Chola MS
GENERAL INSURANCE

SL. No.

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

(For Office Use Only)	Intermediary Code :	Intermediary Name :
Office	Employee Name:	Customer ID
POSP NAME:	POSP PAN:	

PROPOSAL FORM

Proposal form URN: Chola-SSB-102-2021

SARAL SURAKSHA BIMA, CHOLA

UIN: CHOPAIP21612V012021

1. INFORMATION ABOUT THE PROPOSER

Personal Details	Name	Mr./Mrs./Ms./Dr.			
	Mobile No: +91			☐ PAN ☐ Passport ☐ DL No	
	Tel (O) +91		Extn:	Tel (R) +91	
	Email ID:				
	GSTIN:			ISD (Input Service Distribution No.):	
Address	Door / Flat No:		Building No / Name:		
	Street Name:			Landmark:	
	Sub Area / Village:			Area / Tehsil:	
	City:	District:		State:	Pincode:
Nominee Details * (Mandatory)	Nominee Name:			Nominee Relationship with the Insured:	
	Nominee Address:				
	*Nominee mentioned above is for the proposer. For other members covered under the policy, Proposer is deemed to be the nominee. In case the nominee is a minor, the guardian details will have to be provided.				

Existing CHOLA MS Customer ☐ Yes ☐ 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 _____

2. DETAILS OF COVERAGE (PLEASE '✔' IN APPLICABLE BOX)

Policy Type: ☐ Individual ☐ Family Cover	Term of Coverage : 1 Year
Optional Covers (please tick the covers opted) – On payment of additional premium	
☐ Temporary Total Disablement* ☐ Hospitalisation Expenses due to accident ☐ Education Grant*	
*can be opted only by earning members	
Coverage required from am / pm of	to Midnight of

3. INFORMATION OF THE PERSONS TO BE COVERED

Sl. No.	Name of the persons to be insured	Gender	Date of Birth	Relationship	Sum Insured (₹)	Marital Status	Occupation	Annual Income (₹)
			DD/MM/YYYY					
			DD/MM/YYYY					

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			DD/MM/YYYY					
			DD/MM/YYYY					
			DD/MM/YYYY					

OCCUPATION & INCOME DETAILS: Please Note – the following information are important for issuance of your policy as they have bearing on your eligibility for the product, premium & sum insured. Any Missing declaration, will be considered as a nondisclosure and would result in termination of the policy with forfeiture of premium.

If any member occupation details is provided as "Any Other", please specify the occupation details_____

Documents to be submitted: Credit Score Statement for all earning members. Income tax return / Form 16 / Salary slips / Bank statement showing salary credits. Audited profit and loss statement for the business

4. MEDICAL & LIFESTYLE INFORMATION PLEASE ANSWER THE BELOW MENTIONED QUESTIONS IN YES(Y)/NO (N):

Do any of the person(s) proposed for insurance have a history of any illness/disease/ injury/disability in the past other than for childbirth, flu or for minor injuries that have completely healed	Insured 1	Insured 2	Insured 3	Insured 4	Insured 5	Insured 6

If answer to above is yes please provide details

Sl. No.	Name of the persons to be Insured	Illness/ Disease/ Injury/ Disability	Date of treatment	Name/ Address of Doctor	Period of treatment	Name / Address of Hospital	Present status
1							
2							
3							
4							
5							

5. DETAILS OF OTHER INSURANCE POLICIES

Do any of the proposed members have any existing Accident Insurance Cover? If Yes, provide following details

S.No	Name of proposed	Insurance Company	Details of source coverage	Expiration Date	Sum Insured ₹

#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

6. 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)

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7. PREMIUM PAYMENT INFORMATION (*CHEQUE / DRAFT TO BE DRAWN IN FAVOUR OF "CHOLAMANDALAM MS GENERAL INSURANCE COMPANY LIMITED")

PREMIUM PAYMENT MODE (please tick the mode selected)

☐ Annual Mode ☐ Half Yearly Mode ☐ Quarterly Mode ☐ Monthly Mode

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Annual Premium Payment Mode		**Other than Annual Premium Payment mode**	
Premium Payable for the policy tenure (excluding GST) ₹		Premium Payable for the policy tenure(excluding GST) ₹	
		Modal Premium Payable : ₹	
GST ₹		GST ₹	
Premium (including of GST) ₹		Modal Premium (including of GST) ₹	
Amount ₹	Amount (in words)		
*Cheque / Draft / PO Number		Date DD/MM/YYYY	
Transaction Reference No. for Online Transfer:		Transaction Date DD/MM/YYYY	
Bank Name		Bank Branch	

8. 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 or 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 anytime 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.

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.

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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 ☐ No ☐		
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.

For Office Use only (Documents submitted with this Proposal (Pl. '✔'))			
Expiring policy with schedule	☐ Yes ☐ No	Premium Cheque:	Receipt Date: DD/MM/YYYY
Original renewal notice	☐ Yes ☐ No		

In case you need any further details regarding the policy, you may contact our Toll free No: 1800 208 9100.

Please get your queries clarified before signing the proposal form.