

Annex I: Kumari Jeevan Beema Muddati Khata Acceptance Form

Branch Name	Date: D D M M Y Y Y Y
ACCOUNT HOLDER'S NAME	
श्री/श्रीमती/सृश्री/अन्य:	
	, , L,A,S,T, , , , , , , , , ,
Identification Details:	
Correspondence Address:	Email Address :
Telephone Number:	Mobile Number :
Marital Status: Married Unmarried	

DECLARATION

Regarding Policy: I understand and accept the Following Conditions to be Eligible for Insurance Coverage Under this Account.

- 1. I declare that I fall between 18 to 50 years of age, at the time of policy purchase/enrollment.
- 2. I shall abide by the term/s of the Bank/ Insurance company to undertake medical examination if the fixed deposit/ insurance amount exceeds 1 Crore in total.
- 3. I shall declare the existence of other accounts under Jeevan Beema Muddati Khata scheme opened in this Bank. Failure to do so shall make me ineligible for term life insurance above 1 crore.
- 4. The Term Insurance policy duration shall be minimum up to the tenure of the Fixed Deposit
- 5. I declare that I will present accurate measure of my medical conditions to the best of my knowledge & understanding
- 6. If any discrepancies/deviation in health condition compared to that present in the health declaration form, is found later on, the Insurance company shall hold the right to revoke the Term Insurance policy generated
- 7. In case of FD pre-liquidation, my insurance policy shall also be discontinued by the bank
- 8. Discontinuation of the policy may happen due to any reason and I shall not hold the bank responsible for such decision and shall not present claim after my policy is discontinued.
- 9. I understand and agree to the terms regarding loan against FD availed by the bank which is as per the STC.
- 10. I accept that the bank acts as an intermediary between the I/ me and the Insurance Company. Thereby, I agree to accept the decision of the insurance company to accept/reject my request to generate the insurance policy, even if the bank has forwarded the application request to the insurance company
- 11. The premium for the term insurance is paid for by the bank and is non-refundable in nature
- 12. Kumari Bank shall not be liable for any decision made by the Insurance Company regarding policy issuance or claim processing
- 13. Insurance coverage is as per Non-Life Insurance (Term)
- 14. In case of the loss of my life, my nominee shall receive the benefit from this insurance policy.

MAJOR EXCLUSIONS

The death insurance coverage policy will not cover the followings:

- 1. Pre-existing conditions, which are identified before account opening date, shall be excluded from insurance coverage. However, illnesses/diseases identified/diagnosed after account opening date shall be included for relevant insurance coverage.
- 2. Suicide, committed by sane or insane individuals & Death due to Self-inflicted injury (including injury due to use of chemicals, intoxicants or substance abuse)
- 3. Injuries sustained under any war-like operations (whether war be declared or not), riot, civil commotion, rebellion or invasion
- 4. Accidents under influence of Alcohol,
- 5. Death due to participation in terrorism (including but not limited to use of nuclear weapons/materials).
- 6. Death due to participation in Adventure & Dangerous sports like rugby, football, polo, bungee jumping, paragliding, para-jump, shooting, motorbike racing, mountaineering (necessitating the use of ropes or guides) or winter sports under water pastimes, water skiing, and scuba diving.
- 7. Any breach of civil or military law
- 8. Engaging in aviation other than as a fare paying passenger on a regular route of a recognized aviation service.
- 9. Death due to Pregnancy/Child Birth till 3 months after delivery, in the first policy year.

DOCUMENTS REQUIRED

For Death Claim

- 1. Photocopy of death certificate
- 2. Relationship Certificate
- 3. Citizenship of Deceased
- 4. Citizenship of Beneficiary
- 5. Autopsy Report / Post Mortem Report (in case of accidental or suspicious death)
- 6. Police Report (in case of accidental or suspicious death)
- 7. Ghatanasthal Muchulka (in case of accidental or suspicious death)
- 8. Claim Form
- 9. Medical Attendant's Certificate and copies of all treatment documents

Note: Additional documents may be required as per the nature of claim.

count No.1:											
count No. 2 :											
count No. 3:											

I/We have read and understood the following terms and conditions related with the opening and operations of Jeevan Beema Muddati Khata and hereby agree to abide by them.

मैले/हामीले जीवन बीमा मुद्दती खाताको खोलने र सञ्चालनसँग सम्बन्धित निम्न शर्त र बन्देजहरू पढि बुभी पूर्णरूपमा पालना गर्ने मन्जुरी गराउँद्रछू/छैं।

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Account	noidel S	Signature