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FUTURE GENERALI I Insurance Company Limited

ACCIDENT SURAKSHA – STANDARD PLAN

	PI	ROPOS	AL FORM F	OR PERSONAL	ACCIDEN	T POLICY			
	(Information for fields marked with asterisk [*] is mandatory)								
	Period of Insu	rance De	sired- Fro	om D D M M	Y Y To	D D M M Y	Y		
Note – Co	ver shall commence	not earlie	r than the date a	and time of acceptanc	e of risk and su	bsequent to payment	of premium.		
1. PROPO	SER'S DETAILS*(S	Start with	surname): Nam	e of the Insured - 🗌 M	r. Mrs. I	M/s.			
2. ADDRE	SS*:								
City			S	tate		Pin Code			
3 CONTA	CT DETAILS:	, 8							
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	EE NAME *:		17.00	RELA	TIONSHIP	W			
FAMILY				Name					
	Name	Gender	Date of Birth	Nominee Name*	Relationship	Details of any pre- existing infirmity /injury/disability	Occupation		
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				ne of the guardian also Idren (unmarried and		/rs)	y		
9. PLAN C	HOSEN *(Please r	efer the b	rochure for det	ails of the plan):					
1. SOUF	RCE:-		2.PLAI	N NAME:-		3. NO. OF U	NITS:-		

BROKER: LOYAL INSURANCE BROKERS LTD.

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10.	ADD	OITIONAL DETAILS*:								
	A)	Whether you have taken any personal accident/Life Insurance policy. Yes No If yes, give details:								
		Policy No:								
		Name of the Insurer:								
		Policy Sum Insured:								
	B)	Gross Annual Income of the Proposer /Primary Insured: Rs								
11.	DEC	CLARATIONS *:								
	info and I/W agr	e hereby declare and warrant that the above statements are true and complete in all respects and that there is no other rmation, which is relevant to my application for insurance that has not been disclosed to you. I/We agree that this proposal the declarations shall be the basis of the contract between me/us and FUTURE GENERALI INDIA INSURANCE CO LTD. e agree to accept a policy, subject to the conditions prescribed by FUTURE GENERALI INDIA INSURANCE CO LTD. I/We ee that risk under the policy be issued in pursuance of this proposal shall not commence till the company accepts the posal and communicates to me /us the commencement of risk under the policy								
	FU'res	We authorize any hospital, medical care institution, physician, medical professional, pharmacy or insurers to furnish to FUTURE GENERALI INDIA INSURANCE CO LTD. Or its representative's any and all medical information or records with respect to any injury or sickness suffered by the person whose death, injury, sickness or loss is the basis of a claim against the Policy.								
		e also authorise the insurer to pay claim in case of the insured person's death or if he/she is incapacitated, to the nominee ntioned in the proposal form.								
	D-	te: Proposer's Signature:								
	Da	e:								
	Inte	ermediary's Name: LOYAL INSURANCE BROKERS LTD Intermediary's Code: 60000010								
12.		EMIUM CALCULATION: (For Intermediary's Use Only)								
	PF	REMIUM FOR PLAN NAME:								
12	DΛ	YMENT DETAILS *:								
13		remium paid by Cash / Cheque NoDateBank								
		mount (Rs.)								
	No ins pay acc	SECTION 41. OF INSURANCE ACT, 1938-PROHIBITION OF REBTATES: person shall allow or offer either, directly or indirectly as an inducement to any person to take out or renew or continue and urance in respect of any kind or risk relating to lives or property in India, any rebate of the whole or part of the commission vable or any rebate of the premium shown on the policy nor shall any person taking out or renewing or continuing a policy pertore except such rebate as may be allowed in accordance with the published prospectuses or tables of the Insurer. The provision of this Section shall be punishable with fine which may extend to be Hundred Rupee								

Future Generali India Insurance Company Limited

Registered Office – Knowledge House, Shyam Nagar, Off. Jogeshwari-Vikhroli Link Road, Jogeshwari (E), Mumbai – 400 060 Corporate Office - 001, Trade Plaza, 414 Veer Savarkar Marg, Prabhadevi, Mumbai – 400 025. Care Lines:- MTNL/BSNL subscribers- 1800-220-233, Any other service provider:- 1860-500-3333, Email: care@futuregenerali.in, Website: www.futuregeneali.in