



Birla Sun Life
Insurance

August 20, 2011--001097--000--20154--
2018417--G--BlueDart--D2C----005027859--PRP--



Mr. Soham Satish Modi
5-4-187/3 & 4 3RD FLOOR
SOHAM MANSION M G ROAD
ABOVE BANK OF BARODA
SECUNDERABAD - 500003
ANDHRA PRADESH - INDIA
Tel: +919246265445

Congratulations
you have chosen to secure
yourself and your family's future.

Inside

- Your first premium receipt
- Your policy details
- Your application form

BEFORE WE BEGIN

Please Verify

Your Personal Details

Please verify the accuracy of your contact details for the continued security of your family.

Details as per our records	Why is it important for you?
Name of Policy Owner: Mr. Soham Satish Modi DOB : 18-10-1969	Please check if your name has been spelt correctly as per the document submitted, as this is an important check at the time of claim processing. Please ensure DOB is as per your proof of age since incorrect age will adversely impact underwriting & claim processing.
In case of any change → Please download and complete the Policy Service request form from our website: www.birlasunlife.com and submit the same at our nearest branch OR Please send us a letter along with the relevant details.	
Address: 5-4-187/3 & 4 3RD FLOOR SOHAM MANSION M G ROAD ABOVE BANK OF BARODA SECUNDERABAD - 500003 ANDHRA PRADESH - INDIA Mobile Number: +919246265445 Email id: sohan@modiproperties.com	Please check address details for accuracy since you could miss out on important service updates Please check your mobile number for accuracy since you could miss out on payment reminders, NAV alerts, payment confirmation and service confirmation Please check your email address for accuracy since you could miss out on premium updates, policy notifications, tax certificates, policy account statement.
In case of any change → Please SMS " UPDATE " to 56161 OR Contact our customer care	
Nominee: TEJAL MODI Appointee Name:	Please ensure the accuracy of the nominee details so that the death benefit can be sent to the nominee Please check if your appointee name has been spelt correctly as per the proof of name submitted as this is an important check at the time of claim processing.
In case of any change → Please download and complete the nomination form from our website: www.birlasunlife.com and submit the same at your nearest branch	

Welcome to Birla Sun Life Insurance

- **Trusted by over two million customers**
- **A joint venture between the Aditya Birla Group and Sun Life Financial Inc.**

Ref: Policy No. 005027859

Dear Mr. Modi

Congratulations for having taken the important step towards your family's secure future. We thank you for having chosen Birla Sun Life Insurance (BSLI) and are proud to have you as part of our family.

We request you to go through your policy in detail and check the accuracy of information provided in the policy. You have the option to cancel your policy within 15 calendar days from receipt of this policy document by giving us, in writing, the reason for your objection. We will cancel the policy and return all the premiums paid by you provided your written notice for cancellation, together with the entire policy contract, has been received by us at any of our branches/Head Offices within the specified timeframe and we have not received any claim intimation. We reserve the right to reduce the amount of the refund by expenditures incurred by us in issuing your policy and as permitted by applicable IRDA regulations.

While handing over the original policy document, it is critical that you collect a valid written acknowledgement, as this would be required for all future references.

Further, for your reference, we are sharing the results of your medical examination (if) conducted for assessment of your proposal for insurance. The medical examination report was obtained for assessment of your health conditions, which is relevant to take a decision on the proposal to obtain insurance cover from us. The results of the tests are only indicative in nature. Birla Sun Life Insurance Company Limited expresses no opinion as to the validity on the matters contained in the medical reports and we will not be held responsible for the same whatsoever.

To help us provide you valuable information and services regarding your policy would request you to keep us updated about your contact details. This would make your association with BSLI more fruitful, and help us suggest the most relevant offerings provided by Aditya Birla Financial Services Group like distribution and wealth Management, fund management, broking and private equity.

We provide you ease and convenience of servicing your policy with our "web access facility". This service can be availed by using your Customer Identification Pin (CIP) and Transaction Pin (TPIN) on our website www.Insurance.birlasunlife.com.

It is our endeavor to enhance your financial future by providing you the best services at all times.

Yours sincerely,



Amitabh Verma
Chief Operating Officer
Birla Sun Life Insurance Company Ltd.

Advisor Name : Development Credit Bank
Advisor Code : 001097
Advisor Mobile No:
Advisor Res. No:
Advisor Off. No:
Branch Name: HEAD OFFICE - BIRLA SUN LIFE
Branch Contact No: 02266917777

**FIRST PREMIUM RECEIPT**

Name of Life Insured: Mr. Soham Satish Modi
Name of Policy Owner: Mr. Soham Satish Modi
Address: 5-4-187/3 & 4 3RD FLOOR
SOHAM MANSION M G ROAD
ABOVE BANK OF BARODA
SECUNDERABAD - 500003
ANDHRA PRADESH - INDIA

Client Id (Owner): 2045311075
Policy No: 005027859 **Date of Policy Issue:** 18-08-2011

COVERAGE DETAILS

Coverage No.	Coverage Name	Date of Issue	Modal Premium
01	BSLI Protector Plus Plan- Term 10 Pay 10	18-08-2011	Rs. 55,944.15

PREMIUM DETAILS

First Premium Amount : Rs. 50,719.99
Service Tax Amount : Rs. 5,072.00
Education Cess : Rs. 152.16

Any sum paid on an insurance policy with Birla Sun Life Insurance Company Limited would be eligible for applicable tax benefits, under the Income Tax Act, 1961, as amended from time to time.

For specific suitability you are requested to consult your tax advisor.

The charges are/shall be subject to applicable taxes and levies, prevailing from time to time, during the validity of the policy contract.

Branch Name: 000

Insurance Advisor Code: 001097

This is a digitally signed document and does not require a signature.

**YOUR POLICY DETAILS**

BSLI Protector Plus Plan

Life insurance plan that keeps pace with your growing needs

POLICY INFORMATION

Product Unique Identification Number:	109N071V01		
Product Name:	BSLI Protector Plus Plan	Policy Term:	10 years
Policy No:	005027859	Pay Term:	10 years
Policy Issue Date:	18-08-2011		
Policy Maturity Date:	18/08/2021		
Name of Policy Owner:	Mr. Soham Satish Modi		
Date of Birth:	18/10/1969	Gender:	Male
Name of Life Insured:	Mr. Soham Satish Modi		
Date of Birth:	18/10/1969	Gender:	Male
Nominee:	TEJAL MODI	Appointee:	(in case nominee is a minor)

POLICY PREMIUM

Annual Premium :	Rs.50,719.99		
Rider Premium :	Rs.0.00		
Premium Paying Mode:	Annual	Installment Premium due on 18 of every	
Modal Factor:	100.00 %	August	
Installment Premium:	Rs. 55,944.15	Last Premium due on:	18/08/2020

BENEFIT INFORMATION

Sum Assured:	Rs. 23,000,000.00	Sum Assured Option:	Level
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Cont....

2018417



Any changes to Your Policy Details will be reflected in a new version of Your Policy Details page, which will replace any earlier version.

Signed for and on behalf of
Birla Sun Life Insurance Company Limited.

Amitabh Verma
Chief Operating Officer
Authorised Signatory

Please read Your Policy Details carefully to verify that it correctly reflects the policy you applied for. To claim a benefit or request a change in Your Policy Details, contact your advisor or write to our nearest Branch Office. Please advise us promptly of any change in your address.

STAMP DUTY DETAILS

Policy No	Stamp Duty Amt	Challan No	Challan Date
005027859	4600.00	69609	29/07/2011



"IN THIS POLICY, THE INVESTMENT RISK IN INVESTMENT PORTFOLIO IS BORNE BY THE POLICYHOLDER"

GENERAL

In this contract, "you" or "your" will refer to the owner of this policy and "we", "us", "our", "insurer" or "the company" will refer to Birla Sun Life Insurance Company Limited, or any of its successors.

Please read this policy document carefully.

DEFINITIONS

"policy issue date" is the date this policy is issued and your rights, benefits and risk cover begin, as shown in Your Policy Details.

"policy year" and **"policy month"** are measured from the policy issue date and are periods of twelve calendar months and one calendar month, respectively.

"IRDA" – means the Insurance Regulatory and Development Authority.

Additional definitions are given in this policy document.

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BSLI Protector Plus

Ver 1/April/2011

POL/5/11-12/4624

109N071V01

**PREMIUM PROVISIONS****Policy Premium**

Your Policy Details shows the annual premium, the rider premium, the premium paying mode, modal rebate, the installment premium and its due dates. Subject to the Policy Discontinuance provision, we must receive policy premiums when due in order for this contract to be valid and remain in effect.

Premium Discontinuance

If you are unable to pay the installment premium by the due date, you will be given a grace period of 30 days during which time all benefits under the policy will continue.

If we do not receive the entire installment premium by the end of the grace period, this policy will be deemed lapsed and all benefits will cease immediately. The lapse date is the date the unpaid premium was due. You will be given two years from the lapse date to reinstate your policy.

To reinstate the policy, you must pay all unpaid installment premiums due till date plus interest thereon. The interest we will charge is at a rate declared by us from time to time at our sole discretion. In addition, you must provide us with evidence of insurability satisfactory to us with respect to the life insured. The effective date of reinstatement is when these requirements are met and approved by us, at our sole discretion.

POLICY BENEFIT PROVISIONS

The below mentioned benefits are payable if your policy is still in effect at the time the benefit is payable.

Death Benefit

Your Policy Details shows the Sum Assured and Sum Assured option applicable to your policy.

For Increasing Sum Assured Option, on every policy anniversary your sum assured at inception will increase by the prerequisite percentage as chosen by you. However your premium amount will remain unchanged.

In the unfortunate event the life insured dies before the policy maturity date, we will pay to the nominee the applicable Sum Assured.

Maturity Benefit

This policy does not grant any maturity benefit.

Surrender Benefit

This policy does not grant any surrender benefit.

POLICY PROVISIONS**Policy Loan**

This policy does not grant any loan facility.

Termination of Policy

Your policy will terminate at the earliest of:

- the date we receive intimation of death of the life insured;
- the policy maturity date; or
- the date on which the reinstatement period ends after your policy has lapsed.

GENERAL PROVISIONS**Contract**

Your contract includes this policy document, the application for the policy and any amendments agreed upon in writing after the policy is issued. The contract also includes declarations given by the policy owner, any medical report form and written statements and answers furnished as evidence of insurability. We are bound only by statements that are part of the contract. Only our authorized officers can agree to any change in the contract and then only in writing.

This contract does not provide for participation in the distribution of profits or surplus declared by us.

Currency and Place of Payment

All payments to or by us will be in accordance with the prevailing Exchange Control regulations and other relevant laws and regulations of India.

Indian Rupee (Rs.) is the currency of this policy. We will make or accept payments at any of our offices in India or such other locations as determined by us from time to time.

Assignment

You (assignor) may assign this policy to any party (assignee) by filing a written notice along with the original policy contract, in the presence of a witness, at any of our servicing offices. The assignment would either be endorsed on the original policy contract or documented by a separate instrument and in either case signed by the assignor, stating specifically the fact of assignment. We will not express any opinion on the validity or legality of the assignment. Only the entire policy can be assigned. Any assignment shall automatically cancel a nomination except an assignment in our favor.

Nomination

Where the policy owner is also the life insured, you may at any time before the policy maturity date, nominate a person or persons to receive the benefit payable under the Death Benefit provision. You may also appoint any person, who is a major to receive the death proceeds on behalf of the nominee during the nominee's minority. We will not recognize a nomination or change in nomination until we receive your notice in writing in the prescribed format at our Servicing Office. We will not express any opinion on the validity or legality of the nomination.

If no nominee is alive at the time of death of the life insured, then your estate shall receive the benefit payable under the Death Benefit provision.

Nomination made under this provision is as per Section 39 of the Insurance Act, 1938.

Claim Procedures

This policy document is required to settle a claim under the Death Benefit provisions. In case of a claim under the Death Benefit provision, the Death Certificate of the life insured and the claimant's statement are also necessary.

You shall also provide us with any other information/ document as may be required by us and within the time specified by us.

Taxation

The income tax benefits on your policy will be as per prevailing Income Tax laws in India and any amendment(s) made thereto from time to time. As per the applicable laws and any amendments made thereto from time to time, we reserve the right to:

- deduct or withhold tax as the case may be; and
- recover levies, taxes, cesses and duties including but not limited to service tax from you or adjust the same from the amounts paid by you or accrued or payable to you under the policy.

Misstatement of Age

If the date of birth of the life insured has been misstated, any amount payable shall be increased or decreased to the amount that would have been provided, as determined by us, given the correct age.

If at the correct age, the life insured was not insurable under this policy according to our requirements, we reserve the right to terminate the policy and withhold the premiums.

Suicide

If the life insured under this policy dies by suicide, whether medically sane or insane, within one year after the policy issue date or effective date of reinstatement, whichever is later, we will only refund the installment premiums paid to date (excluding premiums paid towards underwriting extras and any attached riders).

Validity and Non-Disclosure

This policy is issued in utmost good faith based on the declarations and statements made by you and we cannot be held responsible in any manner for any action taken by us based on these declarations and statements. You and the life insured under this policy have an

obligation to disclose every fact material to our assessment of the risk of issuing this policy. Failure to disclose or misrepresentation of a material fact will allow us to terminate the contract ab initio or deny the claim, subject to the provisions of Section 45 of the Insurance Act, 1938.

Section 45 of the Insurance Act, 1938

As per Section 45, no policy of life insurance effected after the coming into force of this act shall, after the expiry of two years from the date on which it was effected be called in question by an insurer on the ground that statement made in the proposal or in any report of a medical officer, or referee, or friend of the life insured, or in any

other document leading to the issue of the policy, was inaccurate or false, unless the insurer shows that such statement was on a material matter or suppressed facts which it was material to disclose and that it was fraudulently made by the policyholder and that the policyholder knew at the time of making it that the statement was false or that it suppressed facts which it was material to disclose.

Provided that nothing in this section shall prevent the insurer from calling for proof of age at any time if s/he is entitled to do so, and no policy shall be deemed to be called in question merely because the terms of the policy are adjusted on subsequent proof that the age of the life insured was incorrectly stated in the application.

Grievance or Complaint

You may register your grievance or complaint with our **Head Customer Response & Resolution** at Customer Care Unit / Birla Sun Life Insurance Company Ltd. / One Indiabulls Centre, Tower 1, 15th Floor, Jupiter Mill Compound, 841, Senapati Bapat Marg, Elphinstone Road, Mumbai – 400013. You may also call our toll free no. 1-800-270-7000 or email: customerservice@birlasunlife.com.

In case you are dissatisfied with the decision of the above office or have not received any response with 10 days, you may contact **Head Service Assurance** at Customer Care Unit / Birla Sun Life Insurance Company Ltd. / One Indiabulls Centre, Tower 1, 15th Floor, Jupiter Mill Compound, 841, Senapati Bapat Marg, Elphinstone Road, Mumbai – 400013. You may also call our toll free no. 1-800-270-7000 or email: grievances@birlasunlife.com.

The complaint should be made in writing duly signed or through email by the complainant or by his/her legal heirs with full details of the complaint and the contact information of complainant.

Risk Factors / Disclaimers

This policy is underwritten by Birla Sun Life Insurance Company Limited (BSLI) and is a non-participating traditional term insurance plan. All terms & conditions are guaranteed throughout the policy term. BSLI reserves the right to recover levies such as the Service Tax levied by the authorities on insurance transactions. If there be any additional levies, they too will be recovered from you. Insurance is the subject matter of the solicitation.

NOTWITHSTANDING ANYTHING CONTAINED IN THIS POLICY DOCUMENT, THE PROVISIONS HEREIN SHALL STAND ALTERED, AMENDED, MODIFIED OR SUPERCEDED TO SUCH EXTENT AND IN SUCH MANNER AS MAY BE REQUIRED BY ANY CHANGE IN THE APPLICABLE LAW (INCLUDING BUT NOT LIMITED TO ANY REGULATIONS MADE OR DIRECTIONS / INSTRUCTIONS OR GUIDELINES ISSUED BY THE IRDA) OR ANY OTHER COMPETENT AUTHORITY OR AS MAY BE NECESSARY UNDER A JUDGEMENT OR ORDER / DIRECTION/ INSTRUCTION OF A COURT OF LAW.

Insurance Ombudsman

In case you are dissatisfied with the decision/resolution of the company, you may approach the Insurance Ombudsman located nearest to you (please refer to Appendix I or visit our website www.birlasunlife.com) if your grievance pertains to:

- insurance claim that has been rejected or dispute of a claim on legal construction of the policy;
- delay in claim settlement;
- dispute with regard to premium; or
- non-receipt of your policy document.

As per provision 13(3) of the Redressal of Public Grievances Rules 1998, the complaint to the Ombudsman can be made:

- only if the grievance has been rejected by the grievance redressal machinery of the insurer;
- within a period of one year from the date of rejection by the insurer; and
- if it is not simultaneously under any litigation.

APPLICATION NO. A 44495452 Form ID: 1111001

44495452 Form ID: 1111001

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Form ID: 1111001

11 INSURABILITY DECLARATION FOR THE LIFE TO BE INSURED (MANDATORY FOR ALL PLANS)

- A Have you remained absent from place of work on grounds of health for a continuous period of more than 10 days for reasons other than pregnancy, minor fracture, cold or flu? Yes No
- B In the past five years, have you ever undergone any surgical operation at a hospital or clinic or undergone any investigations with other than normal or negative results (including X-rays, ECG, blood tests, biopsies etc.)? Yes No
 - i Are you on diet or any other medicine of any kind as prescribed by a doctor? Yes No
- C i Are you currently undergoing or intend to undergo any treatment? Yes No
 - ii Have you been advised for any surgical operation, procedure or hospital admission? Yes No
- D Do you have any physical defects, impairment, deformities and / or any condition affecting mobility, sight and / or hearing? Yes No

Have you ever been diagnosed with or treated / consulted for diabetes or sugar in urine, high or low blood pressure, chest pain, heart attack or any other heart disease, stroke, paralysis, kidney, urinary or bladder disorders, reproductive organ or prostate disorders, mental disorder, neurological disease, musculoskeletal disorders, cancer or tumour of any type, gastro-intestinal, liver diseases, tuberculosis, asthma or any other lung diseases, blood disorders, anaemia, endocrine or thyroid disorders? (please circle, whichever is appropriate)
- E Has any of your parents, brothers or sisters been diagnosed with any hereditary or chronic disorder, heart ailment, high blood pressure, cancer, diabetes prior to age 60? Yes No
- F Have you or your spouse received any medical advice, testing or treatment for any sexually transmitted disease or HIV infection/AIDS? Yes No

For female only:
- H i Are you pregnant? If Yes, number of weeks Yes No
 - ii Have you suffered from or do you have any gynaecological problems or illness related to uterus / ovaries or breasts? Yes No

If you have answered "Yes" to any of the above questions under Section 11, please complete the Medical History under Section 14.

12 INSURANCE HISTORY OF THE LIFE TO BE INSURED (MANDATORY FOR ALL PLANS)

A Is there any concurrent application and/or any existing insurance on your life for Life / Health / Accident / Critical Illness or other riders in effect with BSLI or any other insurer in India or abroad? If Yes, give details. Yes No

Application / Policy No.	Name of the Insurer	Date of Application	Year of Issue	Sum Assured (In Rs.)
BSL 000001	Abnith AEA (Health Insurance)	08/01/11	2011	500000
BSL 000002	Abnith AEA (Personal Accident)	11/08/10	2010	500000

B Have you ever had an application for life, accident, medical, health related insurance or riders refused, withdrawn, declined, postponed or offered with restricted benefits or with an increased premium or made any claim under any such policy of insurance with BSLI or any other insurer in India or abroad? If Yes, give details. Yes No

Application / Policy No.	Name of the Insurer	Date of Application	Year of Issue	Sum Assured (In Rs.)	Reasons
/					

13 PERSONAL, LIFESTYLE AND MEDICAL DETAILS OF THE LIFE TO BE INSURED (MANDATORY FOR ALL PLANS OTHER THAN SIMPLIFIED PRODUCTS)

A PERSONAL DETAILS

- i (a) Height 155 cm Weight 51 kg
- (b) Is there any weight change during the past one year? If Yes, give details: _____
- ii Family Physician Name _____
Tel. Res _____ Office _____ Mobile _____ E-mail _____

B LIFE STYLE INFORMATION

- i Do you intend to live or travel outside India for a period of more than 30 days apart from vacation or pleasure? If Yes, submit appropriate questionnaire. Yes No
- ii Are you involved or do you intend to involve in any hazardous occupation or avocation? (for e.g. flying other than a fare-paying passenger, diving, mountaineering, working at heights, underground or offshore, using explosives or any other dangerous activity) If Yes, submit appropriate questionnaire. Yes No
- iii Do you consume or have you ever consumed any narcotic substance? If Yes, give details. _____ Yes No
- iv Do you consume or have you in the past consumed alcohol or tobacco? If Yes, give details. _____ Yes No

Substance	Consumed	In the form of	Quantity per day	No. of years	Have you ever been advised to stop consumption of the substance by a Physician. If Yes, specify the reason
Alcohol	/	/	N/A	2	No
Tobacco	/	/	/	/	No

C FAMILY MEDICAL HISTORY

	Age (if living)	State of Health	If deceased, age at death	Cause of Death
Father	68	Good		
Mother			60	NATURAL
Brother(s)	43	Good		
Sister(s)				

D FAMILY INSURANCE HISTORY

If unemployed and single, give details of family insurance. If unemployed and married, give details of spouse's insurance.

Relationship to Life to be Insured	Name of the Insurer	Policy No.	Date of Application	Year of Issue	Sum Assured (In Rs.)
Spouse	/				
Father	/				
Mother	/				

14 MEDICAL HISTORY (MANDATORY FOR ALL PLANS OTHER THAN SIMPLIFIED PRODUCTS)

- i Within the past 5 years have you:
 - (a) Consulted any doctor or health practitioner except for common cold, influenza lasting less than 4 days? Yes No
 - (b) Submitted to an ECG, X-rays, blood tests or any other tests? If Yes, please specify below. Yes No
 - Routine Pre-employment check-up Insurance related Others _____
 - (c) Admitted / been advised to be admitted to any hospital or a medical facility for medical management or surgical procedure? Yes No
- ii Have you ever sought advice or suffered from any of the following? Please circle, whichever is applicable.
 - (a) Chest pain, high blood pressure, stroke, high cholesterol, heart attack, heart murmur or other heart disorders? Yes No
 - (b) Asthma, chronic cough, pneumonia, shortness of breath, tuberculosis (TB) or other respiratory or lung disorders? If Yes, submit appropriate questionnaire. Yes No
 - (c) Diabetes / elevated blood sugar or sugar in the urine? If Yes, submit Diabetes questionnaire. Yes No
 - (d) Protein (albumin), blood or pus in the urine, sexually transmitted disease (STD) or venereal disease? Yes No
 - (e) Ulcer, colitis, chronic diarrhoea, hepatitis or jaundice or other liver or digestive disorders? If Yes, submit Digestive questionnaire. Yes No
 - (f) Cancer, tumour, abnormal growth, thyroid disorder, enlarged glands or enlarged lymph nodes? Yes No
 - (g) Anemia, bleeding or blood disorders? Yes No
 - (h) Dizziness / fainting spells, epilepsy, paralysis, stroke, nervous or mental / emotional disorder? If Yes, submit appropriate questionnaire. Yes No
 - (i) Kidney, urinary, bladder, reproductive organ or prostate disorders? Yes No
 - (j) Arthritis, gout or joint pain, muscle disorder, bone fracture or disorders? Yes No
 - (k) Acquired immunodeficiency Syndrome (AIDS) or AIDS related complex? Yes No
 - (l) A test indicating the presence of HIV (AIDS virus)? Yes No
 - (m) Disorder of eyes (such as cataract, glaucoma etc.) or ears? Yes No
 - (n) Any other illness, surgery or injury? Yes No
- iii Do you have any health symptoms or complaints for which a physician has not been consulted or treatment received? (persistent fever, unexplained weight loss, loss of appetite, pain, swelling etc.) Yes No

Provide complete details for all the above questions under Section 14 answered as "Yes"

Question No.	Exact Diagnosis and details of current symptoms	Details of treating Doctor / Surgeon (Name, Qualification, Contact No.) and List of medication being consumed currently	Date of Diagnosis	Date of last Consultation
/				

15 DECLARATION BY THE LIFE TO BE INSURED (and PROPOSER if not the Life to be Insured)

Section 45 of Insurance Act, 1938: No policy of life insurance effected after the coming into force of this act shall, after the expiry of two years from the date on which it was effected be called in question by an insurer on the ground that statement made in the proposal for insurance or in any report of a medical officer or referee, or friend of the life insured, or in any other document leading to the issue of the policy, was inaccurate or false, unless the insurer shows that such statement was on a material matter or suppressed facts which it was material to disclose and that it was fraudulently made by the policyholder and that the policyholder knew at the time of making it that the statement was false or that it suppressed facts which it was material to disclose. Provided that nothing in this section shall prevent the insurer from calling for proof of age at any time if he is entitled to do so, and no policy shall be deemed to be called in question merely because the terms of the policy are adjusted on subsequent proof that the age of the life insured was incorrectly stated in the proposal.

I (we) authorize any medical practitioner, hospital, employer, institution or any other person, to disclose to Birla Sun Life Insurance Company Limited ("BSLI") any information relating to my health or employment now or at any time in the future. I (we) authorize the use of email as a mode of communication for various notifications from (to) BSLI as per BSLI internal procedures.

I (we) understand and agree that no agent or medical examiner has the authority to waive or vary any stipulations or requirements set by BSLI. I (we) understand and agree that the statements and answers given by me (us) during the medical examination (if any) to the medical examiner acting on behalf of BSLI and any other documents, medical reports and financial reports required in this application and addendum, if any, shall be deemed to be incorporated in this application.

I (we) confirm that the premiums have not been and will not be generated from proceeds of crime related to any of the offences listed in the Prevention of Money Laundering Act 2002 and any other applicable statutory provisions as may be in force from time to time.

I (we) have not made any statement to the agent, medical examiner or any other person associated with BSLI, which in any way modifies the statements and answers in this application and addendum, if any.

I (we) understand and agree that BSLI must be notified of any changes in my / our health and circumstances between the date of this application and prior to the acceptance of the risk.

I (we) understand and agree that completion of this application and addendum, if any, in no way implies that a policy for insurance on the Life to be Insured will be issued by BSLI.

I (we) hereby declare that the contents of this application and addendum, if any, for insurance have been fully explained to me and I have fully understood the significance of the proposed contract of insurance.

Lastly, I (we) understand and agree that all statements and answers made in this application (proposal for insurance) including contact details or provided in connection with this application and addendum, if any, are true and complete to the best of my (our) knowledge and belief.

Dated 30/08/11 Place Secunderabad (A/Broker/SP of CA Code: 00010001)

[Signature] Signature or Thumb Impression of the LIFE to be INSURED Name of IA / Broker / SP of CA Code: MCB, Secunderabad

[Signature] Signature or Thumb Impression of the PROPOSER (if not Life to be Insured) Name of IA / Broker / SP of CA Code: [Signature]

[Signature] Name & Signature of Witness (in case of Thumb Impression)



Birla Sun Life Insurance
BSLI Protector Plus Plan

Version: 1.24

Registration No. 109

Your Policy Illustration

30/07/2011 12:19:38 PM

Prepared for	Soham Satish Modi	Life Insured Entry Age	41 years	
Owner	Soham Satish Modi	Life Insured Gender	Male	
Policy Details	UIN: 109N071W1			
Sum Assured	Rs.23,000,000	Sum Assured Option	10% Escalation	
Policy Term	10 years			
Pay Term	10 years			
Pay Frequency	Yearly			
Premium Payable (in Rs.)	Rider	Sum Assured	Premium	Term
Mortal Premium	50,720.00 AD&D	Rs.0	0.00	-
Service Tax & Cess	5,224.16 Critical illness	Rs.0	0.00	-
Installment Premium Payable	55,944.16 Surgical Care	Rs.0	0.00	-
	Hospital Care	Rs.0	0.00	-
	WOP	Rs.0	0.00	-

Premiums are to be paid throughout the duration of policy term. The premium amount is not inclusive of underwriting extras, if any.



Pl.Name: Mr.SOHAM SATISH MODI
Age/Sex: 42 Years/ Male
Ref. Dr. : BIRLA SUN LIFE INSURANCE

Bill Dt: 03/08/2011/ 08:45 AM
Samp. Col. Dt: 03/08/2011/ 08:49 AM
Rep. Dt: 03/08/2011/ 11:24 AM

COMPLETE BLOOD PICTURE WITH ESR

INVESTIGATION	RESULT	NORMAL RANGE
Hemoglobin Per 100C.C gms	15.2 gm%	Male : 14 - 18 gm% Female : 12 - 16 gm%
RBC	5.1 mil/cmm	Male : 4.5- 6.5 mil/cmm Female : 4.0-5.0 mil/cmm
WBC (Total Count)	4,100 Cells/cmm	4000 - 11,000 cell/cmm
WBC (Differential Count)		
Neutrophils	54 %	Adults : 40 - 75 % Children : 36- 50 %
Lymphocytes	39 %	Adults : 20 - 40 % Children : 36- 50 %
Eosinophils	04 %	1 - 6 %
Monocytes	03 %	2 - 10 %
Basophils	00 %	0 - 1 %
Abnormalities of Leucocytes	-	
Abnormalities of Erythrocytes	-	
Platelets	2.6 Lakhs/cumm	1.5 - 4.0 Lakhs/cumm

PERIPHERAL SMEAR Normocytic / Normochromic

E.S.R :- 1st Hour : 08 mm
2nd Hour : 20 mm

V. S. SETHI
V. S. SETHI
MB Pathologist
Regd. No: B311
Sathya Diagnostic Centre

---End of Report---





COMPLAINT REDRESSAL PROCEDURE

Grievance or Complaint

You may register your grievance or complaint with our **Head Customer Response & Resolution** at Customer Care Unit

Birla Sunlife Insurance Company Ltd.
One Indiabulls Centre, Tower 1,
15th Floor, Jupiter Mill Compound,
841, Senapati Bapat Marg,
Elphinstone Road, Mumbai – 400013.

You may also call our toll free no 1-800-270-7000 or email: customerservice@birlasunlife.com.

In case you are dissatisfied with the decision of the above office or have not received any response within 10 days, you may contact our **Head Service Assurance** at

Customer Care Unit
Birla Sunlife Insurance Company Ltd.
One Indiabulls Centre, Tower 1,
15th Floor, Jupiter Mill Compound,
841, Senapati Bapat Marg,
Elphinstone Road, Mumbai – 400013.

You may also call our toll free no 1-800-270-7000 or email: grievances@birlasunlife.com

The Complaint should be made in writing only signed or through email by the complainant or by his/her legal heirs with full details of the complaint and the contact information of complainant

Insurance Ombudsman

In case you are dissatisfied with the decision/resolution of the company, you may approach the Insurance Ombudsman located nearest to you (please refer to the contact details mentioned at the end of this Policy Document or visit our website www.birlasunlife.com) if your grievance pertains to:

- insurance claim that has been rejected or dispute of a claim on legal construction of the policy;
- delay in claim settlement;
- dispute with regard to premium; or
- non-receipt of your policy document.

As per provision 13(3) of the Redressal of Public Grievances Rules 1998, the complaint to the Ombudsman can be made:

- only if the grievance has been rejected by the grievance redressal machinery of the insurer;
- within a period of one year from the date of rejection by the insurer; and
- if it is not simultaneously under any litigation.



List of Insurance Ombudsmen

Office of the Ombudsman	Contact Details	Areas of Jurisdiction
AHMEDABAD 2nd Floor, Ambica House, Near C.U.Shah College, 5, Nayvug Colony, Ashram Road, AHMEDABAD – 380 014	(O) : 079 - 27546150, 27546139 Fax : 079 - 27546142 E-mail : ins.omb@rediffmail.com	Gujarat, UT of Dadra & Nagar Haveli, Daman and Diu
BHOPAL Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel, Bhopal – 462 011.	(O) : 0755-2769200/201/202 Fax : 0755-2769203 E-mail : bimalokpalbhopal@airtelmail.in	Madhya Pradesh & Chhattisgarh
BHUBANESWAR 62, Forest Park, BHUBANESWAR – 751 009	(O) : 0674 - 2596461, 2596455 Fax : 0674 - 2596429 E-mail : ioobbsr@dataone.in	Orrisa
CHANDIGARH S.C.O. No.101,102 &103, 2 nd Floor, Batra Building, Sector 17-D CHANDIGARH – 160 017	(O) : 0172 - 2706196, 2705861 EPBX : 0172 - 2706468 Fax : 0172 - 2708274 E-mail : ombchd@yahoo.co.in	Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir, UT of Chandigarh
CHENNAI Fatima Akhtar Court, 4 th Floor, 453 (old 312) Anna Salai, Teynampet, CHENNAI – 600 018	(O) : 044 - 24333678, 24333668 Fax : 044 - 24333664 E-mail : chennaiinsuranceombudsman@gmail.com	Tamil Nadu, UT – Pondicherry Town and Karaikal (which are part of UT and Pondicherry)
DELHI 2/2 A, 1 st Floor, Universal Insurance Bldg. Asaf Ali Road, NEW DELHI – 110 002	(O) : 011 - 23239611, 23237539, 23237532 Fax : 011 - 23230858 E-mail : iobdelraj@rediffmail.com	Delhi & Rajashtan
GUWAHATI 'Jeevan Nivesh', 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001(ASSAM).	(O) : 0361-2132204/2131307/2132205 Fax : 0361-2732937 E-mail : ombudsmanghy@rediffmail.com	Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura
HYDERABAD 6-2-46, 1 st Floor, 'Moin Court', Lane opp. Saleem Function Palace, A.C.Guards, Lakdi-Ka-pool, HYDERABAD – 500 004	(O) : 040 - 23325325, 23312122, 65504123 Fax : 040 - 23376599 E-mail : insombudhyd@gmail.com	Andhra Pradesh, Karnataka and UT of Yanam – a part of the UT of Pondicherry
KOCHI 2 nd Floor, CC 27/2603 Pulinat Building, Opp. Cochin Shipyard, M.G.Road, ERNAKULAM – 682 015	(O) : 0484 - 2358734, 2359338, 2358759 Fax : 0484 - 2359336 E-mail : iokochi@asianetindia.com	Kerala, UT of (a) Lakshadweep (b) Mahe – a part of UT of Pondicherry
KOLKATA North British Building, 29, N.S. Road, 3 rd Floor, KOLKATA – 700 001	(O) : 033 - 22134869, 22134867, 22134866 Fax : 033 - 22134868 E-mail : iombsbpa@bsnl.in	West Bengal, Bihar, Jharkhand and UT of Andaman & Nicobar Islands, Sikkim
LUCKNOW Jeevan Bhawan, Phase 2, 6 th Floor, Nawal Kishore Rd., Hazartganj, LUCKNOW – 226 001	(O) : 2201188, 2231330, 2231331 Fax : 0522-2231310 E-mail : insombudsman@rediffmail.com	UttarPradesh and Uttaranchal
MUMBAI 3 rd Floor, Jeevan Seva Annexe, S.V.Road, Santa Cruz (West). MUMBAI – 400 054	(O) : 022 - 26106928, 26106360 EPBX : 022 - 26106889 Fax : 022 - 26106052 E-mail : ombudsmanmumbai@gmail.com	Maharashtra, Goa

Note: Address and contact number of Governing Body of Insurance Council:

Secretary General
Governing Body of Insurance Council
Jeevan Seva Annexe, 3rd Floor (above MTNL), S.V. Road, Santacruz (W), Mumbai – 400 054
Tel. No: 022 - 2610 6889, 26106245 ; Fax No: 022 - 26106949, 2610 6052
E-mail ID: inscoun@vsnl.net

Visit our website www.birlasunlife.com for updated list of Insurance Ombudsmen

Please contact us at:



1800-270-7000



customerservice@birlasunlife.com