ManipalCigna Health Insurance Company Limited (Formerly known as CignaTTK Health Insurance Company Limited)
CIN U66000MH2012PLC227948 | **IRDAI Reg. No.** 151 **Reg. Office:** 401/402, 4th Floor, Raheja Titanium, off. Western Express Highway, Goregaon (East), Mumbai- 400 063 | **Toll free number** – 1800-102-4462
Website address-www.manipalcigna.com | **E-mail:** servicesupport@manipalcigna.com

ManipalCigna Health Insurance

ANNEXURE
e – INSURANCE ACCOUNT FORM

A) Please provide the below details of the main applicant (proposer)

PAN : UID :

Email :

B) Authorized Representative* Details (Mandatory)

Name :

DOB: D D M M Y Y Y Y Gender : Male Female Relationship with eIA applicant :

Email ID : Mobile :

Address:

Landmark:

City*: Town (District):

State*: Pin Code*:

*An Authorized Representative is a person who is appointed by e-Insurance account holder to operate his/her e-Insurance account in case of unfortunate demise or incapability of e-Insurance account holder to operate the account. The Authorized Representative will intimate the Insurance Repository about the demise/incapability of policyholder with valid proof.

An Authorized Representative has only access rights to the e-Insurance account in the event of demise of the policy holder. The Authorized Representative would only to act as a facilitator and is not entitled to receive any policy benefits unless designated as a 'nominee' or 'assignee' by the deceased policy holder.

C) I wish to notify Authorized Representative about his/her appointment **Yes** **No**

Declaration:

The rules and regulations of Insurance Regulatory and Development Authority of India & Insurance Repository pertaining to an e-Insurance Account which are in force now have been read by me and I have understood the same and I agree to abide by and to be bound by the rules as are in force from time to time for such e-Insurance Account. I hereby declare that the particulars given herein are true, correct and complete to the best of my knowledge and belief, the documents submitted along with this application are genuine and I am not making this application for the purpose of contravention of any Act, Rules, Regulations or any statute or legislation or any Notifications, Directions issued by any governmental or statutory authority from time to time. I authorise the Insurance Repository to send any policy and account related information through email and SMS on the contact details given by me. In case of any physical policies being issued by the Insurance Company from whom I obtain an e-policy, the address in the e-Insurance Account shall override the address provided for the physical policies. I understand that all the communication relating to any physical/ e-policy will be sent to the address registered with the Insurance Repository.

I agree to inform the Repository of any changes in the details mentioned in this form and in case of delay the said repository shall not be liable in case it acts on the said information which has not been updated. Further, in case I update the details with the Insurance Company, I authorise them to submit the same to you for update in the e-Insurance Account and the said update will be applicable to all policies of any insurer that I hold/ will hold in the said account. I authorise the Repository to pass on the information to any Insurance Company that I have approached for availing of insurance cover.

I further agree that any false / misleading information given by me or suppression of any material fact will render my e-Insurance Account liable for termination and further action.

I hereby authorise the Insurance Repository / Insurance Company to disclose, share, remit in any form, mode or manner, all / any of the information provided by me to the respective Insurance Companies and / or to their authorised agents and representatives in which I may transact / have transacted including all changes, updates to such information as and when provided by me.

I hereby agree to provide any additional information / documentation that may be required by the Authorised Parties, in connection with this application.

I hereby confirm that this is a unique e-Insurance Account opening application and I have not applied to the same Insurance Repository or any other Insurance Repository for an e-Insurance Account in the past.

I would like to receive my insurance policy and all the information related to the proposed insurance policy through Insurance Repository.

Name of eIA Holder:

Date: D D M M Y Y Y Y Signature: