IDBI FEDERAL
In association with Ageas

IDBI Federal Life Insurance Co Ltd

IRDA Regn. No. 135. | Corporate Identity Number: U66010MH2007PLC167164.
Tradeview, Oasis Complex, Kamala City, P. B. Marg, Lower Parel (W). Mumbai - 400013.
Toll Free: 1800 209 0502 (Monday to Saturday; 8 am to 8 pm). E-mail: support@idbifederal.com.
www.idbifederal.com

Please paste your photograph here

Proposer's Photograph

APPLICATION FOR e-INSURANCE ACCOUNT (eIA)

(Kindly fill in Block Letters. Fields marked with asterisk (*) are compulsory)

- NSDL Insurance Repository ☐
- SHCIL Projects Limited ☐
- Central Insurance Repository Limited ☐
- Karvy Insurance Repository Limited ☐
- CAMS Repository Services Limited ☐

Signature

Please sign in the box*

Application/Policy No

Note: Mention Application no. for request at proposal stage OR Policy no. for existing policy holder request. For e-policy conversion of existing IFLI policies use Application for e-policy conversion along with this form.

eIA APPLICANT DETAILS

First Name*

Middle Name

Last Name

Father's/Husband's Name

Gender* ☐ Male ☐ Female ☐ Others Date of Birth* D D M M Y Y Y Y

PAN* and / or Aadhar Card/UID

ID Proof Submitted* #/

DOB Proof Submitted* #/

PERMANENT ADDRESS

Address Line 1*

Address Line 2

Address Line 3

Landmark

City*

Country* State*

Pincode*

Address Proof Submitted* #/

CORRESPONDENCE ADDRESS

Same as above ☐ Yes ☐ No

Address Line 1*

Address Line 2

Address Line 3

Landmark

City*

Country* State*

Pincode*

Address Proof Submitted* #/

CONTACT DETAILS

Telephone No. Alternate Tel. No.

Mobile No.*

Fax No.

E-mail ID*

Alternate E-mail ID

Please mention the document code. List of documents and their respective codes is provided in the Annexure. $ For list of valid documents, please refer the Annexure.

BANK DETAILS

Account Type* ☐ Savings ☐ Current

Account Number*

Bank Name*

Branch Name*

City*

MICR Code (Compulsory in case of ECS) IFSC Code (Compulsory in case of NEFT)

Cancelled Cheque ☐ (Please tick and attach a copy)

AUTHORISED REPRESENTATIVE DETAILS

First Name*

Middle Name

Last Name

Gender* ☐ Male ☐ Female ☐ Others Date of Birth* D D M M Y Y Y Y

PAN* and / or Aadhar Card/UID

Relationship with eIA Applicant*

ADDRESS

Same as eIA Applicant: ☐ Permanent ☐ Correspondence

Address Line 1*

Address Line 2

Address Line 3

Landmark

City*

Country* State*

Pincode*

CONTACT DETAILS

Telephone No.

Mobile No.*

E-mail ID*

Do you want to notify Authorised Representative about his/her appointment?* ☐ Yes ☐ No
(If none of the option is selected, it will be considered as YES)

DECLARATION

The rules and regulations of Insurance Regulatory and Development Authority & 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 the eIA Holder

Signature

IMPORTANT POINTS

- This form is meant for an individual to open an e-Insurance Account (eIA)
- An eIA enables an individual to hold the various types of insurance policies in electronic format in a single account
- This will eliminate the need of holding the insurance policies in physical form
- This account will also act as a single point of contact for the policyholders to update their demographic details with all the insurance companies from where the policies are acquired

AN INDIVIDUAL CAN HOLD ONLY A SINGLE eIA

AUTHORISED REPRESENTATIVE

An Authorised Representative is a person appointed by eIA holder who can access eIA in the event of the eIA holder's demise or in his incapacity to access the eIA. The Authorised Representative can only access the e-Insurance Account to know the portfolio of insurance policies. The Authorised Representative may be different from the nominee. The eIA holder has the right to change the Authorised Representative during the term of eIA. The eIA holder should change the Authorised Representative on the Authorised Representative's demise. Where an eIA is operated by the Authorised Representative of eIA holder, the Insurance Repository may block the eIA for any further transactions. In such a case, every transaction shall be routed through the respective insurers.

GUIDELINES FOR FILLING THE eIA FORM

- The fields marked in asterisk (*) are mandatory
- The application form should be completed in ENGLISH and in BLOCK LETTERS
- Fill the form in black ink or ball point pen
- The application form should be filled in legible handwriting and overwriting should be avoided
- Please tick the appropriate box wherever applicable
- Affix a recent photograph
- Please ensure that the form is completed and signed by the person opening the eIA
- The application form complete in all aspects along with the documents should be submitted to the Approved Person
- Proof of Identity, Proof of Address and Date of Birth Proof are mandatory for opening an eIA
- The eIA applicant is required to present the original KYC documents for verification while submitting the eIA form to Approved Person/Insurance companies
- The list of documents required to be submitted is provided in the Annexure

FOLLOWING ARE THE LIST OF DOCUMENTS FOR DATE OF BIRTH PROOF, PROOF OF IDENTITY AND PROOF OF ADDRESS

ANNEXURE I: DATE OF BIRTH PROOF (any one of the following)

01 PAN Card
02 Domicile Certificate
03 Ration Card
04 Driving License
05 Passport
06 Voter ID Card
07 Municipal Birth Certificate
08 Notarized Birth Certificate
09 Baptism Certificate
10 Marriage Certificate issued by Church
11 Identity card/ document with address, issued by Central/State Government and its Departments
12 Gram Panchayat Certificate
13 Identity card/ document with address, issued by Public Sector Undertakings
14 Defense ID including Ex-serviceman card issued to Defense personnel/ certificate of DOB issued by commanding officer with his seal & signature on the same
15 Identity card/ document with address, issued by Colleges affiliated to universities
16 Central Govt. Health scheme certificate for their employees/family members/ dependants
17 Govt. service registers extract/certificates issued by Govt. to its employees
18 Employer's PF statement
19 ESIS Card (Employees State Insurance Scheme)
20 Employer's certificate from Govt., Semi Govt., MNC, Public Ltd., Reputed Private Ltd. Organizations only. The certificate must be on the letterhead, duly signed & stamped by the authorised signatory
21 Certified School/ College Extract including School/ College leaving certificate/ Degree certificates/ mark sheet or hall ticket or admit card issued by Educational Board (10 & 12th std) reflecting DOB of eIA applicant
22 Policy Document of other private insurers
23 LIC Policy
24 Islander cards for Residents of Andaman & Nicobar Island
25 Pilgrim pass issued for Haj Pilgrimage

ANNEXURE II: PROOF OF IDENTITY (any one of the following)

01 PAN
02 Aadhar Card/UID

ANNEXURE I: PROOF OF ADDRESS (any one of the following)

01 Regd. Lease and License Agreement/ Agreement for sale
02 Aadhar Letter
03 Ration Card
04 Driving License
05 Passport
06 Voter ID Card
07 Bank Passbook (not more than 6 months old)
08 Electricity Bill (not more than 6 months old)
09 Residence Telephone Bill (not more than 6 months old)
10 Self-declaration by High Court and Supreme Court judges, giving the new address in respect of their own accounts
11 Identity card/ document with address, issued by Central/State Government and its Departments
12 Identity card/ document with address, issued by Statutory/Regulatory Authorities
13 Identity card/ document with address, issued by PublicSector Undertakings
14 Identity card/ document with address, issued by Scheduled Commercial Banks
15 Identity card/ document with address, issued by Public Financial Institutions
16 Identity card/ document with address, issued by Colleges affiliated to universities
17 Identity card/ document with address, issued by Professional Bodies such as ICAI, ICWAI, Bar Council etc. to their Members