

 <p>भारतीय जीवन बीमा निगम LIFE INSURANCE CORPORATION OF INDIA (Established by the Life Insurance Corporation Act, 1956)</p>	Recent Passport Size Photo	FORM NO. 300 (Rev. 98) PROPOSAL FOR INSURANCE ON OWN LIFE (Not to be used on the lives of Minors)		
		Inward Number: <input type="text" value="000000"/>	Date: <input type="text"/>	
To be filled in by Agent: Division Code: <input type="text" value="000"/> Branch Office Code: <input type="text"/> Agent's Name: <input type="text"/> Satl Branch Code: <input type="text"/> Agent's Code : <input type="text"/> Dev. Officer Code: <input type="text" value="0000000"/> Ag .License No. <input type="text"/> Date of Expiry : <input type="text"/> Proposal. Dt : <input type="text"/> Medical Code : <input type="text"/>		FOR OFFICE USE ONLY : Proposal no : <input type="text"/> Amt of Deposit : <input type="text"/> B.O.C No. <input type="text"/> Date : <input type="text"/>		
(All answers to be filled in legibly. Answers must be given in Words. Stroke of the pen or dot or dashes will not be accepted as replies.)				
Title: <input type="text"/> Surname: <input type="text"/> Initial: <input type="text"/> Full name (Surname first) and address to which communication are to be sent. Addr1: <input type="text"/> Addr2: <input type="text"/> Addr3: <input type="text"/> Pin: <input type="text" value="000000"/> Tel Nos (with:STD Code):Res: <input type="text"/> Off: <input type="text"/>		Object of Insurance : <input type="text"/> Place of Birth : <input type="text"/> Nationality : <input type="text"/> Sex : <input type="text"/> Nature of Age-Proof submitted: <input type="text"/> Age (nearer birthday) <input type="text"/> Yrs. Date of Birth <input type="text"/>		
2A Residential address, if different from above : Addr1: <input type="text"/> Addr2: <input type="text"/> Addr3: <input type="text"/> Pin: <input type="text" value="000000"/> e-mail: <input type="text"/>		Nature of Age-Proof submitted: <input type="text"/> Age (nearer birthday) <input type="text"/> Yrs. Date of Birth <input type="text"/>		
Short Name : <input type="text"/>		Father's Full name (Surname First) <input type="text"/>		
2B. Nominee's Full name(Surname first) and address Name : <input type="text"/> Addr1: <input type="text"/> Addr2: <input type="text"/> Addr3: <input type="text"/> Pin : <input type="text"/>		Age <input type="text"/> Yrs.	Relationship to yourself <input type="text"/>	Title Code <input type="text"/>
If Nominee is a minor, appointee's full name and address Name : <input type="text"/> Addr1: <input type="text"/> Addr2: <input type="text"/> Addr3: <input type="text"/> Pin : <input type="text"/>		Age <input type="text"/> Yrs.	Relationship to nominee <input type="text"/>	Signature of Appointee as token of consent <input type="text"/>

Note: It is in the interest of the Proposer to avail the facility of nomination

3

Plan	Policy Term	Premium Term	Sum Proposed (Rs.)	Term rider sum proposed (if required) <input type="text"/> Critical illness sum proposed (if required) Rs.	Is accident Benefit required? <input type="text"/> Sum Assured For the A B(Rs.)	Date of Commencement. If policy is to be dated back indicate that date .	Total Amount Deposited (Rs.)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Boc1- No.		Boc1-Date		Boc2-No		Boc2-Date	
<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>	
Mode(Yly, Half-Yly, Qtrly, Mly, SSS, Single)		Paying Authority Code			Deptt. No.	Badge or S.R. No.	
<input type="text"/>		PA: <input type="text"/> Sub PA: <input type="text"/>			<input type="text"/>	<input type="text"/>	
4A. Present Occupation				Exact nature of duties			
<input type="text"/>				<input type="text"/>			
4B. Name of Present Employer					Length of Service with him (years)		
<input type="text"/>					<input type="text"/>		
5 Educational Qualification			Annual Income (Rs.)		Source of Income	Are you an Income Tax Assessee ?	
<input type="text"/>			<input type="text"/>		<input type="text"/>	<input type="text"/>	
6. If you are employed in the Armed forces, please state					<input type="text"/>		
Wing to which you belong	Rank therein	Date of last Medical Examination (dd/mm/yyyy)		Medical Category after Medical Examination	Were you ever below A-1 category ? if so when ?		
<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>		
7. Is your life now being proposed for another assurance or an application for revival of a policy on your life or any other proposal under consideration in any office of the corporation or to any other insurer? If yes give details .				YES/NO	DETAILS		
<input type="text"/>				<input type="text"/>	<input type="text"/>		
8A. Has a proposal(or an application for revival of a policy) on your life made to any office of the corporation or to any other insurer ever been :			Answer 'YES' or 'NO'	If yes give details			
<input type="text"/>			<input type="text"/>	<input type="text"/>			
Withdrawn , Deferred , Dropped or Declined ?			<input type="text"/>	<input type="text"/>			
Accepted with extra Premium or Lien ?			<input type="text"/>	<input type="text"/>			
Accepted on terms otherwise than those proposed ?			<input type="text"/>	<input type="text"/>			
8B. Have you during past one year returned any policy of the corporation as the same was not acceptable to you ? If so give details :			<input type="text"/>	<input type="text"/>			
<input type="text"/>							

9.

Please give details of your previous insurance : (including policies surrendered/lapsed during last 3 years)

Policy number	Insurance Companies from where previous policy/policies have been purchased with address (if previous policy are from LIC of India, give name of Branch/DO)	Table & Term	Sum Assured On Main Plan	Term Assurance Rider Sum Assured	Critical Illness Rider Sum Assured	Amount Of Accident Benefit Taken	Year Of Issue	Whether accepted as proposed at ordinary rate, if not give details	Medical Or Non medical	Whether in force for full Sum Assured	If not give due date of last premium paid or date of surrender

N.B. : Corporation does not entertain any fresh proposal for insurance where a policy issued by the corporation has lapsed or has been converted into paid up policy within the last 3 years.

10. Family History .		Living			Dead	
SL	Family Member	Living / Dead	Age (Living)	State of Health	Age (Dead)	Cause of death
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

11.

Personal History	Answer 'Yes' or 'No'	If 'yes', Please give full details	
(a) During the last five years did you consult a Medical Practitioner for any ailment requiring treatment for more than a week ?	<input type="checkbox"/>	<input type="text"/>	
(b) Have you ever been admitted to any hospital or nursing home for general check up, observation, treatment or operation ?	<input type="checkbox"/>	<input type="text"/>	
(c) Have you remained absent from place of work on grounds of health during the last 5 years ?	<input type="checkbox"/>	<input type="text"/>	
(d) Are you suffering from or have you ever suffered from ailments pertaining to liver, stomach, Heart, Lungs , Kidney, Brain or Nervous System ?	<input type="checkbox"/>	<input type="text"/>	
(e) Are you suffering from or have ever suffered from Diabetes, Tuberculosis, High Blood Pressure, Low Blood Pressure, Cancer, Epilepsy, Hernia, Hydrocele, Leprosy or any other disease ?	<input type="checkbox"/>	<input type="text"/>	
(f) Did you ever have any bodily defect or deformity ?	<input type="checkbox"/>	<input type="text"/>	
(g) Did you ever have any accident or injury ?	<input type="checkbox"/>	<input type="text"/>	
(h) Do you use or have you ever used -			
Alcoholic drinks	<input type="checkbox"/>	<input type="text"/>	
Narcotics	<input type="checkbox"/>	<input type="text"/>	
Any other drugs	<input type="checkbox"/>	<input type="text"/>	
Tobacco in any form	<input type="checkbox"/>	<input type="text"/>	
(i) What has been your usual state of health?	<input type="checkbox"/>	<input type="text"/>	
(j) Have you ever required or at present availing/undergoing medical advice, treatment or tests in connection with hepatitis B or AIDS related condition.	<input type="checkbox"/>	<input type="text"/>	
12. In non-medical cases , please state exact height in Cms. And weight in Kgs (Without shoes)	Height (Cms)	Weight (Kg)	
	<input type="text"/>	<input type="text"/>	
FOR FEMALE PROPONENT			
13A Are you pregnant now?	Date of last delivery (dd/mm/yyyy)	Have you had any abortion or miscarriage or Caesarian section ? if so give details	Date of last Menstruation (dd/mm/yyyy)
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
13B. Husband's full name		<input type="text"/>	
His Occupation		<input type="text"/>	
His annual Income		<input type="text"/>	

13C.

Details of husband's Insurance :					
Policy No.	Insurance Companies from where the previous policy/policies have been purchased with address(if previous policies are from LIC India, give name of Branch/D.O)	Sum Assured	Table & Term		Present Status of the Policy

14. Have you understood fully the terms & conditions of the plan you propose to take ?

DECLARATION BY THE PROPOSER

I _____ the person whose life is herein being proposed to be assured, do hereby declare that the forgoing statements and answers have been given by me after fully understanding the questions and the same are true and complete in every particular and that I have not withheld any information and I do hereby agree and declare that these statements and this declaration shall be the basis of the contract of assurance between me and the Life Insurance Corporation of India and that if any untrue averment be contained therein the said contract shall be absolutely null and void and all moneys which shall have been paid in respect thereof shall stand forfeited to the corporation .

Notwithstanding the provision of any law, usage , custom or convention for the time being in force prohibiting any doctor, hospital and/or employer from divulging any knowledge or information about me concerning my health or employment on the grounds of secrecy, I , my heirs, executors, administrators and assignees or any other person or persons, having interest of any kind whatsoever in the policy contract issued to me, hereby agrees that such authority , having such knowledge or information, shall at any time be at liberty to divulge any such knowledge or information to the Corporation.

And I further agree that if after the date of submission of the proposal but before the issue of first Premium Receipt (i) any change in my occupation or any adverse circumstances connected with my financial position or the general health of myself or that of any members of my family occurs or (ii) if a proposal for assurance or any application for revival of a policy on my life made to any office of the Corporation has been withdrawn or dropped, deferred or accepted at an increased premium or subject to a lien or on terms other then as proposed I shall forthwith intimate the same to the Corporation in writing to reconsider the terms of acceptance of assurance . Any omission on my part to do so shall render this assurance invalid and all moneys which shall have been paid in respect thereof shall stand forfeited to the Corporation.

Dated at _____ on the _____ day of _____ 20__

Signature of witness
Name
Occupation
Address

Signature or Thumb Impression of the Person whose life Is Proposed to be assured .

1) Declaration by the person filing in the form (in case form is filled up Signed in a language different from that of the Proposal form.

I hereby declare that I have fully explained the above questions to the proposer and I have truthfully recorded the answers given by the proposer .

Declarant's Name and Address

.....

Signature.

I certify that the contents of the form and documents have been fully explained to me by (Name , Designation, Occupation Mr / Mrs and I have understood the significance of the proposed contract.

Signature or thumb impression of the person
Whose life is proposed to be assured.

2) In case the proposer is illiterate His/Her thumb impression should be attested by a person of standing whose identity can easily be established but unconnected with the Corporation and this declaration should be made by him.

I hereby declare that I have fully explained the above questions and contents of this form to the proposer in language and that the proposer has affixed the thumb impression above after fully understanding the contents thereof .

Name and Address of the declarant :

.....

.....

SIGNATURE

SUMMARY OF SECTION 45 OF INSURANCE ACT, 1938

No policy of life insurance shall, after the expiry of two years from the date on which it was effected, be called in question by an insurer on the ground that a statement made in the proposal for insurance or in any report of a medical officer, or referee, or friend of the insured, or in any other document leading to the issue of the policy, was inaccurate or false, unless the insurer shows that such statement was on a material matter or suppressed facts which it was material to disclose and that it was fraudulently made by the policyholder and that the policyholder knew at the time of making it that statement was false or that it suppressed facts which it was material to disclose.

Note: "Material" shall mean and include all important, essential and relevant information in the context of underwriting the risk to be covered by the Corporation.

INSURANCE ACT 1938 UNDER SECTION 41

1) No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take out or renew 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 the Premium shown on the policy nor shall any person taking out renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectus or tables of the insurer. Provided that acceptance by an insurance agent of commission with a policy of life insurance taken out by himself on his own life shall not be deemed to acceptance of a rebate of premium within the meaning of sub-section if at any time of such acceptance the insurance agent satisfies the prescribed conditions establishing that he is a bonafied insurance agent employed by the insurer.

2) Any person making default in complying with the provision of this section shall be punishable with fine which may extend to five hundred rupees.

FOR MEDICAL CASES ONLY

I certify that the Life Assured has signed / put his/her thumb impression in my presence after admitting that all the answers to Questions Nos 10 onwards of this form have been correctly recorded .

.....
Signature or thumb impression of the Proposer.

.....
Signature of the Medical Examiner.

NB. Signature or thumb impression should be affixed in presence of Medical Examiner.

Merchant ID :

IPIN:

000000

IPR-F300-RE-V9.0

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