AGENT'S CONFIDENTIAL REPORT / MORAL HAZARD REPORT

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| Agent's/FSE's Name & Address and Mobile number  Agency code | D.O./CLIA Code No./Mentor code no |
| Club membership  Licence No. Date of Expiry | D.O./CLIA/Mentor Mobile no- |

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| **I** | **Product related information** | | |
|  | a. Name of the Proposer/ Life to be assured : | | |
|  | b. Age of the proposer/ Life to be assured: | | |
|  | c. Plan(s) and Term | d. Sum Assured ( in lakhs) | |
|  | e. Whether the terms and conditions of the proposed plan(s) have been explained to the proposer/ life to be assured? | |  |
|  | f. Whether the proposed plan(s) matches the objectives of  insurance of the proposer/ life to be assured ? | |  |
|  | g. Have you provided the Benefit Illustration statement of the  proposed plan(s) to the proposer/ life to be assured ? | |  |

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| **II** | **Information about the proposer/ Life to be assured** | |
|  | a. How long do you know the proposer/ life to be assured? |  |
|  | b. Are you related to him/her? If so, give details |  |
|  | c. What is the educational qualifications of the proposer/ Life to be  assured ? |  |
|  | d. If proposer/ Life to be assured is FNIO, whether OCI (Overseas  Citizen of India) card is verified? |  |
|  | e. Whether proposer/ Life to be assured or his / her family member/s is/are Politically Exposed Person (PEP) as per RBI guidelines?  [As per RBI guidelines PEPs are the individuals who are or have  been entrusted with prominent public functions in a foreign country.] |  |
|  | f. Are you satisfied that the proposer/ Life to be assured is not  connected with any terrorist activities ? |  |
|  | g. Whether KYC/ PMLA norms are fulfilled for the proposer/ Life to  be assured ? |  |

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| **III** | **Financial assessment by the Agent** | |
|  | a. Exact Source of Income |  |
|  | b. Income through employment/ Business/ Profession |  |
|  | c. Income through HUF |  |
|  | d. Income through other sources in detail |  |
|  | e. Mention the proof of income verified by you in respect of  income stated above |  |
| 1. ITRs/ Form 16/ 26 AS |  |
| 2. Bank statement, |  |
| 3. Salary sheet with appointment letter or salary certificate  issued by the Employer |  |
|  | 4. CA certificate/ Audited accounts etc. |  |
|  | f. What is the PAN number? Whether verified and compared with  the PAN mentioned in the Income Proof? |  |
|  | g. Are you personally satisfied with the financial standing of the  proposer/life assured and justify the current proposal ? |  |

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| **IV** | **Previous insurance details including from other insurers** | |
|  | a. Did you discuss with the proposer/Life to be assured the  status of Previous Policies and are you satisfied that no policy has lapsed within the last three years ? |  |
|  | b. Are you aware of any Proposal (or Revival of any policy) of the proposer/ life to be assured having been deferred, declined, dropped or accepted at terms other than those  proposed ? |  |

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| **V** | **Information about health , Habit and occupation/ avocation etc** | |
|  | a. What is the general state of health of the life to be assured? |  |
|  | b. Does he/she have any physical deformity or Mental  Retardation ? |  |
|  | c. Do you have any knowledge of his/her having suffered from  any illness or injury or undergone any operation or medical investigation? |  |
|  | d. Height of the life to be assured ( in Cms) |  |
|  | e. Weight of the life to be assured ( in Kgs) |  |
|  | f. Are you aware of anything in the occupation, financial or social position of the life to be assured, his/her personal habits or any other circumstances which might be likely to add  to the risk ? |  |
|  | g. Any other information |  |

I further hereby declare that the foregoing statements are true and correct to the best of my knowledge and

belief.

Place

Date:

Signature of the Agent along with seal/ stamp

To be complete by the Dev.Officer/CLIA/Mentor)

I am satisfied with the identity of the party on the basis of my independent enquiries. I hereby declare that the foregoing statments are true and correct to the best of my knowledge and belief.

Date

Name and Designation/Standing (No.of Years)

Signature

To be completed by ABMS/BM/ Sr. BM)

I am satisfied with the identity of the party on the basis of my independent enquiries. I hereby declare that the foregoing statments are true and correct to the best of my knowledge and belief.

Date

Name and Designation

Signature