CHOLAMANDALAM MS GENERAL INSURANCE COMPANY LIMITED
Registered Office: 2nd Floor, "DARE House", 2, N.S.C. Bose Road, Chennai - 600 001.
Toll free: 1800 208 9100 | T: +91 (0) 44 4044 5400 | F: +91 (0) 44 4044 5550
E: customercare@cholams.murugappa.com | website: www.cholainsurance.com
IRDA Regn. No.123 | PAN: AABCC6633K | CIN: U66030TN2001PLC047977
REACH US THROUGH WHATSAPP 7305234433

PROPOSAL FORM

CHOLA SARVA SHAKTI POLICY

Product UIN: CHOHLIP21571V012021 / Proposal URN: Chola MS-SS-095-2020

This insurance is valid only when this proposal and the relevant premium have been received and accepted by the Insurers.

1. PROPOSER DETAILS

Name:	Date of Birth: DD/MM/YYYY	
Gender: ☐ Male ☐ Female ☐ Others, Specify	Marital Status: ☐ Married ☐ Unmarried ☐ Other, Specify	
Communication Address: District:	Pincode:	
Occupation of the proposer:	PAN:	
Email ID:	Mobile:	Telephone:

2. INTERMEDIARY NAME AND DETAILS

Name of Intermediary:	Intermediary Code:
Intermediary contact details:	

3. INSURED / BENEFICIARY DETAILS

Is the Insurance for you	☐ Yes ☐ No	If No, state the relation of Insured with you:	
Name of the Insured (Beneficiary):		Date of Birth of Insured:	DD/MM/YYYY
Gender :	☑ Female	Marital Status:	☐ Married ☐ Unmarried ☐ Other, Specify
Occupation of the Insured:		Annual Income:	₹
Insured's Telephone:		Insured's Mobile:	
Insured's Address:		PIN:	
ABHA number (14 digits)*			
*(Ayushman Bharat Health Account)			

4. NOMINATION DETAILS

Nominee Name:	Nominee Relationship with the Proposer:
Nominee Address with Contact No.	
Nominee mentioned above is for the proposer.	

5. COVER DETAILS

It is compulsory for opting cover under any one of the following sections - Section 1 A, Section 1 B, Section 2 A, Section 2 B, Section 2 C

S.No.	Section	Description	Pls tick if opted	Sum Insured (SI) Opted (in ₹)	Sum Insured Options available

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1.	Personal Accident	A. Accidental Death	☐		Maximum INR 200 Lakhs
		B. Permanent Total Disability	☐		Maximum INR 200 Lakhs
		C. Permanent Partial Disability	☐		Maximum INR 200 Lakhs
		D. Education Benefit for Dependent children	☐		25% of SI under Section 1 A or 1 B or 1 C, subject to maximum ₹5 lakhs
		E. Medical Expenses for accident	☐		Maximum INR 10 Lakhs
		F. Temporary Total Disablement	☐		Maximum 25 times the Monthly Income, not exceeding INR 50 lakhs
		G. EMI Protection Benefit	☐		Maximum INR 5 Lakhs
		H. Vehicle loan Protection Benefit	☐		Insured's options to take care of maximum loan outstanding and 3 EMIs at any point of time, maximum of INR 200 Lakhs
		I. Family Transportation Cover	☐		Maximum INR 1 Lakhs
2.	Critical Illness Cover	A. Cancer Care Benefit	☐		Maximum INR 25 Lakhs
		B. Critical Illness-Standard benefit	☐		Maximum INR 25 Lakhs. Cover only under one section-2 B or 2 C to be opted
		C. Critical Illness-Extra benefit	☐		Maximum INR 25 Lakhs. Cover only under one section-2 B or 2 C to be opted
3.	Health Cover	A. Health Indemnity Cover	☐		Sum Insured options – ₹5 Lakhs to ₹25 Lakhs in multiples of ₹1 Lakh
		B. Maternity coverage	☐		₹10000/-, ₹15000/-, ₹20000/, ₹25000/-, ₹30000/-, ₹40000/, ₹50000/-, ₹75000/, ₹1/1.5/2/2.5/3/4/5 Lakhs per delivery
4.	Medical termination of Pregnancy cover		☐		Sum Insured options ₹25,000 / 50,000 / 75,000 / 100,000
5.	Genetic testing cover for Mother and Child		☐		Maximum INR 2.5 Lakhs
6.	EMI Benefit due to loss of Job		☐		Equal to 3 EMI amounts, Maximum INR 5 Lakhs

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7.	Helping Hands cover	A. Temporary Domestic Help	☐		Fixed INR 10,000
		B. Little Baby Care giver cover	☐		Fixed INR 10,000

6. DETAILS OF OTHER INSURANCE

Is the beneficiary covered under any of the following insurances? ☐ Yes ☐ No. If Yes, provide the following details

Type of Policy	Yes/No	Sum Insured in ₹	Insurer	Policy Number	Claim Amount, if any	Date of claim
Personal Accident Insurance	☐					
Cancer Cover Insurance	☐					
Critical Illness Insurance	☐					
Health Insurance	☐					

7. 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)

☐ NSDL Data Management Ltd.	☐ Karvy Insurance Repository Limited
☐ CDSL Insurance Repository Limited	☐ 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)

8. GOOD HEALTH DECLARATION

Are you now in good health and entirely free from any Mental or physical impairments or deformities?	☐ Yes ☐ No
If no, please provide the details of impairment	

9. PAST HISTORY

The following questions are specific to certain sections of the policy. Please answer them if you have opted for the cover

Applicable for cover under Section 1A,B,C	1. Does the Insured have any physical disability? If yes, provide details			Yes ☐ No ☐	
	Disability description	Cause of the disability	Since when	Was there any past claim due to the disability	
Applicable for cover under section 1 H only	2. Name of the Financier and address	Total Loan amount as on policy inception	Date of commencement of loan	Number of EMI	EMI Amount

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Applicable for cover under Section 2 A	3. Do you/Have you in last one year consumed Nicotine/Tobacco (more than 10 Cigarettes or more than 10 packets of Tobacco per day)?	Yes ☐ No ☐
	4. Do you/have you ever, consumed alcohol?	Yes ☐ No ☐
	If yes, please provide the type and quantity per week.	
	5. Have you suffered from or received investigation or treatment for any form of Cancer, Sarcoma, tumor, or pre-cancerous conditions?	Yes ☐ No ☐
	6. Are you suffering from or ever suffered from, Hepatitis B, Hepatitis C, Alcoholic Liver disease, Barrett's Oesophagus, Crohn's Disease, Peptic Ulcer, Ulcerative Colitis, HIV/AIDs, Chronic Kidney Disease, Polycystic Kidney Disease, Anaemia?	Yes ☐ No ☐
Applicable for cover under Section 2B/2C	7. Have you suffered from or been investigated for any of the following in the past 12 months- Recurrent cough, hoarseness of voice, or difficulty in swallowing for a continuous period of 15 days, Any persistent loss of blood or unusual discharge from any part of the body, Weight loss more than 5kg within 6 months, Any ulceration, growth, nodule, cyst or lump in any part of the body, Any persistent Headaches, epileptic fits, sudden vision or hearing loss?	Yes ☐ No ☐
	8. Have you undergone any of the listed investigations below in the last 12 months (except in relation to Maternity)? Ultrasound, Endoscopy/Colonoscopy, CT SCAN/MRI/PET SCAN, Biopsy/ FNAC, PAP Smear, Mammography, Blood test for Cancer diagnosis (Tumor Marker), Any Genetic Marker tests.	Yes ☐ No ☐
	If Answer to the Question 5 or 6 or 7 or 8 is Yes, please provide the related reports	Reports Attached Yes ☐ No ☐
Applicable for cover under Section 3B, 4, 5	9. Are you pregnant?	Yes ☐ No ☐
	If yes, please state how many months, Please state if you had any pregnancy related complication during your previous pregnancy/delivery	
10. Has any Insurer, in respect of similar insurances:		
a. Declined your Proposal		Yes ☐ No ☐
b. Cancelled or refused to renew the policy		Yes ☐ No ☐
c. Accepted your proposal on special terms and conditions?		Yes ☐ No ☐
Applicable for cover under Section 3A	Do any of the persons proposed for insurance suffered from any of the following ailments / diseases? High Blood Pressure, Diabetes / Sugar, Chest Pain or any other Heart Disease, Stroke / Epilepsy / Disorder of Brain or Nervous System, Asthma / Tuberculosis, Stomach or Duodenal ulcer of any kind or ulcer of any kind, Disorders of Gall Bladder, Liver, Stomach or Intestines, Hernia of any kind, Kidney / Bladder / Prostate disorder, Disorder of the joints / Arthritis / Rheumatism or any pain, Cancer / Tumour / Growth of Cyst of any kind, Varicose Veins / Varicose Ulcers / Any other illness or disease	Yes ☐ No ☐

If you answered 'Yes' to any of the above questions, give the details in the table below

Name of the Persons to be Insured	Illness	Date of Treatment	Name / Address of Doctor	Period of Treatment	Name / Address of Hospital	Present Status

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10. PERIOD OF INSURANCE

Policy Tenure: ☐ 12 Months ☐ 24 Months ☐ 36 Months	Policy Risk Start Date ..... Risk End Date .....
Premium payment mode opted	☐Single ☐Annual ☐ Monthly ☐Quarterly ☐ Half-yearly

11. RECEIPT DETAILS

Receipt No.:	Receipt Date: DD/MM/YYYY	Receipt Amount: ₹
Bank Name:	Branch:	

12. 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 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 from a 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 Governmental and/or Regulatory Authority.

ABHA Declaration

I/We hereby authorize and give my/our consent to Company to collect my/our personal and medical information/data available in my/our Ayushman Bharat Health Account (ABHA). Further I/we hereby authorise Company to use/share the information/data, pertaining to my proposal and/or collected from my/our ABHA, with reinsurer, Service Provider and or with any Governmental and/or Regulatory authority, for the sole purpose of proposal underwriting and/or claims settlement and or to comply with applicable laws/regulations.

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.

The Insurance Agent/Intermediary has explained Product Features and Suitability clearly and, in the language, understandable to me. ☐ Yes ☐ No

Signature / Thumb Impression of Proposer	Date: DD/MM/YYYY	Place:

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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.

In case you need any further details regarding the policy, you may contact our Tollfree No:1800 208 9100.
Please get your queries clarified before signing the proposal form.