



STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

Regd. & Corporate Office: 1, New Tank Street, Valluvarkottam High Road,
Nungambakkam, Chennai - 600 034. Phone: 044 - 2828 8800

CIN: L66010TN2005PLC056649 Email: support@starhealth.in Website: www.starhealth.in IRDAI Regn. No: 129

Type of Policy	<input type="checkbox"/> Fresh	<input type="checkbox"/> Renewal	Enrollment Form No.:
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GROUP ACCIDENT INSURANCE POLICY

UIN: SHAHLP18123V011718

CORPORATE AGENT CODE	CORPORATE AGENT NAME	BANK BRANCH CODE & NAME	RM/SM CODE	RM/SM NAME
Star Office Code		Star Office Address		Star Branch Location
Transaction ID		Transaction Date		

GUIDELINES FOR COMPLETION OF THE FORM (To be filled by the proposed person)

Please answer all the questions fully and correctly in CAPITAL LETTERS. Where any question does not apply, please mention clearly that the same is not applicable.

Insurance is a contract of Utmost Good Faith requiring disclosure of all material facts without any suppression in response to the questions in the enrolment form.

The Policy shall become void at the option of Insurer, in the event of any untrue or incorrect statement, misrepresentation, non-description or non-disclosure in any material fact in the enrolment form / personal statement, declaration and connected documents or any one acting on his behalf.

Note: The liability of the company does not commence until this form has been accepted and premium is received by the company

Table of Benefits : Accidental Death + Permanent Total Disability + Permanent Partial Disability

Group Administrator cum Proposer			
Name and Address of the Primary Applicant Mr./Mrs./Ms.			
Date of Birth	DD/MM/YYYY		
Gender			
Mobile No.			
E-Mail ID			
Sum Insured Opted			
Premium Amount Rs.			
Nominee Name			DOB
Relationship of Nominee			
Period of Insurance	From		To
Type of Account	<input type="checkbox"/> Savings		<input type="checkbox"/> Current
Account Number			
Does the proposed person engage in or propose to engage in racing on wheels or horseback, Big Game Hunting, Mountaineering, winter sports, skiing or ice Hockey, Ballooning, Polo or sports of similar nature or any other activities of similar nature. If yes give details			



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Has/ls the proposed person suffered/ suffering from Physical defect or infirmity or any other disability. If yes give details.	
Does the applicant proposed to be insured have any Pre-existing diseases?	

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 authorized 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 form 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 from a hospital who/which at anytime 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 form and/or claim settlement. 5. I authorize the company to share information pertaining to my form including the medical records of the insured/proposer for the sole purpose of underwriting the form and /or claims settlement and with any Governmental and/or Regulatory authority. I confirm that the payment is made through my card / bank account. I also confirm that the source of funds for premium paid under this policy is legal. I hereby confirm that the features of the product have been understood by me. I hereby authorize Star Health and Allied Insurance Company to contact me. It will override my registry on the NCPR.

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. I declare and consent to the company seeking medical information from any doctor or from a hospital who at any time has attended on the life to be insured/proposer or from any past or present employer concerning anything which affects the physical or mental health of the life to be assured/proposer and seeking information from any insurance company to which an application for insurance on the life to be assured/proposer has been made for the purpose of underwriting the proposal and/or claim settlement.

I confirm having understood that in the event of a request for cancellation of cover under a one year tenure policy I shall not be eligible for any refund even if there is no claim. For multi-year tenure the refund shall be as per terms and conditions. I also confirm that the source of funds for premium paid under this policy is legal. The terminology in the enrolment form with the terms and conditions of the policy are explained to me in vernacular language (mother tongue)

Terms & Conditions

The policy shall commence on or after the date of payment. The Policy may be renewed by mutual consent and in such event the renewal premium shall be paid to Us on or before the date of expiry of the Policy.

The contents of the form and features of the product have been fully explained to me / us and I / we have fully understood the significance of the proposed contract.

Date **Place** **Signature of the Applicant**

Where the Enrolment Form is not filled by the proposed person

I hereby confirm that the details have been explained to the proposed person.

Date **Name of the person who explained** **Signature of the person who explained**

The contents of the form and connected documents have been fully explained to me and I have fully understood the significance of the proposed contract.

Signature / Thumb impression of the proposed person

Declaration of the Intermediary: I / We confirm that the product's suitability has been explained to the proposer. The information furnished in the form is true to the best of my knowledge and recommend acceptance of the form.

Intermediary Code **Intermediary Name** **Seal and Signature of the Intermediary**

Prohibition of Rebates: Section 41 of Insurance Act 1938.

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 or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectuses or tables of the insurer.
2. Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to ten lakh rupees.