

**PROPOSAL FORM**

Proposal Form Number: OM312239

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PF102501

Non-Combo  Combo

Combo Solution Name \_\_\_\_\_

This proposal form is only applicable for Combo Solutions / Multiple Products. To avail these products individually, please use other proposal form.

↳ This Box is For Office Use Only

Please affix recent colour Passport size photograph of the Life to be Assured / Proposer / Payer (as applicable) and sign across the photograph and proposal form with a Black Ball Point Pen  
DO NOT STAPLE THE PHOTOGRAPH

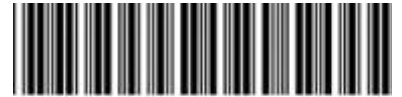
Advisor Code	<input type="text"/>	Branch Code	<input type="text"/>
PDA Number	<input type="text"/>	Branch Inward Date	<input type="text"/>
Client Number	<input type="text"/>		
IBR Code	SC	PEC	TMC
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
CIF No.	<input type="text"/>		

**INSTRUCTION FOR FILLING THIS APPLICATION FORM :** 1. Complete the proposal form in **CAPITAL LETTERS** using a **Black Ball Point Pen**. 2. Please mark your selection by marking 'X' inside the box. 3. Please leave a blank space after each word, letter or initial. 4. Please write "NA" for questions which are not applicable. 5. DO NOT USE the '.' or ',' to identify your initial or separate the address line. 6. Submission of age proof is mandatory along with this proposal form.

**IMPORTANT INSTRUCTIONS WITH REGARD TO DISCLOSURE OF INFORMATION:** Insurance is a contract of **UTMOST GOOD FAITH** and it is required to disclose all material and relevant facts completely. **DO NOT suppress any facts in response to the questions in the proposal form. FAILURE TO PROVIDE COMPLETE AND ACCURATE INFORMATION OR MISREPRESENTATION OF THE FACTS COULD DECLARE THIS POLICY CONTRACT NULL AND VOID AFTER PAYMENT OF SURRENDER VALUE, IF ANY, SUBJECT TO SECTION 45 OF INSURANCE ACT, 1938 As AMENDED FROM TIME TO TIME.**

**Section I- Details of the Life to be Assured**

1. Title	<input type="checkbox"/> Mr.	<input type="checkbox"/> Mrs.	<input type="checkbox"/> Miss	<input type="checkbox"/> Dr.	<input type="checkbox"/> Others (Specify)	<input type="text"/>
2. First Name	<input type="text"/>					
3. Surname	<input type="text"/>					
4A. Father's Name	<input type="text"/>					
4B. Mother's Name	<input type="text"/>					
5. Date of Birth	D	D	M	M	Y	Y
6. Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female				
7. Age Proof Submitted	<input type="checkbox"/> School Certificate	<input type="checkbox"/> Driving Licence	<input type="checkbox"/> Passport	<input type="checkbox"/> Birth Certificate	<input type="checkbox"/> PAN Card	<input type="checkbox"/> Others (Specify)
8. Marital Status	<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Widow(er)	<input type="checkbox"/> Divorcee		
9. Spouse Name	<input type="text"/>					
10. Maiden Name (For married women)	<input type="text"/>					
11A. Nationality	<input type="checkbox"/> Resident Indian National	<input type="checkbox"/> Non Resident Indian (NRI)	<input type="checkbox"/> Others (Specify)	<input type="text"/>		
11B. Country of birth	<input type="text"/>					
12. Education	<input type="checkbox"/> Postgraduate / Doctorate	<input type="checkbox"/> Graduate	<input type="checkbox"/> 12th std. Pass	<input type="checkbox"/> 10th std. Pass	<input type="checkbox"/> Below 10th std.	<input type="checkbox"/> Illiterate / Uneducated
13. Address for communication	<input type="text"/>					
Landmark	<input type="text"/>					
City	<input type="text"/>					
Pin Code	<input type="text"/>					
Address Proof	<input type="checkbox"/> Passport	<input type="checkbox"/> Driving Licence	<input type="checkbox"/> Voter ID	<input type="checkbox"/> Bank Statement	<input type="checkbox"/> Utility Bill	<input type="checkbox"/> Others
14. Permanent Address	<input type="text"/>					
Landmark	<input type="text"/>					
City	<input type="text"/>					
Pin code	<input type="text"/>					
Address Proof	<input type="checkbox"/> Passport	<input type="checkbox"/> Driving Licence	<input type="checkbox"/> Voter ID	<input type="checkbox"/> Bank Statement	<input type="checkbox"/> Utility Bill	<input type="checkbox"/> Others
15. Contact Details	<input type="text"/>					
Mobile	S	T	D	Co	De	<input type="text"/>
Office / Business	<input type="text"/>					
E-mail	<input type="text"/>					
Preferred mode:	<input type="checkbox"/> Letter	<input type="checkbox"/> E-mail				
Preferred Language for Letter (other than English):	<input type="checkbox"/> Hindi	<input type="checkbox"/> Kannada	<input type="checkbox"/> Tamil	<input type="checkbox"/> Telugu	<input type="checkbox"/> Malayalam	<input type="checkbox"/> Gujarati
	<input type="checkbox"/> Bengali	<input type="checkbox"/> Oriya	<input type="checkbox"/> Marathi			
16. Occupation	<input type="checkbox"/> Salaried-Govt / PSU	<input type="checkbox"/> Salaried-other	<input type="checkbox"/> Self Employed Professional	<input type="checkbox"/> Agriculturist / Farmer	<input type="checkbox"/> Part Time Business	<input type="checkbox"/> Retired
	<input type="checkbox"/> Landlord	<input type="checkbox"/> Student (Current Std.)	<input type="checkbox"/> Others (Specify)		<input type="text"/>	
17. Full Name of the Employer/ Business/ School/ College	<input type="text"/>					



18. Designation & Exact nature of Work / Business \_\_\_\_\_

19. Annual Income in Figures (₹)

20. Annual Income of Husband / Father (for female and minor lives)

21. Exact nature of work / business of Husband / Father for female and minor lives \_\_\_\_\_

22. Permanent Account Number (PAN)   I DO NOT HAVE Permanent Account Number

Unique Identification Number (Aadhaar):   I DO NOT HAVE Aadhaar

Virtual Identification Number   I DO NOT HAVE VID No.

CKYC number   I DO NOT HAVE CKYC No.

Your E-Insurance Account Details : Service Provider:

Account Number:   I DO NOT HAVE E-Insurance Account.

**Section II - Details of the  Proposer  Nominee#** (#Nomination details are required as per Section 39 of Insurance Act-1938 as amended from time to time. In case if you like to nominate more than one person, please attach the nominee addendum form)  
**Please Note:** For a Combo Solution, Nominee/s under both the plans should be the same. However for different nominees under respective products in a Combo Solution, please fill separate nomination forms. Question 37B to 37D are only applicable, if the Proposer is not same as the Life Assured.

23. Title  Mr.  Mrs.  Miss  Dr.  Others (Specify) \_\_\_\_\_

24. First Name

25. Surname

26A. Father's Name

26B. Mother's Name

27. Date of Birth           28. Gender  Male  Female

29. Marital Status  Single  Married  Widow(er)  Divorcee

30. Percentage of Benefit Share for 1st Nominee (in case of multiple nominees only) \_\_\_\_\_

31. Nationality  Resident Indian National  Non Resident Indian (NRI)  Others (Specify) \_\_\_\_\_

32. Address for communication  Same as mentioned in section I  As mentioned below

City

State  Pin Code

33. Mobile  Phone (Home)

34. E-mail

35. Relationship with the life to be assured

36. Occupation

37A. Permanent Account Number (PAN)   I DO NOT HAVE Permanent Account Number

37B. Unique Identification Number (Aadhaar)   I DO NOT HAVE Aadhaar

37C. Virtual Identification Number   I DO NOT HAVE VID No.

37D. CKYC Number   I DO NOT HAVE CKYC No.

38. In case of life to be assured is minor, as a Proposer do you agree that the policy shall automatically vest in the life to be assured on his or her becoming a Major.  Yes  No

**If Nominee is Minor, then please complete the Appointee details who should be a Major as on date of this application and should be different from the life to be assured.**

39. Full Name of the Appointee

40. Appointee's Relationship with the nominee

41. Appointee DOB

42. Signature of Proposer

**Section III-Plan Details** (In case of Unit Linked Insurance Plans, the investment risk in the investment portfolio is borne by the policy holder. Field marked with\* is mandatory)

Sl. No.	Product Name	Policy Term (in years)	PPT (in years)	Premium Payment Mode	Sum Assured/GMB (₹)	Installment Premium (in ₹)
1.						
2.						

If Exide Life Elite Term Insurance Plan choose Death Benefit option  Option A Lump sum Payout  Option B Lump sum with Family Income Benefit  Option C Family Income Benefit

If Exide Life My Money Back Plan, choose the survival benefit option  Option A: Uniform Money Back  Option B: Increasing Money Back



If Exide Life Mera Aashirvad Choose Maturity Benefit  Option A (Guaranteed Staggered Payouts + Lump sum Payout)  Option B (Lump sum Payout)

If Exide Life Secured Income Insurance Plans / Exide Life New Creating Life Insurance Plans Choose  Option A: Lump Sum  Option B: Lump Sum + Family Income Benefit

If Exide Life Guaranteed Income Insurance Plan, choose how you want to receive following benefits:  
 Guaranteed Income Payout :  Monthly  Annual  Guaranteed Death Benefit :  Option A: Lump Sum  Option B: Family Income Benefit

If Exide Life Income Advantage Plan, choose the survival benefit option  
 Option A: Pure Income Benefit  Option B: Income with Maturity Benefit

If Exide Life Smart Term Plan, choose the variant  Classic  Step-up  Comprehensive  
 If Comprehensive variant chosen, provide the sum assured\* for: Classic \_\_\_\_\_ Extra Protection \_\_\_\_\_  
\*Total of sum assured for Classic and Extra Protection should be equal to sum assured mentioned in the plan details table

If Exide Life Sanjeevani Choose  Option A: Cardiovascular Conditions  Option B: Cardiovascular and Cancer Conditions

For Exide Life Assured Gain Plus: If Entry Age is 45 years and above, choose life cover multiple:  7 times the Annual Premium  10 times the Annual Premium  
\*Not applicable for Single Premium Option

For Exide Life Star Saver: If Entry Age is 51 years and above, choose life cover multiple:  7 times the Annualized premium  10 times the annualized premium

**For Exide Life Wealth Maxima,** please select the product variant  Maxima Invest  Maxima Family  Maxima Child

**For Exide Life Wealth Maxima and Exide Life Wealth Elite**  
 If Entry Age is 45 years and above,  7 times the Annualized Premium  10 times the Annualized Premium  
 choose Basic Sum Assured multiple\*:  
 Please select the investment strategy (please tick any one)

**For Exide Life Wealth Elite**  
 Self-Managed Option  Automatic asset re-balancing strategy (from Exide Life Prime Equity Fund)  
 Systematic Transfer Plan (to Exide Life Prime Equity Fund with Annual Mode only)  
 Automatic asset re-balancing strategy (from Exide Life Midcap Fund)  Systematic Transfer Plan (to Exide Life Midcap Fund with Annual Mode only)

**For Exide Life Wealth Maxima**  
 Self-Managed Option  Automatic asset re-balancing strategy  Systematic Transfer Plan (with Annual Mode only)  
 For Exide Life Prospering Life Plus/Exide Life Prospering Life Plus SP,  
 Self-Managed Option  Automatic asset re-balancing strategy

For Self Managed Strategy in Exide Life Wealth Maxima and Exide Life Prospering Life Plus / SP and Exide Life Wealth Elite please select from following Fund Options (Allocation % should total to 100%)

Exide Life Preserver Fund	Exide Life Secure Fund	Exide Life Balanced Fund	Exide Life Active Asset Allocation Fund	Exide Life Growth Fund	Exide Life Prime Equity Fund	Exide Life Midcap Fund	Total
							100%

**Mandate for Credit of Policy Payouts in Bank Account**

Please find below my bank account details and I authorize the company to credit into it the policy payouts as per terms and conditions of the product chosen.

Account Holder Name**																					
Bank Name											Bank Branch										
Account Number											IFSC Code										
MICR Code						Account Type	Savings					Cash Credit					NRO				

\*\*as in Bank records, should match with proposer name  
 Note: Please provide a cancelled personalized cheque of the above mentioned account or recent bank statement (within last 3 months).  
 Signature of Proposer

43. Particulars of First Premium Deposit: Mode of Deposit  Cash  Cheque / DD  
 Amount(in INR)  Cheque / DD No.   
 Bank

44. Is the premium paid by a person other than Proposer (If yes, please submit third party declaration):  Yes  No

45. Source of Funds:  Salary  Business Income  Sale of Assets  Inheritances  Others (Specify) \_\_\_\_\_

46. Do you wish to pay renewal premium through ECS / SI mode  Yes  No (if you have chosen payment option as Credit Card / ECS / SI, then please complete appropriate mandate)



**Section IV - Details of Existing / Simultaneously Applied Insurance Cover on the Life to be Assured**

47. Are you an existing customer of Exide Life Insurance Company Limited?  Yes  No
48. Have you concurrently / simultaneously applied for any life, health insurance cover with us or any other life, health insurance company which is still under consideration?  Yes  No
49. Have you concurrently / simultaneously applied for revival of your lapsed policies with us or any other life, health insurance company which is still under consideration?  Yes  No
50. Please provide details of existing insurance cover on your life in the below table. If you do not have any existing insurance on your life, please mention 'NIL' in Sum Assured column below. Please include any Keyman Insurance, Partnership Insurance & Employer Employee Insurance cover as well If answer to question 47 to 49 is YES, then please provide the complete details in the below mentioned table.

Policy / Proposal / Application No.	Year of Issue/ Submission	Company Name	Sum Assured	Decision (Standard. Other than Standard terms)	Status (In - Force, Lapsed, Surrendered, Paid up, Applied for)	Type of Policy (Life, Health, Accident)

51. Has any insurance (life, health) cover on your life ever been declined, postponed or accepted with modified terms? (If Yes, please provide the necessary details in the below mentioned table)  Yes  No

Company Name	Year of application	Decision (decline, postpone, modified terms)	Actual reason for such a decision

**Section V - Insurance details of family members**

Relationship	Policy / Proposal / Application No.	Year of Issue / Submission	Name of the Company (ies)	Sum Assured

**Section VI - Details of family history, habits, build, occupation, hobbies and travel of the Life to be Assured**

52. Has any of your parents, brothers, sisters suffered / suffering from, or died to any of the following conditions: Heart diseases, diabetes, stroke, high blood pressure, cancer, kidney disease or any other hereditary disorders? If yes, please give full details below.  Yes  No

Family member	Exact cause of death or Details of illness suffered / suffering	If alive-current Age	If deceased- Age at death

53. Number of children   Please specify age of each child \_\_\_\_\_

54. What is your exact height (cms)     55. What is your exact weight(kgs)

56. Do you consume or have you consumed any form of tobacco, guthka, paan masala in the last 24 months?  Yes  No

57. Please state your smoking habits: (number of cigarettes / bidies per day)  
 Non Smoker  1-5  6-10  11-20  21-40  more than 40

58. Please state your alcohol drinking habits (past / present): (Quantity per week)  
 Does not drink  Beer (Number of Bottles)  Wine (Number of Bottles)  Hard liquor/any other form of alcohol (ml)



- 59A. Are you involved or do you intend to involve in any hazardous occupation or pursuits? e.g. working at heights, underground or offshore, using explosives, flying other than as a fare-paying passenger, diving, mountaineering or any other dangerous activity.  Yes  No
- 59B. Is your occupation associated with exposure to chemicals(e.g. benzene, nickel compounds, vinyl chloride, etc.), ionizing radiations, mining, dusts (e.g. leather or wood dusts, silica, asbestos, etc.), industrial processes (aluminium production, iron and steel founding, etc.)  Yes  No
- 60. Do you consume or have ever consumed any form of narcotic substance?  Yes  No
- 61. Are you suffering from any alcohol related disease or advised to reduce consumption by any medical practitioner?  Yes  No
- 62. Are you employed in the armed, para military, police forces or any other similar establishment?  Yes  No
- 63. Apart from normal family holiday do you intend to stay away from your country of citizenship / residence in the next one year?  Yes  No

**Section VII- Health Details of the Life to be Assured**

- 64. Within the last twelve months has there been any unusual weight gain or loss of more than 7 kgs?  Yes  No
- 65. Are you currently taking any medication or drugs, either prescribed or not prescribed by a doctor?  Yes  No
- 66. Have you been absent from work for more than 10 days in the last two years due to health reasons?  Yes  No
- 67. Have you suffered from any illness, disorders, disability, or injury during the past 5 years which has required any form of medical or specialized examination (including chest X-rays, ECG, Stress Test, Angiography, MRI / CT Scan or blood tests), consultation, hospitalization or surgery?  Yes  No
- 68. Do you have any form of congenital / acquired impairment, disease, disability or deformity?  Yes  No
- 69. Is any surgery planned or are you currently aware that you may need to seek medical advice within the next 6 months?  Yes  No
- 70. Have you ever been diagnosed or have suffered from any of the following:
  - a) Hypertension, High Blood Pressure, Diabetes, Elevated Blood Sugar, Elevated Cholesterol / Lipids  Yes  No
  - b) Heart Attack, chest pain, palpitations, irregular heart beats, heart valve disease, heart murmur, rheumatic heart disease, shortness of breath or any other cardiovascular disease or disorders.  Yes  No
  - c) Stroke, Transient Ischemic Attack (TIA), hemorrhage, dizziness, fainting, giddiness, blackouts, loss of consciousness, double vision or any other cerebrovascular disease or disorders.  Yes  No
  - d) Anaemia, Thalassemia, Leukemia or any other blood disorder including blood cancer.  Yes  No
  - e) Asthma, bronchitis, tuberculosis, persistent / recurrent cough, hoarseness of voice or difficult y in swallowing, pneumonia or any other respiratory disease or disorders  Yes  No
  - f) Cyst, growth, pre-cancerous conditions, non-healing ulcer, cancer or tumour of any kind (throat, lung, colon, breast cancer, cancer of reproductive organs etc.)  Yes  No
  - g) Gall bladder disorder, gastritis, gastric ulcer, bleeding from intestine, hernia, piles, fistula, jaundice, hepatitis, fatty liver or any other disease or disorder of digestive system.  Yes  No
  - h) Defective vision, blurred vision, hearing defect, defective speech, stammering or any other disease or disorders of Eye, Ear, Nose and Throat.  Yes  No
  - i) Depression, Anxiety, Multiple Sclerosis, Parkinsonism, Fits, Epilepsy, recurrent headache, Paralysis, numbness or any other disease or disorder of the brain, spinal cord or nervous system  Yes  No
  - j) Thyroid or any other hormonal disorder, Kidney disorders, Bladder disorder, urine abnormality or genital organ disorder.  Yes  No
  - k) Arthritis, prolapsed disc, recurrent back or neck pain, slipped disc or any other disease or disorder of spine, muscles, bones or joints.  Yes  No
  - l) Were you investigated for any persistent loss of blood or unusual discharge or pus from any body opening like nose, mouth, gums, rectum, breast, vagina, anus, etc. or blood in stools, urine, sputum?  Yes  No
- 71. Have you or your spouse ever tested positive for HIV / AIDS, hepatitis B or C, or any other sexually transmitted diseases?  Yes  No
- 72. Have you been suffered or are you currently suffering from any illness, impairment, or disability not yet mentioned above?  Yes  No

**Section VIII - Additional Questions to be answered if the Life to be assured is Female**

- 73. Have you ever suffered or are you suffering from any gynecological problems like Endometriosis, fibroids, any spotting or unusual/painful vaginal bleeding or discharge or any disease of the breast  Yes  No
- 74. Have you ever undergone or advised to undergo a mammogram / Pap smear test?  Yes  No
- 75. Have you ever had a miscarriage / medical termination or Pregnancy / Caesarean Section?  Yes  No



76. Are you pregnant at present? If yes, Please indicate duration in weeks \_\_\_\_\_  Yes  No
77. Have you ever been diagnosed with pregnancy related increase in blood pressure, preeclampsia, elevated blood sugar levels, and any other complications of pregnancy in this or past pregnancy.  Yes  No

**Section IX - Additional Questions to be answered if the Life to be assured is Minor**

78. Except for the normal care at birth, has the child, in the past, required any specialists consultation, special medical investigation, and hospitalization for any illness?  Yes  No
79. Have all the minimum necessary vaccines (Oral Polio Vaccine, BCG, MMR, DPT, Chickenpox Vaccine, Hepatitis B) been administered as per the age of the child?  Yes  No

If answer to Question 56 to 79 is yes, please provide the complete details below

**Section X - Declaration by the Parent (Proposer) for minor**

I hereby declare that the proposed insured \_\_\_\_\_ is in sound health, and does not have any birth defects, congenital anomalies, physical defect, deformity or disability. The proposed insured has never suffered from, nor currently suffering from any medical conditions such as heart disorder; rheumatic fever; cancer or tumor; kidney disease; diabetes; musculo - skeletal disorder; blood disorder; liver disease; lung disease; digestive system disease or disorder; any mental or nervous system disease; HIV/AIDS or AIDS related complex. NO previous or concurrent application on the minor's life for life, accident, medical or health related insurance has been refused, withdrawn, declined, postponed or offered with restricted benefits or with an increased premium or any claim has been made under any such policy of insurance with Exide Life Insurance or any other insurer in India or abroad.

**Section XI - General Declaration**

- 80. Are you a Politically Exposed Person\*?**  Yes  No  
(Politically exposed persons are individuals who are or have been entrusted with prominent public functions e.g., Heads of States or of Governments, senior politicians, senior government/judicial/military officers, senior executives of state-owned corporations, important political party officials, etc. Enhanced scrutiny and monitoring norms may also be applied to the accounts of the family members and/or close relatives of PEPs)  
 If yes, Nature of position held \_\_\_\_\_
- 81. Are you a family member or close relative of a PEP**  Yes  No  
If yes, nature of relationship with PEP \_\_\_\_\_
- 82. Whether the premium payable is from legally ascertainable sources?**  Yes  No  
(Income which can be substantiated through valid documentary evidence)

**Section XII - Declaration**

- 1) I/We declare that the answers and statements made by me/us in this Proposal Form have been made after understanding the nature of questions and the importance of disclosing all material information.
- 2) I/We further 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 have not withheld or suppressed any material fact and that I/We am/are authorized to propose on behalf of these other persons.
- 3) I/We understand that the information provided by me will form the basis of the insurance policy and will come into force after acceptance by the Insurance company.
- 4) I/we have made no statement/s to the Company, its advisor or to any person associated with the Company, which in any way modifies/contradicts the answers/statements in this Proposal form.
- 5) I/We also understand that the terms and conditions including the premium and the benefits under the Policy/Rider are subject to taxes/duties/charges in accordance with applicable laws. I confirm that all the premiums will be paid from bonafide sources.
- 6) I/We further declare that I/we 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.
- 7) The Company reserves the right to request additional health information or any other information on the basis of the responses given to questions in this Proposal Form. The medical report and its interpretations if any done by the medical examiner are not binding on the Company and the decision of the Company regarding issuance of the Policy/Rider will be final. I/We also declare and consent to the Company taking independent decision regarding the insurability of the life to be assured/proposer.
- 8) I/We declare and consent to the company seeking medical information from any doctor or from a hospital who at anytime has attended on the life to be insured/proposer or from any past or present employer concerning anything which affects the physical or mental health of the life to be assured/proposer and seeking information from any insurance company to which an application for insurance on the life to be assured/proposer has been made for the purpose of underwriting the proposal and/or claim settlement.
- 9) I/We authorize the company to share information pertaining to my personal data /proposal including the medical records for the purpose of underwriting, policy issuance and/or claim settlement and with any Governmental and/or Regulatory authority.
- 10) I/We understand that in case of fraud or misrepresentation the policy shall be treated in accordance with Section 45 of the Insurance Act, 1938 as amended from time to time.
- 11) I/We agree that the risk under the Policy/Rider shall not commence till the Company accepts this proposal.
- 12) I hereby authorize / provide my consent to Exide Life Insurance Company Limited ("Exide Life") to use my identity information (Aadhaar number, biometric information & demographic information) for necessary validation and authentication with UIDAI for the purpose of e-KYC and also to use my Aadhaar Number for the purpose of linking it with my Exide Life Insurance Policies and other service related aspects



Signature/ Thumb Impression of the Proposer

Signature/Thumb impression of Life to be assured (if major)

Signature of Advisor

Date:

Date:

Date:

Place: \_\_\_\_\_

Place: \_\_\_\_\_

Place: \_\_\_\_\_

If the Life to be Assured / Proposer is an illiterate or suffering from disability due to which writing is restricted or where the Life to be Assured / Proposer signs the form in vernacular language, then the following declaration is necessary from the person who has assisted the Life to be Assured / Proposer in filling up the form.

I, \_\_\_\_\_, hereby declare that I have truthfully recorded the replies given by the Life to be Assured and / or Proposer after fully explaining the contents of this form to the Life to be Assured and / or Proposer and he/she/they have fully understood the contents thereof.

I, \_\_\_\_\_, Life to be Assured / Proposer confirm that the contents in this proposal form have been fully explained to me and on understanding the substance I have provided my responses.

Signature / Thumb Impression of the Proposer signing in vernacular language or illiterate or disabled.

Signature / Thumb impression of Life to be assured (if Major) signing in vernacular language or illiterate or disabled.

Witness Signature in English\*

In case the Proposer/Life to be Assured is illiterate, his or her thumb impression should be attested by a person of standing whose identity can be established, but unconnected with the Exide Life Insurance Company Limited and this declaration should be made by him/her.

Date:

Date:

Date:

Place: \_\_\_\_\_

Place: \_\_\_\_\_

Place: \_\_\_\_\_

\* Name and Address of Witness: \_\_\_\_\_

**Section XIII - Section 41 & 45 of the Insurance Act 1938**

**Prohibition of Rebate in accordance with provisions of Section 41 of the Insurance Act 1938 as amended from time to time**

- 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 punishable with fine which may extend to ten lakh rupees.

**Fraud, Misrepresentation and forfeiture**

Fraud, Misrepresentation and forfeiture would be dealt with in accordance with provisions of Section 45 of the Insurance Act 1938 as amended from time to time.

**[A Leaflet containing the simplified version of the provisions of Section 45 is enclosed in Annexure – (1) for reference]**

Exide Life Insurance Company Limited is a wholly owned subsidiary of Exide Industries Limited. The trademark "Exide" is owned by Exide Industries Limited and licensed to Exide Life Insurance vide Trademark license agreement dated 30th October 2014. Exide Life Insurance Company Limited. IRDAI Registration number: 114, CIN: U66010KA2000PLC028273, Registered Office: Exide Life Insurance Company Limited, 3rd Floor, JP Techno Park, No. 3/1, Millers Road, Bengaluru - 560 001. Toll Free: 1800 419 8228; Visit:exidelife.in.

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**Section 45 - Policy shall not be called in question on the ground of mis-statement after three years**

Provisions regarding policy not being called into question in terms of Section 45 of the Insurance Act, 1938, as amended from time to time. The extant provisions in this regard are as follows:

01. No Policy of Life Insurance shall be called in question **on any ground whatsoever** after expiry of 3 yrs from
  - a. the date of issuance of policy or
  - b. the date of commencement of risk or
  - c. the date of revival of policy or
  - d. the date of rider to the policywhichever is later.
02. On the ground of fraud, a policy of Life Insurance may be called in question within 3 years from
  - a. the date of issuance of policy or
  - b. the date of commencement of risk or
  - c. the date of revival of policy or
  - d. the date of rider to the policywhichever is later.

For this, the insurer should communicate in writing to the insured or legal representative or nominee or assignees of insured, as applicable, mentioning the ground and materials on which such decision is based.
03. Fraud means any of the following acts committed by insured or by his agent, with the intent to deceive the insurer or to induce the insurer to issue a life insurance policy:
  - a. The suggestion, as a fact of that which is not true and which the insured does not believe to be true;
  - b. The active concealment of a fact by the insured having knowledge or belief of the fact;
  - c. Any other act fitted to deceive; and
  - d. Any such act or omission as the law specifically declares to be fraudulent.
04. Mere silence is not fraud unless, depending on circumstances of the case, it is the duty of the insured or his agent keeping silence to speak or silence is in itself equivalent to speak.
05. No Insurer shall repudiate a life insurance Policy on the ground of Fraud, if the Insured / beneficiary can prove that the misstatement was true to the best of his knowledge and there was no deliberate intention to suppress the fact or that such mis-statement or suppression of material fact are within the knowledge of the insurer. Onus of disproving is upon the policyholder, if alive, or beneficiaries.
06. Life insurance Policy can be called in question within 3 years on the ground that any statement of or suppression of a fact material to expectancy of life of the insured was incorrectly made in the proposal or other document basis which policy was issued or revived or rider issued. For this, the insurer should communicate in writing to the insured or legal representative or nominee or assignees of insured, as applicable, mentioning the ground and materials on which decision to repudiate the policy of life insurance is based.
07. In case repudiation is on ground of mis-statement and not on fraud, the premium collected on policy till the date of repudiation shall be paid to the insured or legal representative or nominee or assignees of insured, within a period of 90 days from the date of repudiation.
08. Fact shall not be considered material unless it has a direct bearing on the risk undertaken by the insurer. The onus is on insurer to show that if the insurer had been aware of the said fact, no life insurance policy would have been issued to the insured.
09. The insurer can call for proof of age at any time if he is entitled to do so and no policy shall be deemed to be called in question merely because the terms of the policy are adjusted on subsequent proof of age of life insured. So, this Section will not be applicable for questioning age or adjustment based on proof of age submitted subsequently.

**[Disclaimer: This is not a comprehensive list of amendments. Policyholders are advised to refer to Section 45 of the Insurance Act, 1938, as amended from time to time for complete and accurate details.]**