

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

PROPOSAL FORM

Proposal form URN: Chola MS-IPAI-006-2016

INDIVIDUAL PERSONAL ACCIDENT INSURANCE

UIN: CHOPAIP21419V022021

Please complete all section in CAPITAL LETTER'S using a black pen only. Please consult your insurance advisor in case you require any clarification on the insurance cover or assistance in filling up the form. The Company's liability does not commence until it has accepted this proposal and the premium is received.

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 <input type="checkbox"/> Passport <input type="checkbox"/> DL No
	Mobile No: +91	Tel (O) +91 Extn: Tel (R) +91
	PAN Card No.	Aadhaar No. GSTIN:
ISD (Input Service Distribution 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, please provide the Policy no.
The below details are necessary for payment of any claim, refund or cancellation of policy (Please attach one cancelled cheque leaf)		
Name of the Bank & Branch _____		
A/c. No. _____ IFSC Code _____ MICR Code _____		
Insurance Period	Effective Date / from ---:-- am/pm of DD/MM/YYYY	Expiration Date (to) midnight of DD/MM/YYYY
Total annual Income (all sources)		Nature of risk <input type="checkbox"/> Normal <input type="checkbox"/> Heavy (see below for definition of heavy risk*)
*Heavy Risk : Drivers of trucks, lorries and heavy vehicles, Garage and Motor mechanics, Machine operators Persons working in under-ground mines, explosives, magazines, workers involved in electrical installations and persons engaged in other similar occupation of hazardous nature.		

2. INFORMATION ABOUT PERSONS TO BE COVERED

Social Lives

Sl. No.	Name of the persons to be insured	R*	Date of Birth	Principal Sum Insured	Name of the Nominee with Contact details	Nominee Relationship with the Insured
			DD/MM/YYYY			
			DD/MM/YYYY			
			DD/MM/YYYY			
			DD/MM/YYYY			
			DD/MM/YYYY			

*Relationship with proposer [R] : H - Husband, W - Wife, S - Son, D - Daughter, F - Father, M - Mother, B - Brother, R - Sister

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

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Do any of the above suffer from any physical defect/ disability? (If yes, enclose details) _____

3. INFORMATION ABOUT ADDITIONAL BENEFITS (Please '✓' against the benefit required)

Cover for Permanent Total Disability <input type="checkbox"/> Yes <input type="checkbox"/> No	Cover for Permanent Partial Disability <input type="checkbox"/> Yes <input type="checkbox"/> No
Modification of accommodation/ own vehicle <input type="checkbox"/> Yes <input type="checkbox"/> No	Medical Reimbursement <input type="checkbox"/> Yes <input type="checkbox"/> No
Weekly Indemnity <input type="checkbox"/> Yes <input type="checkbox"/> No	Education Benefit <input type="checkbox"/> Yes <input type="checkbox"/> No
Broken Bones <input type="checkbox"/> Yes <input type="checkbox"/> No	

4. DETAILS OF OTHER INSURANCE POLICIES

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

Sl. No.	Name of Proposed	Insurance Company	D*	Date of Birth	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/ Debit Card Accident Policy. O - Other Accident Policy

5. 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) _____

6. INFORMATION ABOUT PAYMENT

Amount ₹	Amount (in words)		
*Cheque / Draft / PO Number			Date DD/MM/YYYY
Drawn on			
I have submitted documents for: Name Proof, Address Proof, Income Proof			
Name of Witness			
Address (present residence)			
	City	Pin Code	

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Signature of Witness

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 authorised 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 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 prospectuses or tables of the insurer:

Provided that acceptance by an insurance agent of commission in connection with a policy of life insurance taken out by himself on his own life shall not be deemed to be acceptance of a rebate of premium within the meaning of this sub- section if at the time of such acceptance the insurance agent satisfies the prescribed conditions establishing that he is a bona fide insurance agent employed by 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.

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TERMS AND CONDITIONS

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 - AIDS related complex Malignancies, participation in adventure sports of any kind, pregnancy, child birth & related conditions

