

e-Insurance Account (eIA) Opening Form for Individual

(Please fill this form in ENGLISH and in BLOCK LETTERS.
Fields marked with asterisk (*) are compulsory)

Application No.:

Type of eIA

Resident Indian ☐

NRI ☐

Signature

Please affix your
recent colour
photograph

Please sign in the box

eIA Applicant Details

First Name*

Middle Name

Last Name

Father's/Husband's Name

Gender* Male ☐ Female ☐ Others ☐ Date of Birth*

DOB Document Submitted*

PAN* & / or UID

ID Proof Submitted*

Permanent Address

Address Line 1*

Address Line 2

Address Line 3

Landmark

City*

Pincode*

State* Country*

Address Proof Submitted*

Correspondence Address

Same as above Yes ☐ No ☐

Address Line 1*

Address Line 2

Address Line 3

Landmark

City*

Pincode*

State* Country*

Address Proof Submitted*

Contact Details

Telephone No.

Alternate Tel. No.

Mobile No.*

Fax No.

E-mail ID*

Alternate E-mail ID

Please mention the document code. List of documents and their respective codes is provided in the Annexure | <https://nir.ndml.in/>

\$ For list of valid documents, please refer the Annexure | <https://nir.ndml.in/>

(For office use only)

eIA No.:

Approved Person ID:

Date of Receipt of Application:

Application No.:

Insurance Company:

Bank Details

Account Type*	Savings <input type="checkbox"/>	Current <input type="checkbox"/>
Account Number*		
Bank Name*		
Branch Name*		
City*		
MICR Code		IFSC code
(Compulsory in case of ECS)		(Compulsory in case of NEFT) 11 character code appearing on your cheque leaf
Cancelled Cheque*	<input type="checkbox"/> (Please tick and attach a copy)	
(Original Cancelled cheque leaf given - if original is applicable as per the mandate)		

Authorised Representative Details

First Name*															
Middle Name															
Last Name															
Gender*	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Others <input type="checkbox"/>	Date of Birth*	D	D	M	M	Y	Y	Y	Y			
PAN					UID										
Relationship with eIA Applicant*															

Address	Same as eIA Applicant: Permanent <input type="checkbox"/>	Correspondence <input type="checkbox"/>														
Address Line 1*																
Address Line 2																
Address Line 3																
Landmark																
City*																
Pincode*																
State*											Country*					

Contact Details

Telephone No.															
Mobile No.*															
E-mail ID*															

Do you want to notify Authorised Representative about his/her appointment?* Yes ☐ No ☐

(If none of the option is selected, it will be considered as YES)

Declaration

The rules and regulations of Insurance Regulatory and Development Authority & Insurance Repository pertaining to an e-Insurance Account which are in force now have been read by me and I have understood the same and I agree to abide by and to be bound by the rules as are in force from time to time for such e-Insurance Account. I hereby declare that the particulars given herein are true, correct and complete to the best of my knowledge and belief, the documents submitted along with this application are genuine and I am not making this application for the purpose of contravention of any Act, Rules, Regulations or any statute or legislation or any Notifications, Directions issued by any governmental or statutory authority from time to time. I authorise the Insurance Repository to send any policy and account related information through email and SMS on the contact details given by me. In case of any physical policies being issued by the Insurance Company from whom I obtain an e-policy, the address in the e-Insurance Account shall override the address provided for the physical policies. I understand that all the communication relating to any physical/ e-policy will be sent to the address registered with the Insurance Repository. I agree to inform the Repository of any changes in the details mentioned in this form and in case of delay the said repository shall not be liable in case it acts on the said information which has not been updated. Further, in case I update the details with the Insurance Company, I authorise them to submit the same to you for update in the e-Insurance Account and the said update will be applicable to all policies of any insurer that I hold/ will hold in the said account. I authorise the Repository to pass on the information to any Insurance Company that I have approached for availing of insurance cover. I further agree that any false / misleading information given by me or suppression of any material fact will render my e-Insurance Account liable for termination and further action. I hereby authorise the Insurance Repository / Insurance Company to disclose, share, remit in any form, mode or manner, all / any of the information provided by me to the respective Insurance Companies and / or to their authorised agents and representatives in which I may transact / have transacted including all changes, updates to such information as and when provided by me. I hereby agree to provide any additional information / documentation that may be required by the Authorised Parties, in connection with this application. I hereby confirm that this is a unique e-Insurance Account opening application and I have not applied to the same Insurance Repository or any other Insurance Repository for an e-Insurance Account in the past. I would like to receive my insurance policy and all the information related to the proposed insurance policy through Insurance Repository.

<div></div>	<div></div>
Name of the eIA Holder	Signature

e-Insurance for easy access

- Mention the eIA number while buying a new policy
- Open eIA to receive online credit of insurance policy
- Check your eIA details registered with NIR

- Convert your physical policies to electronic at the earliest
- Check the policy after it is credited to your account
- Avail electronic services and information available through eIA