

POLICY SCHEDULE

Non-Linked Non-Participating Plan

Policy	
Policy Number	:
Plan Name	: Aviva i- Shield
UIN	: 122N099V02
	:
Policyholder	Insured
Name	: Name
Date of birth	: Date of birth
Age	: Age
Sex	: Sex
Identity Proof	: Identity Proof
Address	: Address

Telephone No :	Telephone No :
Mobile No :	Mobile No :
Email :	Email
	Whether Age admitted (Yes/No):
Relationship with Insured (Yes/No):	
Marital Status:	

Insurance Details

Sum Assured :

Annualised Premium :

Death Benefit

Policy Year of Insured Event	Death Benefit Amount
1 st - 10 th	
11 th - 20 th	
21 th - 25 th	

Regular premium : premium frequency :

Applicable Tax Amount* :

Total Amount :

Policy Term :

Premium Payment Term :

Commencement Date :

Maturity Date :

Due date for payment of last instalment of Regular Premium:

Nature of Charge/Fee	Rate applicable at the Commencement Date
1) Alteration charges	
This is a charge levied at the time of change in Premium Frequency	Rs.100*
2) Revival fee	
This is a fee levied at the time of revival of the Policy	Rs.250*

* Applicable taxes will be charged and/ or deducted on/ from the premium/charges/fees at the prevailing rate. Tax laws are subject to change.

**Annualised Premium excludes extra premium and taxes, if any

Nomination Details (Under section 39 of the Insurance Act 1938)

Nominees:

Name: _____ Name: _____ Name: _____

Percentage: _____ Percentage: _____ Percentage: _____

Address: _____ Address: _____ Address: _____

Telephone No. Telephone No. Telephone No.

Mobile No. Mobile No. Mobile No.

Email Email Email

Age: Age: Age:

Relationship: Relationship: Relationship:

Appointee (in case of minority of the Nominee)

Name: _____

Address: _____

Telephone No. :

Mobile No. :

Email :

Beneficiaries in case of Insurance under the Married Women's Property Act, 1874

Name: : Name:

Age: Age:

Relationship: Relationship:

Telephone No. : Telephone No:

Mobile No. : Mobile No:

Email : Email:

Any special Condition:

Endorsements, If any:

This Schedule forms an integral of the Policy Document and be read in conjunction

Insurance Agent/ Insurance Broker:

Name of the Insurance Agent/ Insurance Broker:

Insurance Agent/ Insurance Broker License No.:

Insurance Agent/ Insurance Broker Code:

Address:

Telephone No.:

Mobile No.:

Email:

Our Address :

Aviva Life Insurance Company India Ltd., Aviva Tower, Sector Road, Opp. Golf Course, DLF Phase V, Sector 43, Gurgaon -122 003 (Haryana)

Note: On examination of this Schedule, if You notice any mistake in the information related to you, this Policy Document is to be returned for correction to Us.

Authorised Signatory :

Date :

Place: New Delhi

SPECIMEN