

**COCOProtect – Proposal Form**



Proposal Form Number :

URN – DHFLGICP1017V0

**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.

**I. PROPOSER DETAILS**

Proposer Name :  Mr.  Mrs.  Ms.

Date of Birth : 

D	D	M	M	Y	Y
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 Marital Status :  Married  Single  Others

Gender :  Male  Female E-mail Id :

Occupation :  Salaried  Self Employed  House Wife  Retired  Student  Others \_\_\_\_\_

Nature of Job / duties : \_\_\_\_\_ Annual Income (in Lakhs) : ₹ \_\_\_\_\_

PAN Number : \_\_\_\_\_ (Mandatory for premium of ₹ 50,000 and above)

SEZ Holder :  Yes  No GSTIN : \_\_\_\_\_

Address Landmark : \_\_\_\_\_ City / Town : \_\_\_\_\_

(Note – This address District : \_\_\_\_\_ Pin Code : \_\_\_\_\_ shall be taken for GST Computation) 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.

I hereby consent to and authorize DHFL 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.

**II. PLAN DETAILS – Please select the required plan and Sum Insured**

Sum Insured : ₹ \_\_\_\_\_ (Sum Insured will be based on the *Annual Income*\*)

\* Salaried Person – Maximum Sum Insured will be 15 times of Annual Income (as appearing in Form 16/ Salary Slip/ IT acknowledgement).  
 \* Self – Employed Person – Maximum Sum Insured will be 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).

Proposed Policy Period : From : 

D	D	M	M	Y	Y
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 Policy Tenure  1 Year  2 Year  3 Year

Policy Type :  Individual  Family#

# In case of Family Policy –Sum Insured for Working Spouse will be as per the *Annual Income*\*.  
 Sum Insured for Non-Working Spouse will be limited to 50% of the Proposer’s Sum Insured (Maximum 25 Lacs) and for Dependent Child will be limited to 25% of the Proposer’s Sum Insured (Maximum 15 Lacs).

**DHFL General Insurance Limited**  
 (A Wholly Owned Subsidiary Of WGC)

Registered & Corporate Office: 402, 403 & 404, A&B Wing, 4<sup>th</sup> Floor, Fulcrum, Sahar Road, Next to Hyatt Regency, Andheri (E), Mumbai - 400 099  
 Phone: 022 - 4001 8100/8200 COCOProtect – Proposal Form  
 IRDAI Reg No.: 155 Web: www.dhflinsurance.com  
 PRODUCT UIN: DHFHLIP18131V011718 mail: mycare@dhflinsurance.com  
 CIN: U66000MH2016PLC283275 GSTIN: 27AAFCD7985H1Z4

Select Your Plan		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Coverage	Sum Insured	COCOProtect - Sustain	COCOProtect - Care	COCOProtect - Assure	COCOProtect - Adventure	COCOProtect - Heal	My COCOProtect
<input checked="" type="checkbox"/> Default Cover <input checked="" type="checkbox"/> Not Covered <input type="checkbox"/> Optional Cover							Mandatory Cover - Accidental Death / Accidental Permanent Total Disability
Accidental Death	100% of SI	✓	✗	✓	✓	✓	<input type="checkbox"/>
Accidental Death (Public Transport)	200% of SI						
Accidental Permanent Total Disability	150% of SI	✗	✓	✓	✓	✗	<input type="checkbox"/>
Accidental Permanent Partial Disability	100% of SI	✗	✓	✓	✓	✗	<input type="checkbox"/>
Accidental Temporary Total Disability	1% of SI or ₹ 25,000 whichever is lower	✗	<input type="checkbox"/>	✓	✓	✗	<input type="checkbox"/>
Common Injuries	50% of SI or ₹ 3,00,000 whichever is less	✗	<input type="checkbox"/>	✓	✓	✓	<input type="checkbox"/>
Child Tuition Benefit	15% of SI or ₹ 500,000 whichever is less	✓	✓	✓	✓	✗	<input type="checkbox"/>
Repatriation of Mortal Remains & Funeral Expenses	₹ 15,000	✓	✗	✓	✓	✗	<input type="checkbox"/> ₹ 5,000 <input type="checkbox"/> ₹ 10,000 <input type="checkbox"/> ₹ 15,000 <input type="checkbox"/> ₹ 20,000 <input type="checkbox"/> ₹ _____ (Specify the amount you wish to be insured upto ₹ 20,000)
Physiotherapy	₹ 10,000	✗	✓	✓	✓	✓	<input type="checkbox"/> ₹ 5,000 <input type="checkbox"/> ₹ 10,000 <input type="checkbox"/> ₹ 15,000 <input type="checkbox"/> ₹ 20,000 <input type="checkbox"/> ₹ 25,000 <input type="checkbox"/> ₹ _____ (Specify the amount you wish to be insured upto ₹ 25,000)

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Emergency Evacuation	<u>Road Ambulance</u> = ₹ 10,000 per claim <u>Air Ambulance</u> = ₹ 2,00,000 per claim	✓	✓	✓	✓	✓	<u>Road Ambulance</u> <input type="checkbox"/> ₹ 5,000 per claim <input type="checkbox"/> ₹ 10,000 per claim <input type="checkbox"/> ₹ _____ (Specify the amount you wish to be insured upto ₹ 10,000)  <u>Air Ambulance</u> <input type="checkbox"/> ₹ 1,00,000 per claim <input type="checkbox"/> ₹ 2,00,000 per claim <input type="checkbox"/> ₹ 3,00,000 per claim <input type="checkbox"/> ₹ 4,00,000 per claim <input type="checkbox"/> ₹ 5,00,000 per claim <input type="checkbox"/> ₹ _____ (Specify the amount you wish to be insured upto ₹ 5,00,000)
Trauma Counselling	₹ 5,000	✓	✓	✓	✓	✓	<input type="checkbox"/>
Lifestyle Support	15% of SI or ₹ 1,00,000 whichever is less	✓	✓	✓	✓	×	<input type="checkbox"/>
Orphan Benefit	100% of SI	<input type="checkbox"/>	×	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Skill Development	10% of SI or ₹ 2,00,000 whichever is less	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mobility Aids Allowance	₹ 10,000 / ₹ 25,000 / ₹ 50,000/ ₹ 75,000 / ₹ 1,00,000	×	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> ₹ 10,000 <input type="checkbox"/> ₹ 25,000 <input type="checkbox"/> ₹ 50,000 <input type="checkbox"/> ₹ 75,000 <input type="checkbox"/> ₹ _____ (Specify the amount you wish to be insured upto ₹ 1,00,000)
Accidental Medical Expenses Reimbursement	15% of SI or ₹ 2,00,000	<input type="checkbox"/>	✓	✓	✓	✓	<input type="checkbox"/>

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	whichever is less						
Adventure Sports	25% / 50% / 75% / 100% of SI	x	x	x	100%	x	<input type="checkbox"/> 25% of SI <input type="checkbox"/> 50% of SI <input type="checkbox"/> 75% of SI <input type="checkbox"/> 100% of SI <input type="checkbox"/> ____% (Specify the % you wish to be insured upto 100% of SI)
Daily Hospital Cash	<b>Upto ₹ 5 Lakhs - ₹ 1000 per day</b> (Available in multiples of ₹ 500)	<input type="checkbox"/> ₹ 500 per day <input type="checkbox"/> ₹ 1000 per day	<input type="checkbox"/> ₹ 500 per day <input type="checkbox"/> ₹ 1000 per day	<input type="checkbox"/> ₹ 500 per day <input type="checkbox"/> ₹ 1000 per day	<input type="checkbox"/> ₹ 500 per day <input type="checkbox"/> ₹ 1000 per day	<input type="checkbox"/> ₹ 500 per day <input type="checkbox"/> ₹ 1000 per day	<input type="checkbox"/> ₹ 500 per day <input type="checkbox"/> ₹ 1000 per day <input type="checkbox"/> ₹ _____ (Specify the amount you wish to be insured upto ₹ 1,000)
	<b>Above ₹ 5 Lakhs - ₹ 10 Lakhs - ₹ 1500 per day</b> (Available in multiples of ₹ 500)	<input type="checkbox"/> ₹ 500 per day <input type="checkbox"/> ₹ 1000 per day <input type="checkbox"/> ₹ 1500 per day	<input type="checkbox"/> ₹ 500 per day <input type="checkbox"/> ₹ 1000 per day <input type="checkbox"/> ₹ 1500 per day	<input type="checkbox"/> ₹ 500 per day <input type="checkbox"/> ₹ 1000 per day <input type="checkbox"/> ₹ 1500 per day	<input type="checkbox"/> ₹ 500 per day <input type="checkbox"/> ₹ 1000 per day <input type="checkbox"/> ₹ 1500 per day	<input type="checkbox"/> ₹ 500 per day <input type="checkbox"/> ₹ 1000 per day <input type="checkbox"/> ₹ 1500 per day	<input type="checkbox"/> ₹ 500 per day <input type="checkbox"/> ₹ 1000 per day <input type="checkbox"/> ₹ 1500 per day <input type="checkbox"/> ₹ _____ (Specify the amount you wish to be insured upto ₹ 1,500)
	<b>Above ₹ 10 Lakhs - ₹ 25 Lakhs - ₹ 2500 per day</b> (Available in multiples of ₹ 500)	<input type="checkbox"/> ₹ 500 per day <input type="checkbox"/> ₹ 1000 per day <input type="checkbox"/> ₹ 1500 per day	<input type="checkbox"/> ₹ 500 per day <input type="checkbox"/> ₹ 1000 per day <input type="checkbox"/> ₹ 1500 per day	<input type="checkbox"/> ₹ 500 per day <input type="checkbox"/> ₹ 1000 per day <input type="checkbox"/> ₹ 1500 per day	<input type="checkbox"/> ₹ 500 per day <input type="checkbox"/> ₹ 1000 per day <input type="checkbox"/> ₹ 1500 per day	<input type="checkbox"/> ₹ 500 per day <input type="checkbox"/> ₹ 1000 per day <input type="checkbox"/> ₹ 1500 per day	<input type="checkbox"/> ₹ 500 per day <input type="checkbox"/> ₹ 1000 per day <input type="checkbox"/> ₹ 1500 per day <input type="checkbox"/> ₹ 2000 per day
	<b>Above ₹ 25 Lakhs - ₹ 2500 per day</b> (Available in multiples of ₹ 500)	<input type="checkbox"/> ₹ 2000 per day <input type="checkbox"/> ₹ 2500 per day	<input type="checkbox"/> ₹ 2000 per day <input type="checkbox"/> ₹ 2500 per day	<input type="checkbox"/> ₹ 2000 per day <input type="checkbox"/> ₹ 2500 per day	<input type="checkbox"/> ₹ 2000 per day <input type="checkbox"/> ₹ 2500 per day	<input type="checkbox"/> ₹ 2000 per day <input type="checkbox"/> ₹ 2500 per day	<input type="checkbox"/> ₹ 2000 per day <input type="checkbox"/> ₹ 2500 per day <input type="checkbox"/> ₹ _____ (Specify the amount you wish to be insured upto ₹ 2,500)

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	<input type="checkbox"/> ₹ 1000 per day <input type="checkbox"/> ₹ 2000 per day <input type="checkbox"/> ₹ 3000 per day <input type="checkbox"/> ₹ 4000 per day	<input type="checkbox"/> ₹ 1000 per day <input type="checkbox"/> ₹ 2000 per day <input type="checkbox"/> ₹ 3000 per day <input type="checkbox"/> ₹ 4000 per day	<input type="checkbox"/> ₹ 1000 per day <input type="checkbox"/> ₹ 2000 per day <input type="checkbox"/> ₹ 3000 per day <input type="checkbox"/> ₹ 4000 per day	<input type="checkbox"/> ₹ 1000 per day <input type="checkbox"/> ₹ 2000 per day <input type="checkbox"/> ₹ 3000 per day <input type="checkbox"/> ₹ 4000 per day	<input type="checkbox"/> ₹ 1000 per day <input type="checkbox"/> ₹ 2000 per day <input type="checkbox"/> ₹ 3000 per day <input type="checkbox"/> ₹ 4000 per day	<input type="checkbox"/> ₹ 1000 per day <input type="checkbox"/> ₹ 2000 per day <input type="checkbox"/> ₹ 3000 per day <input type="checkbox"/> ₹ 4000 per day	<input type="checkbox"/> ₹ 1000 per day <input type="checkbox"/> ₹ 2000 per day <input type="checkbox"/> ₹ 3000 per day <input type="checkbox"/> ₹ 4000 per day <input type="checkbox"/> ₹ _____
<b>Above ₹ 25 Lakhs – ₹ 50 Lakhs</b> ₹ 4000 per day  (Available in multiples of ₹ 1000)	<input type="checkbox"/> ₹ 1000 per day <input type="checkbox"/> ₹ 2000 per day <input type="checkbox"/> ₹ 3000 per day <input type="checkbox"/> ₹ 4000 per day <input type="checkbox"/> ₹ 5000 per day	<input type="checkbox"/> ₹ 1000 per day <input type="checkbox"/> ₹ 2000 per day <input type="checkbox"/> ₹ 3000 per day <input type="checkbox"/> ₹ 4000 per day <input type="checkbox"/> ₹ 5000 per day	<input type="checkbox"/> ₹ 1000 per day <input type="checkbox"/> ₹ 2000 per day <input type="checkbox"/> ₹ 3000 per day <input type="checkbox"/> ₹ 4000 per day <input type="checkbox"/> ₹ 5000 per day	<input type="checkbox"/> ₹ 1000 per day <input type="checkbox"/> ₹ 2000 per day <input type="checkbox"/> ₹ 3000 per day <input type="checkbox"/> ₹ 4000 per day <input type="checkbox"/> ₹ 5000 per day	<input type="checkbox"/> ₹ 1000 per day <input type="checkbox"/> ₹ 2000 per day <input type="checkbox"/> ₹ 3000 per day <input type="checkbox"/> ₹ 4000 per day <input type="checkbox"/> ₹ 5000 per day	<input type="checkbox"/> ₹ 1000 per day <input type="checkbox"/> ₹ 2000 per day <input type="checkbox"/> ₹ 3000 per day <input type="checkbox"/> ₹ 4000 per day <input type="checkbox"/> ₹ 5000 per day	(Specify the amount you wish to be insured upto ₹ 4,000)  <input type="checkbox"/> ₹ 1000 per day <input type="checkbox"/> ₹ 2000 per day <input type="checkbox"/> ₹ 3000 per day <input type="checkbox"/> ₹ 4000 per day <input type="checkbox"/> ₹ 5000 per day <input type="checkbox"/> ₹ _____ (Specify the amount you wish to be insured upto ₹ 5,000)
<b>Above ₹ 50 Lakhs-</b> ₹ 5000 per day  (Available in multiples of ₹ 1000)							

III. PROPOSED INSURED DETAILS									
S. No.	Name	Gender	Date of Birth	Relationship with Proposer	Occupation	Industry Type / Nature of Job	Annual Income (₹)	Income Proof Submitted	Pan Card Number
1	Self	M / F	DD/MM/YYYY					Yes / No	
2	Spouse	M / F	DD/MM/YYYY					Yes / No	
3	Child 1	M / F	DD/MM/YYYY					Yes / No	
4	Child 2	M / F	DD/MM/YYYY					Yes / No	
5	Child 3	M / F	DD/MM/YYYY					Yes / No	

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IV. 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	
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	

V. MEDICAL & LIFESTYLE INFORMATION							
Please answer below mentioned questions – Yes (Y) or No (N)							
In relation to each of the Insured Person(S)	Insured 1	Insured 2	Insured 3	Insured 4	Insured 5	Insured 6	Specify Details in case of Yes(Y)
i. Have you in the past or are you currently suffering from any physical or mental defects/impairment/ infirmity/deformity or any condition that may affect your mobility/sight/hearing/speech/taste?	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	
ii. Have you in the past or are you currently suffering from or taking treatment for polio, arthritis, gout, paralysis, epilepsy, any other seizure disorder or any disability?	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	
iii. Does your occupation require you to engage in manual labor or hazardous activities or adventure sports?	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	

VI. CURRENT/PREVIOUS INSURANCE POLICY DETAILS							
Are You insured under any Personal Accident Insurance Policy? If yes, Please provide the below details.							
Insured Name	Policy Number	Insurer Name	Policy Period		Sum Insured	Cumulative Bonus	Claim Details
			From	To			
			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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, portability form to be completed and attached)							
Do you have any other DHFL Insurance Policy? <input type="checkbox"/> Yes <input type="checkbox"/> No							
If Yes, please mention the Policy Number so as to enable us to offer you discount : _____							

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## VII. PREMIUM PAYMENT AND BANK DETAILS

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

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

Premium Amount: ₹ \_\_\_\_\_ Amount in Words: \_\_\_\_\_

Payment Frequency: Upfront

Instalment  = Monthly  Quarterly  Half yearly  (Applicable only when total premium is above ₹10,000)

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 / UPIID : \_\_\_\_\_

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. *Mandatory if annualized premium is more than ₹.25,000.*

## VIII. ELECTRONIC INSURANCE ACCOUNT (EIA) 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.

## IX. 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."
- 6) I further agree that if any statements, information, answers given by me under this Proposal is found to be wrong or there is misrepresentation, wrong or non-disclosure of any material fact regarding this proposal, then DHFL General Insurance Limited shall have the right to cancel the Policy ab-initio and the premium amount shall be forfeited by DHFL General Insurance Limited.

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- 7) Any GST liability and payment for the same is dependent on the details (viz GSTIN, address, zero-rating entitlement etc) provided by me. DHFL 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 DHFL 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 DHFL General Insurance Limited. The said liability shall vest irrespective of the completion of the insurance period covered within the policy contract.
- 9) 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.

Date: \_\_\_\_\_ Place: \_\_\_\_\_ Signature of Proposer: \_\_\_\_\_

#### X. 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: \_\_\_\_\_

#### XI. 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: \_\_\_\_\_

### DHFL General Insurance Limited

(A Wholly Owned Subsidiary Of WGC)

Registered & Corporate Office: 402, 403 & 404, A&B Wing, 4<sup>th</sup> Floor, Fulcrum, Sahar Road, Next to Hyatt Regency, Andheri (E), Mumbai - 400 099

Phone: 022 - 4001 8100/8200

IRDAI Reg No.: 155

PRODUCT UIN: DHFHLIP18131V011718

CIN: U66000MH2016PLC283275

GSTIN: 27AAFCD7985H1Z4

COCOProtect – Proposal Form

Web: www.dhflinsurance.com

mail: mycare@dhflinsurance.com



**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	:	_____

**ACKNOWLEDGEMENT SLIP**

Proposal form received from: Mr./Mrs./Ms

Premium amount: ₹

Cheque Number:

Date:

Branch:

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