

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**

SL. No. SP

Business Segment **PL SME COMM**

Intermediary Code	Office	Channel Manager
POSP (Point of Sales person) - Aadhar Card No.		PAN Card No.

PROPOSAL FORM

Proposal form URN: Chola MS-STravel-005-2016

CHOLA STUDENT TRAVEL PROTECTION PLAN

UIN: IRDA/NL-HLT/CHSGI/P-T/V.I/285/13-14

Instructions: Please complete all sections in CAPITAL LETTERS. Please seek the advice and guidance of your insurance advisor in case 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 **Mr.** ☐ **Mrs.** ☐ **Ms.** ☐ **Dr.** ☐ **Others**

Personal Details	Name		First Name	Middle Name	Last Name
	Date of Birth DD/MM/YYYY	Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Martial 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	Aadhar No.
	Mobile				Passport <input type="checkbox"/> DL <input type="checkbox"/> No
	Tel(0)	Ext	Tel(R)		
	PAN	GSTIN	ISD (Input Service Distribution No.)		
	Email ID				
Correspondence Address	Door / Flat No	Building No / Name			
	Street Name	Landmark			
	Sub Area / Village	Area / Tehsil			
	City	District	Pincode	State	
Permanent Address	Door / Flat No	Building No / Name			
	Street Name	Landmark			
	Sub Area / Village	Area / Tehsil			
	City	District	State	Pincode	
Nomination Details	Nominee Name & Relationship				
	Nominee Address				
Existing CHOLA MS Customer <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, Provide Policy Number			
Martial State of Proposer <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widow <input type="checkbox"/> Widower <input type="checkbox"/> Divorcee		Annual Income of Proposer(in Rs.)			
Name of the Bank & Branch (For claim Settlement)					
Account Number		IFSC Code No.		MICR Code	

2. DETAILS OF THE PERSONS TO BE COVERED

SOCIAL LIVES

Name of the student	
Passport Number	Date of Birth

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**

Name and Address of the Institution abroad
Parent's/Guardian's Passport No/PAN No.
Has the person proposed for insurance ever suffered from any illness/disease or deformity or physical defect upto the date of this proposal. If so, Please give details (please enclose details)
Has the person proposed for insurance been admitted to any hospital/nursing home, Clinic for treatment or observation, if so, please give details

3. SPONSOR DETAILS

Sponsor Name	
Sponsor's Passport No. (If not applicable, then PAN No.)	
Sponsor's Date of Birth	
Sponsor's Relationship with the student	
Sponsor's Address	Phone:

4. POLICY DETAILS

Geography <input type="checkbox"/> Worldwide <input type="checkbox"/> Excluding USA or Canada <input type="checkbox"/> Asia-Pacific excluding Japan	
Country of First Visit	
Sum Insured	
Coverage Type <input type="checkbox"/> Silver <input type="checkbox"/> Gold <input type="checkbox"/> Platinum	
Risk Start Date	Risk End Date

5. ELECTRONIC INSURANCE ACCOUNT DETAILS SECTION

I want policy related information in Physical Format <input type="checkbox"/> Yes / <input type="checkbox"/> No	
E-Format (electronic) as & when applicable <input type="checkbox"/> Yes / <input type="checkbox"/> 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)	

6. DETAILS OF PREMIUM

Cash/Cheque/ Draft/PO Number :	Date DDMMYYYY	Amount Rs.
Amount (in words)		
Drawn On		

Refer our website for Policy Wordings and detailed Terms & Conditions, Exclusions and the Ombudsman list.

Call Toll Free: **1800 208 9100** | SMS **CHOLA** to **56677** | Visit www.cholainsurance.com | Email customercare@cholams.murugappa.com

Disclaimer: The Company may contact you for matters related to your policy or to provide details of products & services offered. To opt out from the facility, please register under Do Not Call section on our website.

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**

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.
- I/We have understood the covers being offered and am/are aware of the terms and conditions mentioned in the brochure. Specifically I/We confirm that a)I/We are not traveling against the advice of a physician b)I/We am/are not wait listed for any medical treatment c) I/We am/are not traveling to receive any medical treatment, d) I/We am/are not over 6 months pregnant e) I/We don't have any pre-existing condition f) In case of cancellation of this policy, the refund may be paid to the travel agent on my/our behalf. I/We are aware that mere remittance of payment does not guarantee acceptance of this risk, which decision shall be made by CMSGICL.
- I/We hereby grant my /our consent to be contacted 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 prospectus 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.