

**MUMBAI DIVISION ---------- FORM NO.3251 (SPL)**

**LIFE INSURANCE CORPORATION OF INDIA ANNEXURE-A (SPECIAL MORAL HAZARD REPORT)**

INSTRUCTIONS:

Proposal No : ---------------

Branch office : ---------------

1. This Report is to be compleeted where tthe Sum Under Consideration is in excess of Rs. 50 Lakhs.
2. Before completion of the report, the Repoorting Official should satisfy himself regarding the identity of the Proposer. He/she should meet him preferabbly at his residence before completing the report. The Reporting Official should make independent enquiries about the life to be assured’s health and habits, occupation, income, ssocial baackground and financial positiion etc.
3. This repoort must be completed immediattely aftter the enquiries are made.
4. Full Name of the Proposer : Age Years Full Name of tthe Life to be Assured: Age Years Full Addrreessss

Occuppattion (Give exact nature of duties or nature of business) Sum propoosed

1. Total Previouus Insuurance in force: Sum Assurred Rs.
2. Total Inssurance Premium per yearr for previous Policies Rs.
3. a) By whom were you introduceedd to the Proposser / Life Propposed? (a)
	1. Are you satisfied aboutt the identity of the Liife Proposed? (b)
	2. Give marks of identification, if any (c)
	3. Dose the Life Propposeed look older then the ddeclared age? (d)
	4. What is the educatioonal qualification of the Liife to be Assured? (e)
	5. What is your asseesssmeentt about the general state of health of

the Life to be Assured? (f)

* 1. Has he / she any physiccal defoormity orr impairment? (g)
	2. Does your ennqquiry indiccate of his having suffered from

any illness or injury or undergoonee any operation or hospiittallizattion

or Medical invvestigation in thee past?.If so, give details (h)

1. Are you satisfied that no previous Poliicy has been lapsed within last

three year on the life of the Proposer / Life Prroposed and his family members? ( if any policy is lapsed whether applied for revival simultaneously ) if not resaon for the same.**-**

(The Reporting Official is expected to examine the entire family insurance Portfolio)

|  |  |  |
| --- | --- | --- |
| 6. a) What is Proposer’s yearly income from | i) Employment: | Rs.  |
| all source (Before tax) |  |  |
| (Give detailed, and accurate information | ii) Business or Profession: | Rs.  |
| about the nature of source) | iii) Agriculture: Income | Rs.  |

(Agriculture income as per

Tahsildar’s Certificate/Crop Receipts)

1. Investments: Rs.
2. Property: Rs.
3. Any other source: Rs.

b) Give detailed & accurate Information about previous in force Insurance of proposer as under.

|  |  |  |
| --- | --- | --- |
| i) Individual | Total Sum Assured | Total Yearly Premium |
| ii) KMI |  |  |
| iii) Employer-Employee |   |   |
| iv) Partnership |   |   |
| v) Insurance from private companies |   |   |

C) Give information about family members.

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yearly Income from all the sources | Total Insurance in force | Premium Per Year |
| i. Father |  |  |  |
| ii. Mother |  |  |  |
| iii. Wife / Husband |  |  |  |
| iv. Son |  |  |  |
|  |  |  |  |
|  |  |  |  |
| v. Daughter |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| vi. HUF Details of | Yearly Income from HUF ( BeforeTax ) | Total Insurance in force | Premium Per Year |
| i. Self |  |  |  |
| ii. OtherMembers |  |  |  |

(In case of proposed on minor life if all siblings are not adequately insured reason for the same.)

d) Give the figure of income tax paid, Total Assets (excluding Life Assurance) and Total Liabilities of the Proposal / Life Proposed and the Family Members.

|  |  |  |  |
| --- | --- | --- | --- |
|  | Income Tax | Assets | Liabilities |
| i. Proposer |  |  |  |
| ii. Life Proposed |  |  |  |
| iii. Father |  |  |  |
| iv. Mother |  |  |  |
| v. Wife |  |  |  |
| vi. Sons |  |  |  |
| vii. Daughters |  |  |  |

1. Is he / she or his / her business solvent?
2. State full particular of the documents verified (Remark such as “As told by the party, Agent etc.” will not accepted)
3. If the proposer is businessman and the sum proposed is above one Crore then give the Additional information-
	1. Location of the Business Office/Shop/Factory :
	2. Reputation of the proposer and his business :
	3. Source of Income :
	4. Number of Employees :
	5. Turnover of business for last 3 years :
4. (a) Is there anything in the Life to be Assureds occupation, financial or social position,

personal habits or any other circumstances (a) which might add to the risk?

1. Whether KYC/AML norms are fulfilled for the proposer? (b)
2. Are you satisfied that the Life proposed and or proposer

is not connected with any terrorist activities? (c)

1. Do you consider acceptance of the proposal is in order

and recommend it as such? (d)

1. Whether life proposed is a Politically Exposed Person (PEP) or a family member or close relative of a politically Exposed Person?

[As per RBI guidelines, PEPs are individuals who are or have been entrusted with prominent public functions in a foreign country.] If yes, give details.

I hereby declare that I met Mr/Mrs. on ( date ) at am/pm ( time ) at ( Place )

I also declare that the foregoing statements are true and correct and are made as a result of my detailed enquiries and on verification of documentary evidence.

Date: Place:

Signature: Name: Designation: Address:

**Annexure B Form No 3251 ( Special MHR )**

Date :

Name : Address:

To,

The BM /Sr. BM / CM & Sr. DM, LIC of India, MDO I,

Branch Office , Dear Sir,

Re: Proposal for Rs. on the Life of hri/Smt/Ms With reference to the above proposal submitted by me, I have to inform you as follows with regards to my income, insurance, Particulars etc.

1. My PAN No. for Income tax is :
2. My yearly income from all source before my tax is as particularized below:
	1. Salary Rs.
	2. Dividends Rs.
	3. Director’s Fees Rs.
	4. Interest on Loans Rs.
	5. Share of Retained Profits Rs.
	6. Net income from property Rs. v ii) Agriculture Income Rs.

viii) Any other income (Specify) Rs.

4. The total in force Insurance on my life is as detailed below.

|  |  |  |
| --- | --- | --- |
|  | Total Sum Assured | Total Annual Premium |
| i. Individuel |  |  |
| ii. HUF |  |  |
| iii. KMI |  |  |
| iv. Partership |  |  |
| v. Employer-Employee |  |  |
| vi. Insurance form Private Companies |  |  |
| vii. Daughters |  |  |

I give below information about the income, total insurance in force, total premium amount per year for my family members.

|  |  |  |  |
| --- | --- | --- | --- |
|   | Yearly income from allsources (Before tax) | Total Insurance in force |  Premium per year  |
| Father  |  |  |  |
| Mother |  |  |  |
| Wife  |  |  |  |
| Children (i) |  |  |  |
| (ii)  |  |  |  |
| (iii) |  |  |  |

In case of proposed on minor life if all siblings are not adequately insured reason for the same.

Thanking You,

Yours faithfully, (Name of Proposer)