

AGENT'S CONFIDENTIAL REPORT / MORAL HAZARD REPORT

Agent's/Specified Person's/DSA's/Sup Agent's Name: Code No: Mobile number: Club membership: Licence No. : Date of Expiry:	D.O./CLIA/Chief Organizer/ Intermediary Agency Code No: Mobile number :
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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 ?	

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 ?	

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 ?	

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 statements 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 statements are true and correct to the best of my knowledge and belief.

Date

Name and Designation _____ Signature

