



**Policy Document**

Max Suraksha - Single Premium Life Insurance  
(Non-Participating/Non-Convertible)

**Max New York Life Insurance Company Limited**  
Regd. Office : Max House, 1 Dr. Jha Marg, Okhla,  
New Delhi - 110 020

Max New York Life Insurance Company Limited (the "Company") has entered into this contract of insurance (the "Policy") on the basis of the Proposal together with the premium deposit and declarations received from the Proposer for effecting a life insurance contract on the life of the person (the "Life Insured") named in the schedule hereto (the "Schedule"). This Policy is subject to the terms and conditions stated herein and the Schedule.

The Company agrees to pay the Benefits under this Policy on the happening of the Insured Event, while this Policy is in force.

Signed by and on behalf of  
**Max New York Life Insurance Company Limited**

Analjit Singh  
Chairman

Date Of Policy : <dd-mmm-yyyy>



**THE SCHEDULE**

**BASE POLICY** - Rural ..... Return of Premium Term Single Premium Policy

**TYPE OF POLICY** - Non Convertibel/Non - Participating  
**GENERAL OFFICE** - <>

<b>POLICY NO:</b> <>		<b>PROPOSAL NO</b> : <>		<b>DATE OF PROPOSAL:</b> <dd-mmm-yyyy>	
<b>POLICY HOLDER/ PROPOSER :</b> <>		<b>IDENTIFICATION SOURCE &amp; I.D. No :</b> <>			
<b>ADDRESS:</b> <Address 1> <Address 2> <Address 3> <Address 4>		<b>SEX :</b> <>			
<b>LIFE INSURED</b> <>		<b>IDENTIFICATION SOURCE &amp; I.D. No :</b> <>			
<b>DATE OF BIRTH OF LIFE INSURED :</b> < dd-mmm-yyyy>		<b>SEX :</b> <>			
AGE ADMITTED : YES/NO					
<b>ADDRESS:</b> <Address 1> <Address 2> <Address 3> <Address 4>					
<b>NOMINEE (S)</b> <1. > <2. >					
<b>EFFECTIVE DATE OF COVERAGE :</b> < dd-mmm-yyyy >					
<b>SINGLE PREMIUM :</b> <>					
LIST OF COVERAGES	DURATION OF COVERAGE	INSURED EVENT	SUM INSURED (Rs.)	SINGLE PREMIUM (Rs.)	ANNEXURE REFERENCE
		Death of Life Insured			
<b>THE BENEFITS ARE PAYABLE TO:</b> The Policy Holder or his assignees or nominees or proving executors or administrators or other legal representatives who shall take out representation to his estate from a competent court.					
<b>SPECIAL PROVISIONS:</b>					



**DEFINITIONS**

In this Policy, you; your; refers to the Policy Holder of this Policy. we; us; our; ours; “the Company” refers to Max New York Life Insurance Company Limited.

“Policy Holder” means the person who owns the Policy.

“Life Insured” means the person on whose life the policy is being effected.

“Age” means the age of the Life Insured attained on the last birthday on or prior to the Effective Date of Coverage specified in the Schedule.

“Effective Date of Coverage” means the date shown in the schedule page on which the coverage of risk under your Policy has commenced .

All terms and references to masculine shall also apply to feminine and reference to singular shall also include the plural and vice and versa.

**BENEFITS**

**Maturity** – Upon maturity we shall refund full premium received by us and specified in the Schedule.

**Death** - On death of the Life Insured, we shall pay 10 (ten) times of the premium received by us and specified in the Schedule..

**GENERAL PROVISIONS**

**The Contract**

The entire contract consists of this policy including schedule, attached riders and endorsements if any, the proposal, medical evidence, any written statements, answers, premium deposits and other declarations/particulars (if any) received from you. The contract may be amended by us with your consent. No Agent is authorized to change the contract.

**Full Disclosure & Incontestability**

This Policy has been issued on your representation that you have made full disclosures of all relevant facts and circumstances. Any concealment, non-disclosure, misrepresentation or fraud by you shall render the Policy liable for cancellation and/or voidable at the option of the Company. If it deems fit, the Company may also forfeit the Premium(s) received.

We also draw your attention to Section 45 of the Insurance Act, 1938 – which states as follows :

No policy of life insurance effected 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 a statement made in the proposal for insurance or in any report of a medical officer, or referee, or friend of the 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 policy-holder and that the policy-holder 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.

**Policy Review Period**

Please examine your Policy carefully. You may opt to return the Original Policy to the Company with a written request for cancellation of the Policy within fifteen days from the date of receipt of this Policy. In such an event the Premiums paid less proportionate risk premium for the period of cover, any medical fees and expense incurred on stamp charges by the Company will be refunded without interest. If the Policy is sent by post it shall be deemed to have been received by you within three days of posting.

**Currency and Place of Payment**

All payments to or by us will be in Indian Rupees at any of our offices in India, or any other office as may be specified by us.



**Travel, Residence and Occupation**

This Policy contains no restrictions as to travel, residence or occupation except as otherwise provided in any Special Provisions to this Policy or by law.

**Misstatement of Age**

All Premiums are calculated based on the Age of the Life Insured, declared in the Proposal. Without prejudice to the full disclosure and incontestability provisions, we may at our sole discretion :

- i) in case the age at the time of issuance of Policy is lower or higher than the age declared or sex is mis-stated, adjust the premium and/or benefits payable to those applicable had the true age or sex been stated at issue and the policy would have been issued based on our underwriting rules at that time and
- ii) in case the Life Insured's true age at the time of issuing the Policy is higher than the maximum issue age limit under the Policy, cancel the Policy and forfeit Premium(s) received

**Suicide Exclusion**

Notwithstanding anything stated in the Policy, if the Life Insured under the Policy dies by suicide, whether sane or insane, within one year from the Date of Policy, the Policy Coverage shall come to an end simultaneously. In such an event, we will only refund the Premium less any expenses incurred by us.

**Assignment & Nomination**

Notice of assignment or nomination (including any change thereof), should be submitted for registration to us. In registering an assignment or nomination, we do not accept any responsibility or express any opinion as to its validity or legality. An absolute assignment shall automatically cancel a nomination except any assignment in our favour. The Policy may be assigned in its entirety and no partial assignment shall be permitted.

**Claims**

Subject to this policy remaining in force and production of proof to us to our satisfaction of the happening of the insured event in relation to the Policy Holder, its cause, Claim Statement, Original Policy, Death Certificate, Attending Physician's statement, Cremation & Burial Statement, Identity proof of the Claimant, Employer's Certificate, F.I.R/ Postmortem report (wherever applicable), documents establishing right of the claimant and such other documents required by the Company at that time, we will settle the claim.

**Dispute Redressal Cell**

All consumer grievances may be addressed to Customer Helpdesk, Max New York Life Insurance Company Limited, DLF Square Building, 11<sup>th</sup> floor, Jacaranda Marg, DLF Phase II, Gurgaon - 122002, Haryana, India or the servicing General Office or the Insurance Ombudsman, whose address can be obtained from our Head Office.

**Notices**

All communications relating to this policy may be addressed to :Max New York Life Insurance Co. Ltd, 11<sup>th</sup> floor, DLF Square, Jacaranda Marg, DLF City, Phase II, Gurgaon – 122 002, Haryana, India.

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ENDORSEMENT

*J.S.*



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A handwritten signature in black ink, appearing to be 'Raj', is located in the bottom right corner of the page.

Product Name : Single Premium ROP

Premium Rate Table

For all ages, premium = Rs 100 per 1000 of Face Amount

*JZS*