

SCHEDULE

Non- Linked Non- Participating Plan

Policy Number:	
Plan Name : Aviva Sampoorna Suraksha	
UIN: 122N107V01	
Policyholder	
Name :	
Date of Birth :	
Age :	
Sex :	
Identity Proof:	
Relationship with Insured:	
Address :	
Insured	
Name :	Date of Birth :
Age :	Sex :
Address :	Identity Proof:
Whether Age Admitted : (Yes/No)	
Marital Status:	

Insurance Details

Sum Assured :

Annual Premium**:

Commencement Date :

Risk Commencement Date:

*Single Premium:

Service Tax Amount :

Total Amount :

***Regular Premium :**

Premium Frequency :

Service Tax Amount :

Total Amount :

Premium Payment Term:

Policy Term:

Maturity Date:

Due Date for payment of last instalment of Regular Premium:

* Service tax or any other applicable taxes will be charged and/ or deducted on/ from the Premium at the prevailing rate. Tax laws are subject to change.

**Annual 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. :

Appointee (in case of minority of the Nominee)

Name:
Address:_____

Telephone No.:

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

Name: Name:
Address: Address:
Telephone No.: Telephone No.:

Any Special Conditions :

Endorsements, if any:

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

Agents/Broker Details

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)

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

Authorised Signatory

Date :
Place: New Delhi