navi insurance

NAVI HEALTH HOSPICASH – NAVI GENERAL INSURANCE

PROPOSAL FORM

Proposal Form Number: **URN: NAVIGICHC0219V0**

GUIDELINES OF FILLING THIS PROPOSAL FORM

1) Please complete all sections in capitals and tick the boxes wherever applicable. Please furnish all information that is sought and is having a bearing on the risk.
2) Failure to disclose facts material to the assessment of the risk or providing misleading Information may render the contract void.
3) We shall process the proposal within a reasonable period but not exceeding 15 days from the date of receipt of proposal or any other requirement called by us.
4) Where a proposal deposit is refundable under any circumstances, we shall refund the same within 15 days from the date of underwriting decision on the proposal.
5) This Proposal Form shall be the basis of contract for Policy issuance and shall be signed by the Proposer.
6) We are under no obligation to accept any proposal for insurance. Our liability will commence only when this Proposal is accepted by Us (subject to the policy terms and conditions) and the premium is received and realised.

SECTION 1 – PROPOSER DETAILS

Proposer Name : ☐ Mr. ☐ Mrs. ☐ Ms.

Date of Birth : D D M M Y Y Marital Status : ☐ Married ☐ Single ☐ Others

Gender : ☐ Male ☐ Female ☐ Transgender E-mail Id :

Occupation : ☐ Student ☐ Self Employed ☐ Salaried ☐ House Wife ☐ Retired

☐ Others (please specify) :

Aadhar Number :

PAN Number :

SEZ Holder : ☐ Yes ☐ No GSTIN :

Address : (Note – This address shall be taken for GST Computation)

Landmark : City / Town :

District : Pin Code :

Telephone No. : Mobile No. :

☐ I hereby consent that the Policy Documents shall be sent to me by e-mail only on my registered e-mail Id. I understand that this authorisation can be revoked by me at the time of renewal by contacting your branch office personally or customer care by writing a mail/ calling your toll-free number.

SECTION 2 – POLICY DETAILS

Type of Policy	Individual ☐	Family ☐	# Family Floater ☐
# In case of Family Floater Policy – Daily Benefit Amount will be same for all family members but Number of hospitalisation days will be shared among the family members.			
Policy Tenure	1 Year ☐ 2 Years ☐ 3 Years ☐		
Daily Benefit Amount ₹	**Number of Hospitalisation Days (per Year)**	5 ☐ 10 ☐ 15 ☐ 20 ☐ 30 ☐ 60 ☐ 90 ☐ 180 ☐ days	
Family / Family Floater Details	Self + <<Number of dependents>>		
Dependent Details	Spouse ☐ Children ☐ <_____> Father ☐ Mother ☐ Father in Law ☐ Mother in Law ☐ Siblings ☐ <_____>		
Proposed Policy Period	From D D M M Y Y		
NOTE - Please note that your Policy period will start from the date of receipt of premium to Us.			

Navi General Insurance Limited
Registered Office: Salarpuria Business Centre, 4th Floor, 93, 5th A Block, Koramangala Industrial Layout, Bengaluru, Karnataka – 560095
Toll-free number: 1800 123 0004 | Website: www.naviinsurance.com | Email: insurance.help@navi.com
CIN: U66000KA2016PLC148551 | IRDAI Registration Number: 155

SECTION 3 – SELECT YOUR PLAN				
	Coverages	**Basic Plan**	**Essential Plan**	**My Navi Health HospiCash Plan**
1	Sickness Hospital Cash	Covered	Covered	Covered
2	Accident Hospital Cash	Covered	Covered	□
3	Day Care Procedure Cash	Covered	Covered	□
4	Convalescence Benefit	Covered	Covered	□
5	Accommodation Benefit		Covered	□
6	Accidental Double Cash		Covered	□
7	Maternity Benefit			□
8	Accidental Death Benefit #			□ Sum Insured - ₹
9	International Emergency Benefit			□
10	Deductible *	1 □ 2 □ 3 □ days	1 □ 2 □ 3 □ days	1 □ 2 □ 3 □ days
11	Franchise *	1 □ 2 □ 3 □ days	1 □ 2 □ 3 □ days	1 □ 2 □ 3 □ days
12	Reduction of Waiting Period for Pre-Existing Disease / Condition	36 □ 24 □ 12 □ months	36 □ 24 □ 12 □ months	36 □ 24 □ 12 □ months
13	Deletion of Waiting Period for Pre-Existing Disease / Condition	□	□	□
14	Deletion of waiting period for Named ailments	□	□	□
15	Deletion of Initial waiting period	□	□	□
*Either Deductible or franchise can be selected not both. # Each proposed Insured will have Individual Sum Insured				

SECTION 4 – PROPOSED INSURED DETAILS											
S.No.	**Name**	**Gender**	**Date of Birth**	**Marital Status**	**Occupation**	**Income**	**Are you a PEP* or are you a family member or close relative of a PEP?**	**Relationship with Proposer**	**Daily Benefit Amount**	**SI of Accident Death Benefit ##**	**Pan Card Number**
1		M / F	DD/MM/YYYY				Yes/No				
2		M / F	DD/MM/YYYY				Yes/No				
3		M / F	DD/MM/YYYY				Yes/No				
4		M / F	DD/MM/YYYY				Yes/No				
5		M / F	DD/MM/YYYY				Yes/No				

***PEP** means Politically Exposed Persons. These are individuals who are or have been entrusted with prominent public functions i.e. Heads / Ministers of Central or State Government, Senior Politicians, Senior Government, Judicial or Military officials, Senior Executives of Government companies, important party officials. (If you are PEP OR having any court cases or litigation or legal charges, kindly fill the separate PEP questionnaire Form.)*

- Sum Insured will be based on the Annual Income

- *Salaried Person – 15 times of Annual Income (as appearing in Form 16/ Salary Slip/ IT acknowledgement).*
- *Self – Employed Person – 20 times of Annual Income (as appearing in IT acknowledgement / Audited Profit & Loss Account statement)*
- *Person with age 60 years & above - Maximum Sum Insured will be 7 times of Annual Income (as appearing in Form 16/ IT acknowledgement /Salary or Pension Slip / Audited Profit & Loss Account Statement).*
- *In case of Family Policy – Sum Insured for Working Spouse will be as per his/her Annual Income Criteria. Sum Insured for Non-Working Spouse will be limited to 50% of the Proposer's Sum Insured (Maximum 20 Lacs) and Dependent Child will be limited to 25% of the Proposer's Sum Insured (Maximum 15 Lacs).*

SECTION 5 - NOMINEE DETAILS

In the event of the death of the Policyholder, any payment due under the Policy shall become payable to the Nominee in accordance with the Policy terms and conditions. The nominee must be an immediate relative of the Proposer. Nominee for persons proposed to be insured shall be the Proposer himself/herself.

Nominee Name	Date of Birth	Relationship with Proposer	Address of the Nominee
If Nominee is minor, please give the name and address of the appointee and relationship with the minor			
Appointee Name	Date of Birth	Relationship with Minor	Address of the Appointee

SECTION 6 - MEDICAL AND HEALTH INFORMATION

	Please answer below mentioned questions	**Insured 1**	**Insured 2**	**Insured 3**	**Insured 4**	**Insured 5**
1.	Have you or any of the persons proposed for insurance ever suffered from or taken treatment or hospitalised for or have been recommended to take investigations/ medication/ surgery or have suffered from any illness/ disease/ injury/ disability in the past 48 months other than for childbirth, flu or for minor injuries that have completely healed.	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
2.	Has any application for life or health ever been declined, postponed, loaded or been made subject to any special conditions by the Company or any insurance company	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Applicable for Accidental Death Cover					
3.	Does your occupation require you to engage in manual labour or hazardous activities or require handling hazardous material or working at heights or with high voltage, or be part of military/paramilitary/security/merchant navy forces?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

Note - In case of additional members and there is insufficient to provide health information, please attach extra sheet duly signed.)

SECTION 7 – ADDITIONAL MEDICAL INFORMATION

	If answers to any of the above questions is Yes, please provide further details below -	**Insured 1**	**Insured 2**	**Insured 3**	**Insured 4**	**Insured 5**
1.	Name the illness/ injury suffering from or suffered in the past					
2.	Date of first diagnosis (Month & Year)					
3.	Treatment / medication - received / receiving					
4.	Whether fully cured					

SECTION 8 - CURRENT/PREVIOUS INSURANCE POLICY DETAILS

Are You insured under any Health Insurance Policy? If yes, Please provide the below details.

Insured Name	Policy Number	Type of Policy (Mediclaim / PA/CI/HospiCash)	Insurer Name	Policy Period		Sum Insured	Claim Details	Cumulative Bonus	
				From	To			%	Amount
				DD/MM/YY	DD/MM/YY				
				DD/MM/YY	DD/MM/YY				
				DD/MM/YY	DD/MM/YY				
				DD/MM/YY	DD/MM/YY				
				DD/MM/YY	DD/MM/YY				

Are you applying for portability? ☐ Yes ☐ No (If Yes, portability form to be completed and attached)

Do you have any other Insurance Policy from Us? ☐ Yes ☐ No

If Yes, please mention the Policy Number to avail discount in premium - _____

SECTION 9 - PREMIUM PAYMENT AND BANK DETAILS

For Cheque/DD/PO (Payable in favour of Navi General Insurance Limited)

Payment Option: Cheque ☐ Demand Draft ☐ Fund Transfer ☐ Pay Order ☐
Debit Card ☐ Credit Card ☐

Premium Amount: ₹ _____ Amount in Words: _____

As per the Regulatory requirements, we can affect payment of the refund (if any) and or claims only through Electronic Clearing System (ECS) / National Electronic Funds Transfer (NEFT) / Real Time Gross Settlement (RTGS) / Interbank Mobile Payment Service (IMPS).
For this purpose, please submit the following details of the Proposer's bank account.

Account Holder Name : _____

Instrument Number : _____ Instrument Date : _____

Instrument Amount : _____ Bank Name : _____

Credit/Debit Card No. : _____ Expiry Date : _____

Account No. : _____ IFSC/MICR Code : _____

UPI ID : _____

Type of Account : Saving Bank's Account ☐ Current Account ☐
Others (Please Specify) ☐ _____

Note – If the Premium cheque is not paid from the above-mentioned account then a cancelled cheque leaf of the above-mentioned account is to be attached.

SECTION 10 - ELECTRONIC INSURANCE ACCOUNT DETAILS OF PROPOSER

(Email Id is mandatory)

Do you have an EIA : ☐ Yes ☐ No If No, do you wish to apply for EIA : ☐ Yes ☐ No

If Yes, please quote the EIA number : <<_____>>

If applied, please mention your preferred Insurance Repository : <<_____>>

Email Id (Registered with Insurance Repository) : <<_____>>

Your Policy will be credited in your EIA account and your address details as mentioned in the EIA shall override the address provided in this proposal for Insurance. We request you to inform the Repository of any changes in the details immediately.

SECTION 11 - DECLARATION

1) 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.
2) 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.
3) 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.
4) 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.
5) 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."

Date: _____ Place: _____ Signature of Proposer _____

SECTION 12 -OTHER DECLARATIONS	
☐	Any GST liability and payment for the same is dependent on the details (viz GSTIN, address, zero-rating entitlement etc) provided by me. Navi General Insurance Limited will rely on such information for the purpose of compliance with applicable GST regulations and shall not be under obligation to evaluate authenticity/accuracy of the same. Further, in case any GST liability (in terms of tax, interest, penalty and associated litigation cost) arises on Navi General Insurance Limited on account of any incorrect/ incomplete/ non-compliance on behalf of me. I will be immediately liable to pay the same on notification by Navi General Insurance Limited. The said liability shall vest irrespective of the completion of the insurance period covered within the policy contract.
☐	I hereby consent to and authorize Navi General Insurance Limited to make welcome calls, service calls or any other communication (electronic or otherwise) with respect to the proposed or existing policy of the Company from time to time.
☐	I/We hereby confirm that all premiums have been/will be paid from bonafide sources and no premiums 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 understand that the Company has the right to call for documents to establish sources of funds. The insurance company has right to cancel the insurance contract in case I am/have been found guilty by any competent court of law under any of the statutes, directly or indirectly governing the prevention of money laundering in India.

SECTION 13 - VERNACULAR DECLARATION

I hereby declare that, I have fully explained the contents of the Proposal Form and terms and conditions of the Policy to the Proposer in the language understood to him/her.

Signature/Thumb Impression of the Proposer: _____

Name of Witness: _____ Signature of Witness: _____

Date: _____ Place: _____

SECTION 14 - INTERMEDIARY DECLARATION

I, _____ (Full Name), in my capacity as an Insurance Advisor/ Specified Person of the Corporate Agent/Authorized employee of the Broker/Relationship Officer, do hereby declare that I have explained all the contents of this Proposal Form, including the nature of the questions contained in this Proposal Form to the Proposer including statement(s), information and response(s) submitted by him/her in this Proposal Form to questions contained herein or any details sought herein will form the basis of the Contract of Insurance between the Company and the Proposer, if this Proposal is accepted by the Company for issuance of the Policy. I have further explained that if any untrue statement(s)/information/response(s) is/are contained in this Proposal Form/including addendum(s), affidavits, statements, submissions, furnished/to be furnished, the Company shall have the right to vary the benefits which may be payable and further more if there has been a non-disclosure of any material fact, the Policy issued to his/her favour pursuant to this Proposal may be treated by the Company as null and void and all premiums paid under the Policy may be forfeited to the company.

License No./ID (Advisor / Corporate Agent / Broker / Relationship Officer : _____

Date: _____ Place: _____ Signature of Agent: _____

Prohibition of Rebates: Section 41 of the Insurance Act, 1938 (and amendments thereof)

1) No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take out 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 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 prospectus or tables of the insurers.

2) Any person making default in complying with the provisions of this section shall be liable for penalty which may extend to ten lakh rupees.

INTERMEDIARY DETAILS (FOR OFFICE USE ONLY)

Branch Office :		Intermediary Code :	
Branch Code :		Intermediary Name :	
Business Sector :	Urban/Rural/Social	Intermediary contact Number :	

ACKNOWLEDGE SLIP
Proposal form received from: Mr./Mrs./Ms _____
Address: _____ Premium amount: ₹ _____ To be debited from
Account of Mr./Ms _____ Account Number: _____ Bank Name: _____
Cheque Number: _____ Date: _____ Branch: _____