing of such personal data by the Insurer for the purpose of the insurance.

**AML Guidelines**

I/We here by confirm that all premium have been / will be paid from bonafide sources and no premium 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 documents to establish source of funds. The insurance Company has the right to cancel the insurance contract in case I am / have been found guilty by any competent court of law under any statues, directly or indirectly governing the prevention of money laundering in India.

Signature / Thumb Impression of Proposer	Date: DD/MM/YYYY	Place:
The Insurance Agent/Intermediary has explained Product Features and Suitability clearly and in the language understandable to me. Yes <input type="checkbox"/> No <input type="checkbox"/>		
Signature / Thumb Impression of Proposer Date: DD/MM/YYYY		Signature of the Insurance Agent/Intermediary Date: DD/MM/YYYY

**STATUTORY WARNING** 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 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 liable for a penalty which may extend to ten lakh rupees

**CHOLA ACCIDENT PROTECTION - TERMS AND CONDITIONS**

(The following is an outline of the covers under the policy. For a detailed understanding of the same please refer to the policy wordings)

Accidental Death	The Company will pay 100% of the Sum Insured. The Company will also pay in addition to Sum Insured upto 3% of Sum Insured or Rs.6,000 (Whichever is lower), towards the cost of transporting the mortal remains from the place of death to the hospital and/or residence and/or cremation and/or burial ground. The Company will also pay in addition to Sum Insured. Rs.5,000, incurred in connection with performance of ceremonies. An amount of Rs.1,000/- will be paid for Ambulance hiring charges following an accident, subject to submission of bill.	
Permanent Total Disability Benefit	Percentage of (Sum Insured)	% of Sum Insured
	Death or Loss of sight of both eyes or Loss of two entire hands or two entire feet	100%
	Loss of one entire hand and one entire foot or Loss of sight of one eye and such loss of one entire foot, or hand	100%
	Complete loss of hearing of both ears & complete loss of Speech	100%
	Complete loss of hearing of both ears or complete loss of Speech and loss of one limb or loss of sight of one eye	100%

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Permanent Partial Disability benefit	<b>Benefits</b>	upto % of Sum Insured
	Loss of toes - all	20%
	Loss of Great Toe - both phalanges	05%
	Loss of Great Toe - one phalanx	02%
	Loss of other than great toe, if more than one toe lost, each	02%
	ii. Loss of hearing- both ears	60%
	iii. Loss of hearing - one ear	30%
	iv. Loss of Speech	60%
	v. Loss of four fingers and thumb of one hand	40%
	vi. Loss of four fingers	35%
	vii. Loss of thumb-both phalanges	25%
	-one phalanx	10%
	viii. Loss of index finger - three phalanges or two phalanges or one phalanx	10%
	ix. Loss of middle finger-three phalanges or two phalanges or one phalanx	06%
	x. Loss of ring finger-three phalanges or two phalanges or one phalanx	05%
	xi. Loss of little finger - three phalanges or two phalanges or one phalanx	04%
	xii. Loss of metacarpals -first or second, third, fourth or fifth	03%
	xiii. Loss of Sense of smell	10%
	xiv. Loss of Sense of taste	05%
	xv. Loss of Sight of one eye	50%
	xvi. Loss of One hand	50%
	xvii. Loss of One foot	50%
Accident Weekly Indemnity	<p>In consideration of payment of additional premium, it is hereby understood and agreed that in the event of accidental Injury, the Company will pay a weekly benefit amount during a period of continuous Temporary Total Disability of an Insured Person, as certified by a Medical Practitioner, provided that: such injury shall be the sole and direct cause of Temporary Total Disablement, and so long as the Insured Person shall be totally disabled from engaging any employment or occupation of any description whatsoever.</p> <p>Benefit amount indicated in the schedule per week for a period not exceeding 100 weeks from the date of the accident/bodily injury. If the insured is Totally Disabled for a portion of a week, one seventh (1/7) of the [Weekly Benefit] shall be payable for each day he is Totally Disabled.</p>	
Modification of Residential Accommodation and Vehicle	<p>In consideration of payment of additional premium, it is hereby understood and agreed that in the event of Accidental Injury, The Company will reimburse benefit amount indicated in the schedule, for covered expenses reasonably incurred to modify your residential accommodation or own vehicle on account of the Insured having suffered Permanent Total Disability subject to the condition that these alterations are necessary as per the advice of treating/attending Medical Practitioner.</p>	
Broken Bones	<b>Benefit</b>	<b>Upto % of sum Insured</b>
	Injury to Vertebral Body resulting in spinal cord damage or Pelvis	100%
	Skull (excluding nose and teeth) or Shoulder (collar bone and shoulder blade)	30%
	Vertebra - Vertebral Arch (excluding coccyx)	30%
	Chest (all ribs and breast bone)	50%
	Arm or Leg	25%
	Wrist (Colles or similar fractures) or Ankle (Potts or similar fracture)	10%
	Coccyx	5%
	Hand and fingers, Foot and Toes, Nose	3%

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Accidental Hospital Daily Cash	In consideration of payment of additional premium, it is hereby understood and agreed that in the event of Accidental injury, the Company will pay for the hospital daily cash benefit for each continuous and completed period of 24 hours of Hospitalisation in India for a limited period per person/family and per policy period.
Fee for Private Tuition	In the event of Accidental Injury, an Insured is not able to attend school/college the Company will pay compensation per day as per the schedule towards fee for private tuition. The Condition should be advised by Medical Practitioner. Compensation for the first three days are not payable.
Family Transportation Benefit	In consideration of payment of additional premium, it is hereby understood and agreed that in the event of Accident, during the (Insured Period] if there is a valid claim under the section of Accidental Death or Permanent Total Disability and the Insured is more than 250km away from his residence, this benefit will refund the actual expenses incurred by the immediate family member for transportation by the most direct route by a licensed common carrier to the Insured's location and back upto the limit of indemnity as mentioned on the policy schedule.

**General Exclusions**

(The following is an outline of the general exclusions under the policy. For more details on the same, please refer to the policy wordings before purchasing this policy)

Intentionally self inflicted injury, suicide or attempt to suicide, injury or disease directly or indirectly due to ionizing radiation & radioactivity, injury due to toxic, explosive or other dangerous material or equipments, war, invasion, act of foreign enemy, hostilities (whether war be declared or not), civil war, rebellion, revolution, insurrection, mutiny, military or usurped power, seizure, capture, arrests, restraints and detainment, participation in war or war like games, loss sustained while under influence of alcohol or drugs or participation in illegal act, loss sustained while engaged in aviation, HIV infection, AIDS or AIDs related complex, Malignancies, participation in adventure sports or any kind, pregnancy, child birth & related conditions.