coco by navi general insurance

AROGYA SANJEEVANI POLICY, NAVI GENERAL INSURANCE LIMITED

PROPOSAL FORM

Proposal Form Number: ____________________
URN – NAVIGIASP0320

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 | Marital Status : ☐ Married ☐ Unmarried ☐ Others

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

Occupation : ☐ Student ☐ Self Employed ☐ Salaried ☐ House Wife ☐ Retired
☐ Others (please specify) : ____________________

Aadhar Number :

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

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.

II. PLAN DETAILS – Please select the required plan and SumInsured

Tenure	:	1 Year
Proposed Policy Period	:	From : D D M M Y Y To : D D M M Y Y
Sum Insured Type	:	☐ Non-Floater ☐ Family Floater

III. PROPOSED INSURED DETAILS

Sr. No.	Name	Gender* (M/F/T)	Date of Birth (DD/MM/YYYY)	Relationship with Proposer**	Height (Cm)	Weight (Kg)	Occupation	Sum Insured ***
1	Insured 1							
2	Insured 2							
3	Insured 3							
4	Insured 4							
5	Insured 5							

*M = Male / F = Female / T = Transgender
**Allowed relations are Spouse, dependent children (3 months to 25 yrs), parents and parents in law.
***Sum Insured available are – Minimum ₹ 1 Lakh . Thereafter, in multiples of ₹ 50,000 upto ₹ 5 Lakhs.

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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 AND HEALTH INFORMATION

Please answer the below mentioned questions individually in Yes(Y) / No (N) in the relevant box.
You must answer the questions truthfully. Not doing so would lead to termination of your policy.

LIFESTYLE HABITS

		Insured 1	Insured 2	Insured 3	Insured 4	Insured 5
1	Let us know if you consume Alcohol?	☐ Occasionally or Social	☐ Occasionally or Social	☐ Occasionally or Social	☐ Occasionally or Social	☐ Occasionally or Social
		Occasional or Social means once in a month or less frequently				
		☐ Daily	☐ Daily	☐ Daily	☐ Daily	☐ Daily
		☐ Weekly	☐ Weekly	☐ Weekly	☐ Weekly	☐ Weekly
		☐ No	☐ No	☐ No	☐ No	☐ No
	Please specify the alcohol consumption details as per below. (Not applicable for those who don't consume.)					
a)	Specify intake of Quantity *	☐ 1 drink	☐ 1 drink	☐ 1 drink	☐ 1 drink	☐ 1 drink
		☐ 2 drinks	☐ 2 drinks	☐ 2 drinks	☐ 2 drinks	☐ 2 drinks
		☐ 3 drinks	☐ 3 drinks	☐ 3 drinks	☐ 3 drinks	☐ 3 drinks
		☐ 4 & more drinks	☐ 4 & more drinks	☐ 4 & more drinks	☐ 4 & more drinks	☐ 4 & more drinks
	*Quantity will be measured as per below – 1 Standard Drink = 350 ml (Beer) / 150 ml (Wine) / 45 ml (Hard Drink)					
2	Let us know if you consume Tobacco?	☐ Smoke	☐ Smoke	☐ Smoke	☐ Smoke	☐ Smoke
		☐ Chew	☐ Chew	☐ Chew	☐ Chew	☐ Chew
		☐ No	☐ No	☐ No	☐ No	☐ No
	If Smoke / Chew, please specify the details as per below:					
a)	Frequency of Consumption ?	☐ Regularly	☐ Regularly	☐ Regularly	☐ Regularly	☐ Regularly
		☐ Occasionally	☐ Occasionally	☐ Occasionally	☐ Occasionally	☐ Occasionally
		Regularly means at least 5 cigarettes / 5 cigar / 5 chewable packet "per day"				

LIFESTYLE DISEASES

		Insured 1	Insured 2	Insured 3	Insured 4	Insured 5
3	Let us know if anyone is suffering from Diabetes	☐ Yes	☐ Yes	☐ Yes	☐ Yes	☐ Yes
		☐ No	☐ No	☐ No	☐ No	☐ No
	If Yes, please specify the details as per below:					
a)	Year of Diagnosis	DD/MM/YY	DD/MM/YY	DD/MM/YY	DD/MM/YY	DD/MM/YY
b)	Current Status	☐ Not on Medication	☐ Not on Medication	☐ Not on Medication	☐ Not on Medication	☐ Not on Medication
		☐ On treatment	☐ On treatment	☐ On treatment	☐ On treatment	☐ On treatment

c)	Any of the below Complications related to Diabetes? (Nephropathy (Kidney damage)/ Neuropathy (Nerve Damage)/ Retinopathy (Eye Damage)/ Foot Damage)	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
4	Let us know if anyone is suffering from Hypertension (High blood pressure)	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	If Yes, please specify the details as per below:					
a)	Year of Diagnosis	DD/MM/YY	DD/MM/YY	DD/MM/YY	DD/MM/YY	DD/MM/YY
b)	Current Status	☐ Not on Medication ☐ On treatment	☐ Not on Medication ☐ On treatment	☐ Not on Medication ☐ On treatment	☐ Not on Medication ☐ On treatment	☐ Not on Medication ☐ On treatment
c)	Any of the below Complications related to Hypertension? (Nephropathy (Kidney Damage)/ Retinopathy (Eye Damage)/ Cardiomyopathy (Heart Failure)/ Aneurysm)	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
PREVIOUS / CURRENT HEALTH CONDITION						
5.	Let us know if you are currently suffering or have suffered from any major illness or injury or symptoms (except completely cured- common cold, cough, flu, traveller's diarrhoea, acute infectious fever, mosquito borne diseases) in past 4 years resulting into you seeking medical consultation or advised hospitalisation?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	If Yes, please specify the Symptoms / Illness / treatment (medical / surgical) details –					
a)	Year of Diagnosis	DD/MM/YY	DD/MM/YY	DD/MM/YY	DD/MM/YY	DD/MM/YY
b)	Current Status	☐ On treatment ☐ Completely Recovered	☐ On treatment ☐ Completely Recovered	☐ On treatment ☐ Completely Recovered	☐ On treatment ☐ Completely Recovered	☐ On treatment ☐ Completely Recovered
6.	Have you ever had any diagnosis or treatment for or awaiting any result for-					
	a. Benign or malignant tumor / cancer b. Chronic Kidney Disease c. Psychiatric / Mental Disorders d. HIV or AIDS / Hepatitis B or C e. Brain or Spinal Disorders	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

FAMILY HISTORY

7	Were your parents diagnosed with or treated for heart disease, stroke, diabetes, asthma, cancer?	Mother ☐ Yes ☐ No / Father ☐ Yes ☐ No If Yes, Specify Details -	Mother ☐ Yes ☐ No / Father ☐ Yes ☐ No If Yes, Specify Details -	Mother ☐ Yes ☐ No / Father ☐Yes ☐No If Yes, Specify Details -	Mother ☐ Yes ☐ No / Father ☐ Yes ☐ No If Yes, Specify Details -	Mother ☐ Yes ☐ No / Father ☐ Yes ☐ No If Yes, Specify Details -
a)	Age at the time of Diagnosis	Mother- Father-	Mother- Father-	Mother- Father-	Mother- Father-	Mother- Father-

VI. EXISTING HEALTH INSURANCE DETAILS

		Insured 1	Insured 2	Insured 3	Insured 4	Insured 5
1	Do you have any existing Health Policy?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
2	If Yes, are you Buying new or porting your existing policy? New / Porting	☐ New ☐ Porting	☐ New ☐ Porting	☐ New ☐ Porting	☐ New ☐ Porting	☐ New ☐ Porting
If Porting, portability form to be completed and attached)						
3	Have you reported any claim on existing health insurance policy? If Yes, specify the details	☐ Yes ☐ No If Yes, specify the details-	☐ Yes ☐ No If Yes, specify the details-	☐ Yes ☐ No If Yes, specify the details-	☐ Yes ☐ No If Yes, specify the details-	☐ Yes ☐ No If Yes, specify the details-

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

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

VII. 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:	
Payment Frequency:	Monthly ☐	Quarterly ☐	Half Yearly ☐	Annual ☐

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

VIII 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.

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."

Date: ____________ Place: ______ Signature of Proposer ____________________

X. 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.

XI. 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:

XII. 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 (Insurance Agent / Insurance Intermediary) :

Date: Place: Signature of Insurance Agent / Intermediary :

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.

Registered & Corporate Office: 402,403 & 404, A&B Wing, 4th Floor, Fulcrum, Sahar Road, Next to Hyatt Regency, Andheri (E), Mumbai -400099
Toll Free: 1800-123-0004| Fax: 022-4001 8251 | Website: www.cocogeneralinsurance.com | Email: mycare@cocogeneralinsurance.com
GSTIN: 27AAFCD7985H1Z4 | IRDAI Reg No.: 155 | CIN: U66000MH2016PLC283275

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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: