

## Bharti AXA General Insurance Company Limited

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www.bharti-axagi.co.in

## Smart/ndividual Personal Accident Insurance Policy

## - Proposal Form

SAP

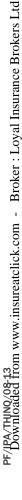
## **Important Note**

Issuance of this form is not to be taken as admission of liability

Please fill this form in **Block Letters** and **Tick the Boxes** where appropriate

Please answer all questions completely and do not leave any blanks: in case any question is not relevant, please mention "Not applicable";

| This form is applicable for The insurance is not effective. |                         |               |                |                         |       | e family | memb | er; |  |                   |  |  |  |
|---|-------------------------|---------------|----------------|-------------------------|-------|----------|------|-----|--|-------------------|--|--|--|
| 1 Intermediary  | details                 |               |                |                         |       |          |      |     |  |                   |  |  |  |
| Intermediary/Sales Officer Name                             |                         |               |                |                         |       |          | Code | Э   |  |                   |  |  |  |
| Branch Name   |                         |               |                |                         |       | Code     | е    |     |  |                   |  |  |  |
| Sales Manager's Name  |                         |               |                |                         |       |          | Code | Э   |  |                   |  |  |  |
| Campaign Name   |                         |               |                |                         |       |          | Code | Э   |  |                   |  |  |  |
| Business Indicator  | Rural Inc               | dicator       | Yes No         |                         |       |          |      |     |  |                   |  |  |  |
| 2 Proposer's de   | etails                  |               |                |                         |       |          |      |     |  |                   |  |  |  |
| Name of the Proposer  | Mr./Mrs./I              | Ms. / Dr.     |                |                         |       |          |      |     |  |                   |  |  |  |
|   |                         |               |                |                         |       |          |      |     |  |                   |  |  |  |
| Communication (Postal)                                      |                         |               |                |                         |       |          |      |     |  |                   |  |  |  |
| Address   |                         |               |                |                         |       |          |      |     |  |                   |  |  |  |
|   |                         |               |                |                         |       |          |      |     |  |                   |  |  |  |
|   |                         |               |                |                         |       |          |      |     |  |                   |  |  |  |
|   | Pin code                |               |                | State                   |       |          |      |     |  |                   |  |  |  |
| Contact Nos. Mobile No.                                     |                         |               | _              |                         | e +91 |          |      |     |  |                   |  |  |  |
| Residence +91   |                         |               | E-r            | nail ID                 |       |          |      |     |  |                   |  |  |  |
| Date of birth D D M M Y Y Y Y Y                             |                         |               | Gender Male Fe |                         |       |          |      |     |  |                   |  |  |  |
| Marital Status:   | Married                 |               | Unmarrie       | d                       |       |          |      |     |  |                   |  |  |  |
| Occupation / Profession :                                   | - Public s              | Public sector |                | ector                   | D     | efense   | se   |     |  | Sales & Marketing |  |  |  |
|   | Softwar                 | Software      |                | n                       | D     | octor    |      |     |  |                   |  |  |  |
|   | others (Please specify) |               |                |                         |       |          |      |     |  |                   |  |  |  |
| Occupation Group  | I II                    | III 📗         | IV             |                         |       |          |      |     |  |                   |  |  |  |
| Name of the Insured Pers                                    | on Mr./Mrs./M           | ls. / Dr.     |                |                         |       |          |      |     |  |                   |  |  |  |
|   |                         |               |                |                         |       |          |      |     |  |                   |  |  |  |
| Nominee Name  |                         |               |                | ionship of<br>nsured Pe |       | ee       |      |     |  |                   |  |  |  |
| Monthly income from gair                                    | nful employment         |               |                |                         |       |          |      |     |  |                   |  |  |  |







Risk Manager of the Year Award









Claims Initiative





ISO Certified