

## PORTABILITY FORM – ANNEXURE I

### PART - I

PROPOSER DETAILS FOR PROPOSAL FORM		
Name:		
Date of Birth:	Gender:	Nationality:
Email:	Mobile No.:	
Alternative Email:	Alternative Mobile No.:	
Address:		
City:	State:	Pin Code:
DETAILS OF EXISTING INSURER		
Name of the Insurer:		
Name of the Product:		
Sum Insured:		
Cumulative Bonus:		
Add-Ons / Riders Taken:		
Policy No.:		
Details of the Proposed Insurance		
Name of the Product Proposed/Intended to apply under Portability		
Sum Insured Proposed		
Whether Cumulative Bonus to be converted to an Enhanced Sum Insured	Yes / No	
Reason(s) for Portability		
Number of family members to be included in the Policy to be Ported		
Enclosure: Photocopy of the existing Policy documents.		
Date:	Signature of the Proposer	

### PART-II

- Whether the PED exclusions / time bound exclusion have longer exclusion period than the existing policy: (Yes / No)
- If YES, please give written consent to the declaration below:

I am aware that the waiting period for the following disease(s) / treatment(s) is \_\_\_\_days / years more than the previous policy terms. I hereby agree to observe the additional waiting period for the following disease(s) / treatment(s).

Date:

Signature of the Proposer

## PORTABILITY FORM – ANNEXURE II

### 1. Details of the person proposed to be insured \*\*

Name of Insured(s)	Policy No.	Previous Insurer	Previous Policy(s)		Sum Insured (₹)	Cumulative Bonus	Exclusion (s)	Loading
			Start Date	End Date				
			DDMMYYYY	DDMMYYYY				

*\*\*Please fill separate annexure for member with different detail.s*

### 2. Existing Policy Type: Individual / Family Floater

## CLAIM DECLARATION

### 3. Any claim history of the person(s) proposed to be insured with the previous insurer(s)? YES / NO

#### A. If YES, please provide below details:

Name of Insured	Claims Submitted	Year of Claim	Details of Ailment
	Yes/ No		
	Yes /No		
	Yes/ No		

#### B. If NO, then please fill the below declaration:

- I wish to migrate to (Product Name) with Acko General Insurance Limited under the applicable IRDAI regulations on Portability, and declare that the cumulative bonus accrued, as stated by me above is correct and that no claim has arisen in the expiring policy(ies).
- I understand that Acko General Insurance Limited will be issuing the Policy based on the information provided and declarations submitted in the proposal form and related annexures. In case any information provided by me, in whole or part, is found to be incomplete and/ or incorrect and/or fraudulent then, the Policy shall become void at the option of Acko General Insurance Limited without any refund, as stated in Policy terms and conditions.

Date:

Signature of the Proposer

#### IMPORTANT POINTS TO NOTE:

- The application for portability must be provided at least 30 days in advance but not earlier than 60 days of renewal date of existing policy.
- Any pre-policy health checkup must be completed within 7 days of intimation.
- Any additional information/acceptance of revised offer must be provided within 7 days from the receipt of intimation.
- Please attach following documents with the Portability Form annexure:
  - Copy of all previous policy schedules with latest renewal notice. ○ If there is a claim in existing Policy, then discharge summary, investigation and follow up report copies.
  - If there is a past medical history, then consultation papers, prescription, investigation, treatment and report copies.

Note: All documents to be counter signed by the Proposer.