

CUSTOMER DECLARATION

Integrated Insurance Broking Services Private Limited.

IRDAI Licence No.324, Direct Broker, Licence valid upto 29.01.2021



CDF Ver 1.1

Applicants affixing thumb impression or signing in vernacular language, please ensure relevant confirmation from the witness (attach 'vernacular declaration'). In such cases it would be presumed that the witness would have explained contents of the form and this declaration to the applicant before submission.

Application Number 1 Application Number 2

Proposer's Name: _____ Life Assured: _____

Details of Insurance Plan:

1) Policy Name: _____ Type of Plan: Term Endowment ULIP Pension
 Sum Assured: _____ Premium: _____ Frequency: _____ Policy term: _____ Premium Payment Term: _____

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PERSONAL DETAILS OF THE LIFE TO BE ASSURED - DETAILED MEDICAL QUESTIONNAIRE

Height (Ft/ Inches)	Weight (Kilograms)	Yes	No
<input type="text"/>	<input type="text"/>		
1. Do You Consume Or Have Ever Consumed Tobacco? Tobacco Consumed As : _____ Quantity/Day : _____ No of years : _____			
2. Do You Consume Or Have Ever Consumed Alcohol?			
3. Do You Consume Or Have Ever Consumed Narcotics?			
4. Is your occupation associated with any specific hazard or do you take part in activities or have hobbies that could be dangerous in any way ? (eg - occupation - Chemical factory, mines, explosives, radiation, corrosive chemicals) - aviation other than as a fare paying passenger, diving, mountaineering, any form of racing, etc)			
5. Are you employed in the armed, para military or police forces ? (If yes, please provide Rank, Department/Division, Date of last medical & category after medical exam)?			
6. Family details of the life assured (include parents/sibling) Are any of your family members suffering from/have suffered from/have died of heart disease, Diabetes Mellitus, cancer or any other hereditary/familial disorder, before 55 years of age. if yes please provide details below?			
7. Have you lost weight of 10 kgs or more in the last six months?			
8. Do you have any congenital defect/abnormality/physical deformity/handicap?			
9. Have you undergone or been advised to undergo any tests/investigations or any surgery or hospitalized for observation or treatment in the past?			
10. Did you have any ailment/injury/accident requiring treatment/medication for more than a week or have you availed leave for more than 5 days on medical grounds in the last two years? Hypertension/High BP/high cholesterol Chest pain/Heart attack/any other heart disease or problem Undergone angioplasty, bypass surgery, heart surgery Diabetes/High blood sugar/sugar in urine Asthma, Tuberculosis or any other respiratory disorder Nervous disorders/stroke/paralysis/epilepsy Any Gastro intestinal disorders like Pancreatitis, colitis etc. Liver disorders/Jaundice/Hepatitis B or C Genitourinary disorders related to kidney, prostate, urinary system Cancer, Tumour, Growth or cyst of any kind HIV infection/AIDS or positive test for HIV Any blood disorders like anaemia, Thalassemia etc Psychiatric or mental disorders Any other disorder not mentioned above			
11. Have you ever suffered/are suffering from or have undergone any investigation or treatment for any gynecological complications such as, disorder of cervix, uterus, ovaries, breast, breast lump/cyst etc.?			
12. Are you pregnant at present?			

PLEASE DO NOT FILL THIS DECLARATION IF THE ABOVE FIELD IS BLANK/EDITED

To,
ICICI Prudential Life Insurance Company Ltd.
 Subject: Submission of Online Application
 I/We Proposer Name request you to process the above mention Application Number submitted online by me/ us on ICICI Prudential's website www.icicprulife.com.
 I/We confirm that I/ we have read relevant documentation/ information and have understood the product features and benefits. I/we agree that post my/our meeting with the authorized personnel I/we has/have submitted the application to buy this product of my/our own accord. I/We hereby confirm that Mr./Ms. Authorized Person Name, has duly filled the details in the application form in my/our presence and in accordance with the information provided by me/us. I/We acknowledge that the information stated in the above application form is true and correct and I/we have duly checked and verified the same. Further, I/we am/are submitting the requisite documents (Age/Address/Identity/Income Proof and photograph) as applicable for further processing of this application.
 I/We understand and agree that by submitting this application through the Company's website, I/We will be bound by such statements / disclosure of material facts in the same manner and to the same extent, as if I/ We have signed and submitted a written proposal for insurance to the Company.
 I/We fully understand the nature of the questions including health related questions and the importance of disclosing all material information to the Company while answering such questions in this application. I/We declare that answers given by me/us to all the questions in the above online application including the information given to ICICI Prudential Life Insurance Co. Ltd. as to the state of health & habits of the life/lives to be assured are true and complete in every respect. I/ We undertake to notify ICICI Prudential Life Insurance Company Limited ("the Company") of any change in the information with respect to the life to be assured subsequent to the submitting of this application and before the acceptance of the risk by the Company. I/We understand that any mis-statement or suppression or non disclosure of material information submitted or where the Company is not notified of any change as mentioned above, the Company reserves the right to repudiate the claim or declare the policy void in accordance with Section 45 of the Insurance Act. The Company reserves the right to accept, decline or offer alternate terms on this application for life insurance. I hereby declare and confirm that I am making the premium payment towards this application through my own bank account/credit card and I agree to submit a third party declaration in case the premium payment is not made from my own account.

DECLARATION FOR THUMB IMPRESSION / SIGNING IN VERNACULAR LANGUAGE:

(This declaration must be signed by a person other than the employee / advisor of ICICI Prudential Life Insurance Company Limited. The Witness should be related to the Policyholder)
 This is to certify that I have read out the contents of this statement to Mr. / Mrs. and he/she has understood the same.
 Further, I would also like to certify that Mr. / Mrs. has affixed his/her thumb impression or has signed in vernacular language in my presence after I have explained the above contents to him/her.
 I declare that whatever I have stated herein above is true and correct to the best of my knowledge & belief.
 Name of the Witness: _____
 Relationship with Proposer: _____ Contact Number: _____
 Address: _____
 Details of KYC document(s) of Witness: _____

IN CASE OF COMBINATION SALES:

I have opted for the Combination Solution comprising products like _____, _____, _____, _____ as it would assist me in planning my finances. The authorized person has explained the product features and options to me. I also understand that these are different products and can also be availed separately. Having chosen to avail these products, I have made the payment of ₹ _____ towards the first premium deposit for the above products. Further, I understand and agree that in case application(s) for any of the products is/are rejected, all the applications within this combination would be rejected. Any sum towards premium shall be refunded with deductions of appropriate charges.

APPLICANT'S ACKNOWLEDGEMENT

I/We am/are aware and agree that the Company has/may have tie-ups with various financial institutions, credit rating agencies and other such entities to enable sharing/collecting/validating my/our KYC related documents/information, as available with the said institutions/agencies/entities. I/We also understand and confirm that my/our contact details or other information, may be shared on confidential basis, within the ICICI group and/or with any service provider/third party agency with whom the Company has tie-ups/arrangements, for processing of this proposal or servicing of the resulting policy and may also be shared if required or permitted by any law, rule or regulation or at the request of any public or regulatory authority or if required for the purpose of preventing fraud. Further, I/we am/are an existing customer(s) of ICICI Bank Limited and / and give my/our consent to ICICI Bank/ to share my/our details for the purpose of my/our application/renewal for insurance policy.

I/We confirm that I/we have received and understood the Electronic Benefit Illustration /Key Feature Document.

In case of ULIPs, I/we understand that premium will be locked in for first five years of the policy period and that I shall not be able to withdraw the money during that period.

I/We have understood the features of the product and believe it would be suitable for me/our insurance objective. I/We concur that I/we have availed the product after understanding the suitability of the product(s) as per my/our needs. I/We understand that the product(s) and fund(s) recommended to me are based on the information provided by me/us and which is considered suitable in the view and understanding of licensed intermediary and/or ICICI Prudential. I/We declare that the information provided by me for my risk profiling and recommendation is correct and I/we will not hold licensed intermediary and/or ICICI Prudential responsible for my acceptance of product(s) and fund(s) recommended. Or

I/We have gone through the list of product(s) and fund(s) recommended to me based on the risk profiling conducted by the licensed intermediary and/or ICICI Prudential. I/We wish to supersede the recommendations of licensed intermediary and/or ICICI Prudential and have opted for the Life Insurance product(s) as highlighted above. I/We agree to purchase the product(s) based on my independent assessment of the risks, merits and suitability of the product(s). I/We will not hold the licensed intermediary and/or ICICI Prudential responsible for my acceptance of such product(s) and fund(s) as per my/our understanding.

Date

Place

Proposer's Signature _____

Life Assured's Signature _____
 (If different from Proposer)

COMP/DOC/Mar/2020/113/3309