| Sr No  | Question Body   | Alternative 1   | nts (NON-LIFE) Question B  | Alternative 3   | Alternative 4   | Correct     |
|--------|---|---|--|---|---|-------------|
| ONI.IC | Question body   | Arternative 1   | Alternative 2  | Aitemative 3  | Aiternative 4   | Alternative |
| 1      | In the olden days, Chinese traders used to keep their goods in different boats while sailing through treacherous waters. Analyse why?         | Chinese boats were small and they carried heavy goods                 | The Chinese Government mandated that goods should be distributed among multiple shipping companies so that there is equal distribution of business | Chinese traders placed their goods in multiple boats because it provided insurance against total loss | Chinese traders placed their goods in multiple boats because it was cheap   | 3           |
| 2      | What is the cost of risk directly proportional to?  | Probability and impact of the loss                                    | Impact of the loss alone   | Probability of loss and object of insurance   | Impact of loss and the object of insurance  | 1           |
| 3      | Which of the below statement is incorrect?  | Under mutuality, the funds of various individuals are combined        | Mutuality is also known as pooling   | Under mutuality we have funds flow from one source to many  | Mutuality provides protection against the economic loss arising as a result of one's untimely death. This loss is shouldered and addressed through having a fund that pools the contributions of many who have entered into the life insurance contract | 3           |
| 4      | The earliest type of modern insurance was in the form of protection by business guilds or societies in Europe especially in the 14th century. | Spain   | France   | Germany   | Italy   | 4           |
| 5      | In terms of Breach of Utmost Good Faith, which of the following is not correct  | Concealment is Intentional Non-Disclosure                             | Concealment is Innocent Non-Disclosure   | Fraudulence is Intentional Misrepresentation  | Hiding existence of a disease is intentional Non-Disclosure   | 2           |
| 6      | Life Insurance Corporation of India(LIC) was set up under which of the following acts?  | Life Insurance Corporation Act, 1956                                  | The Insurance Act, 1938  | Life Insurance Companies Act, 1912  | Indian Insurance Companies Act, 1928  | 1           |
| 7      | Which of the following social security scheme is a Health Insurance plan?   | PMVVY   | PMFBY  | РМЈАҮ   | PMSBY   | 3           |
| 8      | Explain difference between peril and hazard.  | Peril is the cause of loss and hazard is the consequence of that loss | Peril is the direct cause of loss while<br>hazard increases/decreases the probability<br>of loss   | Hazard is the direct cause of loss while peril increases/decreases the probability of loss            | Peril is probability of loss while hazard is related to impact of loss  | 2           |
| 9      | The IRDA was established in the year under the IRDA Act, 1999.  | 1999  | 2000   | 2002  | 2003  |             |
| 10     | Losses caused by an earthquake are  | Critical  | Collaborative  | Corollary   | Common  | 1           |
| 11     | Who is protected under the In-Contestability<br>Clause<br>included under a Life Assurance Policy?   | Insurer   | Insured  | Insurance Agent   | Insurance Broker  | 2           |
| 12     | Who among the Following, is Likely to be Exposed to Accidental Hazard, in His or Her Occupation? Choose the Most Appropriate Option.          | Medical-Professional  | Tourist-Guide  | Demolition-Experts  | Marketing-Executive, Who is regularly on the Field.   | 3           |
| 13     | Who among the Following, is Likely to be Exposed to Health-Hazard, in His or Her Occupation?  | Yoga-Instructor   | Film-Stunt-Artist  | Dancer in a Night-Club  | Person, Exposed to Mining Dust  | 4           |
| 14     | Why Do, Insurers need Material Information?   | For Documentation Purposes.   | Decide on the Risk- Acceptance, and the Terms and Conditions, Associated.  | To Comply with the Regulatory Requirements.   | To Improve the Customer-Service.  | 2           |

| Sr.No | Question Body   | Alternative 1   | Alternative 2   | Alternative 3  | Alternative 4  | Correct<br>Alternative |
|-------|---|---|---|--|--|------------------------|
| 15    | Compare: Gambling and Insurance.  | Gambling and Insurance, Both, are the Same.                 | Gambling has No Insurable Interest involved, but Insurance does have. | Insurance has Only Profitable<br>Outcomes, while, Gambling could<br>result in Losses.  | Gambling is Legally Enforceable, but, Insurance is Not.                      | 2                      |
| 16    | Select a Scenario, that showcases the Principle of Uberrima Fides.  | Timely Payment of Premium.                                  | Disclosing All Material Information on the Insurance Proposal- Form.  | Faking All Material Information on the Insurance Proposal- Form.   | Disclosing All Irrelevant<br>Information on the Insurance<br>Proposal- Form. | 2                      |
| 17    | Label the Interest, that the Insured has, in the Subject-Matter of Life Assurance. Choose the Most Appropriate Option.  | Speculative Interest  | Wager Interest  | Insurable Interest   | Indemnity Interest   | 3                      |
| 18    | Which priciple of insurance implies if the same property is insured with more than one insurance company  | Contribution  | Uberrima fides  | Subrogation  | Proximate cause  | 1                      |
| 19    | is a corollary principle of Indemnity   | Insurable Interest  | Uberrima fides  | Subrogation  | Proximate cause  | 3                      |
| 20    | Examine the conditions mentioned below and tell us which is not a valid condition for returning a policy during the free look period.  I: Option must be exercised within 15 days of receiving the policy document  II: Communication has to be in writing  III: Communication can be verbal or written | I only  | II only   | III only   | I and III  | 3                      |
| 21    | Section 45 (Indisputability Clause) of Insurance Act, protects the Insured, from Rejection of Claim, by the Insurer; provided the Policy has completed Choose the Most Appropriate Option.  | One Year  | Three Years   | Five Years   | Seven Years  | 2                      |
| 22    | As per the Suicide Clause, if the Life-Assured Dies, as a Result of Suicide, After 3 Years of the Issue of Policy, What Does the Beneficiary Receive as the Claim?  | Nothing   | Premium, Paid by the Life-Assured.                                    | (2 × Premium), Paid by the Life-<br>Assured.   | Full Face-Amount of the Policy.  | 4                      |
| 23    | What Does, First Premium Receipt (F.P.R.), signify?   | Free-Look Period has ended.                                 | It is the Evidence, that the Policy-<br>Contract has begun.           | Policy cannot be cancelled, Now.   | Policy has acquired a Certain Cash-Value.                                    | 2                      |
| 24    | Identify the Document, that evidences a Contract, between the Insurer and the Insured.  | Proposal-Form   | Claim-Form  | Nomination-Form  | Policy-Document  | 4                      |
| 25    | Expections stated under Section 59 of the Insurance Rules 1939 for advance payment of premium.  | No risk to be assumed unless premium is received in advance | Insurance cannot be sold on credit basis in India                     | Accepting premiums in instalment in respect of Sickness Insurance, Group Personal Accident Insurance, Medical Benefits Insurance and Hospitalisation Insurance Schemes subject to certain conditions | None of the above  | 3                      |

| Sr.No | Question Body   | Alternative 1  | Alternative 2   | Alternative 3   | Alternative 4  | Correct<br>Alternative |
|-------|---|--|---|---|--|------------------------|
| 26    | Correct, with Regard to Numerical Rating  | Under this Method, Underwriters assign the Positive Rating-Points for All Negative or Adverse Factors.                                       | Positive or Favourable Factors.   | Under this Method, the Total<br>Number of Points, so assigned, will<br>decide How Much Extra- Mortality-<br>Rating (E.M.R.), it has been given.   | Under this Method, if the Extra-<br>Mortality- Rating (E.M.R.) is Very<br>High, Insurance may even be<br>declined.       | 2                      |
| 27    | _ · _   | Under this Method, Subjective Judgement is used.   | Case of Complex Cases.  | In this Method, the Company may seek Expert Opinion of Medical Doctor.  | In this Method, the Underwriter assign Positive or Negative Rating-Points to the Adverse Factors.                        | 4                      |
| 28    | Mr. Vimal is a 32-Years' Old, Healthy, Non-<br>Smoker, Teetotaller Individual; Who applies<br>for Life Assurance from ABC Limited Insurance<br>Company. Which One of the Following<br>Statements, will Hold True, with Regard to<br>Risk-Acceptance by the Insurance Company? | Risk will be Accepted at Ordinary<br>Rates.  | II =  | Risk will be Accepted, With a Lien<br>on Sum- Assured.  | Risk will be Accepted, With a<br>Restrictive Clause.   | 1                      |
| 29    | If, Mr. Brijesh, a 40-Years' Old Individual, is perceived as a 'Sub-Standard Risk', by the Insurance Company, then, Which One of the Following Statements, will Hold True, with Regard to Risk-Acceptance by the Insurance Company?   | Risk will be Accepted at Ordinary<br>Rates.  | Rates.  | Risk will be Accepted With an Extra, Over the Tabular Rate of Premium.  | Risk will be Declined.   | 3                      |
| 30    | What is meant by 'Risk-Classification'? Choose the Most Appropriate Option.   | The Process, in which, Individual Lives are Categorised and Assigned to Different Risk-Classes, Depending on the Degree of Risks, they Pose. | of Experiencing a Loss is High, to<br>seek-out the Insurance, Eagerly;<br>and to gain in the Process. | The Process of Evaluating Each Proposal for Life- Assurance in Terms of the Degree of Risk, it represents; and then Deciding: Whether or Not to Grant the Insurance, and on What Terms. | The Process, in which, the Applicants, Who are Exposed to Similar Degrees of Risk, are Placed in the Same Premium-Class. | 1                      |
| 31    | Mr. Nimesh bought a 20-Years' Unit-Linked Insurance Plan (U.L.I.P.). In the Event: Mr. Nimesh dies, Within the Policy-Term, Which of the Following, will be paid?   | Surrender-Value will be paid.  | Premiums paid will be Returned,<br>After Deducting the Dues.  | Lower of Sum-Assured or Fund-<br>Value, will be paid.   | Higher of Sum-Assured or Fund-<br>Value, will be paid.   | 4                      |
| 32    | •   | Death-Certificate from Municipal Corporation.  | Decree from a Competent Court.  | Employer's Certificate  | Inquest-Report   | 2                      |
| 33    | Mr. Brijesh purchased a 20-Years' Unit-Linked Insurance-Plan (U.L.I.P.), from ABC Insurance Company. If Mr. Brijesh Dies, Before the Maturity of the Policy, then Insurance Company will have to pay  | Surrender-Value  | Premiums, After Deducting the Dues.   | Lower of Sum-Assured or Fund-<br>Value.   | Higher of Sum-Assured or Fund-<br>Value.   | 4                      |

| Sr.No | Question Body  | Alternative 1  | Alternative 2  | Alternative 3  | Alternative 4   | Correct<br>Alternative |
|-------|--|--|--|--|---|------------------------|
| 34    | Which One of the Following Claims, can be Payable, Only to the Assignee or Nominee?  | Death-Claim  | Maturity-Claim   | Survival-Benefit   | Surrender-Value   | 1                      |
| 35    | Which One of the Following Documents, needs to be submitted, by the Nominee, in the Event of Natural Death of the Life-Assured? Choose the Most Appropriate Option.  |  | Death-Certificate  | Post-Mortem Report   | First Information Report (F.I.R.)   | 2                      |
| 36    | On payment of claim, the life insurance policy-  | Can be reinstated on payment of pro-rata premium   | Stands cancelled   | Automatically terminates   | Continues till the end of the policy period   | 3                      |
| 37    | On payment of claim, the individual fidelity guarantee policy-   | Can be reinstated on payment of pro-rata premium   | Stands cancelled   | Automatically terminates   | Continues till the end of the policy period   | 3                      |
| 38    | Arbitrators appointwho presides the meeting.   | A President  | A Chairman   | An Umpire  | A Judge   | 3                      |
| 39    | Dispute relating to question of liability are to be settled through  | Arbitration  | Communication  | Litigation   | Understanding   | 3                      |
| 40    | You are an insurance agent. Mr. Mahesh has approached you as a customer to buy some insurance. You hear from friends that Mr. Mahesh is involved in sale of pirated goods and all the resultant cash is invested in buying life insurance. What should you do?       | Concentrate on completing the sale and securing commission   | Report suspicious transaction along with all the information you have about Mr. Mahesh | Blackmail Mr. Mahesh and try to get some monetary benefits out of him  | Keep mum about the transaction  | 2                      |
| 41    | Important information that a prospectus discloses includes: I. Any incentives to reward policyholders for early entry II. Any incentives to reward policyholders for continued renewals III. Any incentives to reward policyholders for favourable claims experience | Only I   | I and II   | II and III   | I, II and III   | 1                      |
| 42    | If Complex Language is used to word a Certain<br>Policy- Document, and it has given Rise to an<br>Ambiguity, How Will it generally be<br>construed?  | In Favour of the Insured.  | In Favour of the Insurer.  | The Policy will be declared as Void, and the Insurer will be asked to Return the Premium, With Interest, to the Insured. | The Policy will be declared as Void, and the Insurer will be asked to Return the Premium, to the Insured, Without Any Interest. | 1                      |
| 43    | Which of the Following, is <u>Not</u> a Part of a Standard Policy-Document?  | Policy Schedule  | Standard Provisions  | Policy-Specific Provisions   | Policy Forfeiture Provisions  | 4                      |
| 44    | Gives us, an Example of a Standard Policy-Provision.   | A Clause, Precluding the Death Due to Pregnancy, for a Lady, Who is Expecting at the Time of Writing the Contract. | Suicide Clause   | A Clause, Precluding Certain Illnesses.  | A Clause, Granting Certain<br>Privileges to the Policy-Holder.  | 2                      |

| Sr.No | Question Body   | Alternative 1  | Alternative 2  | Alternative 3  | Alternative 4  | Correct<br>Alternative |
|-------|---|--|--|--|--|------------------------|
| 45    | Which of the below statement/statements is/are true with regard to a proposal form?  A) The proposal form can be filled in by the proposer in written or electronic format.  B) The proposal form contains the details of imsurance cover, warranties, terms and conditions.  C) The insurer can decide whether to accept or reject the proposal for insurance based on the information in proposal form. | A & B  | A & C  | Only C   | All of them  | 2                      |
| 46    | Declaration of the proposer in the proposal form converts of Utmost Good Faith to of Utmost Good Faith.   | Legal Duty, Common Law Principle   | Contractual Duty, Common Law Principle   | Common Law Principle, Contractual Duty   | Common Law Principle, Legal Duty   | 3                      |
| 47    | Which of the following is not a contributor towards Customer Lifetime value   | Historical   | Present  | Potential  | Speculated   | 4                      |
| 48    | Which of the following is NOT an example of non verbal communication?   | Signaling okay with a hand gesture   | Gesturing in an empty room   | Wearing jewelry  | Raising your voice   | 2                      |
| 49    | The ability to perform the promised service dependably and accurately, can be termed as   | Tangible   | Reliability  | Assurance  | Responsiveness   | 2                      |
| 50    | The knowledge, competence and courtesy of service providers and their ability to convey trust and confidence, can be termed as  | Reliability  | Assurance  | Responsiveness   | Tangible   | 2                      |
| 51    | Select the Correct Statement, with Regard to Grace- Period. Choose the Most Appropriate Option.   | The Standard Length of the Grace-Period is 1 Month or 31 Days.                                 | The Standard Length of the Grace-Period is One Quarter.  | The Standard Length of the Grace-Period is One Week.   | The Standard Length of the Grace-Period is One Fort-Night.                                     | 1                      |
| 52    | Potential Value means-  | The value of premiums that is arrived at by persuading the customer to buy additional products |  | The value of premiums that could be derived by persuading the customer to buy additional products    | Future premiums that is expected to be received if existing business is retained               | 3                      |
| 53    | Elements of Trust are A) Communication, B) Attraction, C) Belief, D) Presence   | A & B  | A, B & C   | A, C & D   | A, B & D   | 4                      |
| 54    | is the most important step in sales process.  | Interview  | Prospecting  | Handling objections  | Closing the sale   | 2                      |
| 55    | An agent need not recommend insurance in certain situations. One of the situation can be-   | Where the prospect is interested in reducing the cost of handling the risk.                    | When the risk involved is non-insurable.   | Where the risk involved can be managed by means other than insurance.                                | All of the above   | 3                      |
| 56    | When is a cover note issued to proposer?  | When the underwriting process is complete and policy is issued                                 | When the negotiations for insurance are in progress and policy document is prepared                          | When the underwriting process is complete and policy not is issued                                   | When the negotiations for insurance are in progress and policy document is issued              | 3                      |
| 57    | During which period, insurance policy can be returned and refund of premium obtained?   | Coverage period  | Free Look Period   | Waiting Period   | Grace Period   | 2                      |
| 58    | If the policy is being purchased electronically, it is agent's duty to-   | Help the customer to open e-Insutance<br>Account through registered insurance<br>repository    | Help the customer to register for e-<br>Insurance Policy with OTP through<br>registered insurance repository | Help the customer to open e-vault for<br>Insurance Policy through registered<br>insurance repository | Help the customer to generate e-Insurance<br>Policy through registered insurance<br>repository | 1                      |

| Sr.No | Question Body   | Alternative 1   | Alternative 2  | Alternative 3  | Alternative 4   | Correct<br>Alternative |
|-------|---|---|--|--|---|------------------------|
| 59    | The customer has choice to continue with same insurer or to switch to another insurance company in following kind of policies:                                      | Term Insurance Policy   | Motor Third Party Policy   | Endowment Policy   | Unit Linked Insurance Policy  | 2                      |
| 60    | Consumer protection Act. comprises of quasi-judicial machinery  | One-tier  | Three-tier   | Two-tier   | Four-tier   | 2                      |
| 61    | Which of the following statement is incorrect with regard to process of filing a complaint with a Consumer Court?   | No one else other than the complainant himself / herself can file a complaint with the State or National Commission | There is no fee for filing a complaint with State Commission or National Commission                              | The complaint can be filed personally or can even be sent by post  | No advocate is necessary for the purpose of filing a complaint  | 1                      |
| 62    | If a policyholder wishes to file a complaint against any insurance company directly with State Commission, then in which of the following cases can he / she do so? | Where the value of goods/services and compensation claimed is up to Rs 20 lakh                                      | Where the value of goods/services and compensation claimed exceeds Rs. 20 lakh but does not exceed Rs. 100 lakh. | Where the value of goods/services and compensation claimed exceeds Rs.100 lakh.  | Where the value of goods/services and compensation claimed exceeds Rs. 10 crores  | 2                      |
| 63    | Which of the following statement is incorrect with regard to the State Commission?  | This redressal authority has original, appellate and supervisory jurisdiction                                       | It entertains appeals from the National<br>Commission  | It has original jurisdiction to entertain<br>complaints where the value of<br>goods/service and compensation, if any<br>claimed exceeds Rs. 1Crore but does not<br>exceed Rs. 10 Crore | No fees is charged to file a complaint with state commission  | 2                      |
| 64    | Which of the following rules is incorrect with regards to the Award that can be passed by the Ombudsman?  | The Award should be more than Rs. 50 lakh   | The Award should be made within a period of 3 months from the date of receipt of complaint                       | and send a written intimation to the   | If the insured does not intimate in writing<br>the acceptance of such Award, the insurer<br>may not implement the Award | 1                      |
| 65    | No one else in the insurance company has the client's problems as much as an agent does.  | ownership of  | responsibility towards   | duty towards   | role in resolving   | 1                      |
| 66    | In case where the complaint of a customer is not satisfatorily resolved, the complaint may be raised with-  | Insurance Grievance Redressal Mechanism   | Grievance Redressal Officer  | Consumer Complaints Registration System  | Integrated Grievance Management System  | 4                      |
| 67    | IGMS stands for-  | Insurance Grievance Management System   | Integrated Grievance Management System   | IRDAI Grievance Management System  | Initial Grievance Management System   | 2                      |
| 68    | Defect means-   | Imperfection in the quality of product / service  | deficiency in the nature of product / service  | inadequacy in the manner of performance of the product   | All of the above  | 4                      |
| 69    | Consumer dispute redressal agencies are not established at-   | National level  | District level   | City level   | State level   | 3                      |
| 70    |   | High Court  | Supreme Court of India   | Small Causes Court   | Civil Court   | 4                      |
| 71    | Appeals against orders passed by State Consumer Disputes Redressal Commission are accepted for hearing at   | High Court  | State Commission   | Civil Court  | National Commission   | 4                      |
| 72    | Which Consumer dispute redressal agency is established by the Central Government?   | State Commission  | National Commission  | District Commission  | Both District & State Commission  | 2                      |
| 73    | A complaint can be filed with the Consumer Dispute Redressal Agencies by-   | The advocate  | The agent authorised by the consumer   | The Consumer or his authorised agent   | Only the consumer   | 3                      |
| 74    | The Ombudsman passes an award to insured within from the date of receipt of all the requirements from the insured and insurer.                                      | 2 months  | 15 days  | 3 months   | 1 month   | 3                      |
| 75    | Which of the below Act has provisions for monitoring and control of operations of insurance companies?  | IRDA Act, 1999  | Deposit Insurance and Credit Guarantee<br>Corporation Act, 1961  | Public Liability Insurance Act, 1991   | The Insurance Act, 1938 and subsequent amendment  | 4                      |

| Sr.No | Question Body   | Alternative 1   | Alternative 2  | Alternative 3   | Alternative 4  | Correct<br>Alternative |
|-------|---|---|--|---|--|------------------------|
| 76    | Which One of the Following Bodies, can issue<br>the License to work as Individual Agents, in<br>India?  | Finance Ministry  | Government of India  | Life Insurance Corporation (L.I.C.) of India and General Insurance Corporation (G.I.C.) of India, Jointly.            | Insurance Regulatory and Development Authority of India (I.R.D.A.I.) | 4                      |
| 77    | Insurance Agents, who hold the Licence to act as Agents for Both: Life Insurer, General Insurer, Health Insurer, and Each of the Two Mono-Line Insurers, are called   | Brokers   | Corporate Agents   | Third-Party Administrators<br>(T.P.A.s)   | Composite Insurance Agents   | 4                      |
| 78    | Minimum Academic Qualification of a<br>Sepcified Person<br>is   | Class 10  | Class 12   | Graduate  | Post-Graduate  | 2                      |
| 79    | An Applicant, seeking an Appointment as an Insurance Agent of an Insurer, shall submit an Application in Form:, to the of the Insurer.  | I-A, Designated Official  | A.I-A, Appellate Officer   | I-B, Designated Official  | I-B, Appellate Officer   | 1                      |
| 80    | In case of rejection of application, the applicant is communicated the reasons for the rejection in writing within -  | 25 days of receiving the application                                | 30 days of receiving the application                               | 21 days of receiving the application  | 14 days of receiving the application                                 | 3                      |
| 81    | The insurer is required to communicate his final decision on the review application made by applicant within  | 25 days   | 15 days  | 30 days   | 20 days  | 2                      |
| 82    | Whom can the aggrieved insurance agent appeal to in case of cancellation of appointment?  | Designated Official   | Appellate Authority  | Appellate Official  | Appellate Officer  | 4                      |
| 83    | An aggrieved agent can appeal within and the officer will give the decision within  | 45 days, 30 days  | 30 days, 20 days   | 25 days, 30 days  | 20 days, 15 days   | 1                      |
| 84    | The applicant who passes the Insurance Agency Examination is issued a pass certificate by the examination body. The validity of this certificate is within which the applicant can apply for the appointment as an agent with any insurer for the first time. | Six months  | 24 months  | 12 months   | 36 months  | 3                      |
| 85    | What as per the code of conduct mentioned in the IRDAI (Appointment of Agents) Regulations, 2016, the insurance agents are prohibited from -  | Demand / receive share of benefit from insurer                      | Inducing the prospect to omit a material fact in the proposal form | Soliciting or procuring insurance business without setting up a registered office                                     | Issuing insurance advertisement                                      | 2                      |
| 86    |   | Discloses material facts in the application                         | Violates terms of policy   | Fails to retain the clients on renewal of the policy  | Furnishes wrong / false information                                  | 4                      |
| 87    | When is the name of blacklisted agent removed from the black list?  | When the agent resigns from his appointment as agent by the insurer | When the suspension against the agent is revoked by the authority  | When the agent submits his written oath to the authority regarding strictly adhering to the code of conduct in future | When the agent surrenders his appointment as agent by the insurer    | 2                      |

| Sr.No | Question Body  | Alternative 1  | Alternative 2  | Alternative 3  | Alternative 4   | Correct<br>Alternative |
|-------|--|--|--|--|---|------------------------|
| 88    | All the statements given below related to Employees' State Insurance Scheme are true EXCEPT:                                 | This scheme was introduced for central government employees and provides comprehensive health services through a network of its own dispensaries and hospitals | ESIC (Employees State Insurance<br>Corporation) is the implementing agency   | All workers earning wages up to Rs. 15,000 are covered under the contributory scheme   | Employee and employer contribute 1.75% and 4.75% of pay roll respectively; state governments contribute 12.5% of the medical expenses | 1                      |
| 89    | All the statements given below related to Central<br>Government Health Scheme are true EXCEPT:                               | The Central Government Health Scheme (CGHS), which was introduced in 1954  | The CGHS is only for the central government employees including pensioner and their family member working in civilian jobs | It aims to provide comprehensive medical care to employees and their families and is fully funded by the employer (central government) | The services are provided through CGHS's own dispensaries, polyclinics and empanelled private hospitals.                              | 3                      |
| 90    | All the options given below are lifestyle factors that determine the health of any individual EXCEPT:                        | Exercising   | Eating within limits   | Safe drinking water  | Avoiding worry  | 3                      |
| 91    | Which of the following is an example of communicable disease caused due to environmental factors like bad hygiene?           | Influenza  | Malaria  | Dengue   | Asbestosis  | 1                      |
| 92    | Which of the following is an example of communicable disease caused due to environmental factors like bad hygiene?           | Chickenpox   | Malaria  | Dengue   | Asbestosis  | 1                      |
| 93    | Which of the following factors are mostly in the control of an individual for maintaining good health                        | Social factors   | Genetic factors  | Environmental factors  | Lifestyle factors   | 4                      |
| 94    | Which diseases are spread due to bad hygiene and environmental sanitation  | Cancer and AIDS  | Hypertension and diabetes  | Influenza and chickenpox   | None of the above   | 3                      |
| 95    | Does a country's social and economic progress depend on the health of its people   | No, there is no relationship between the two   | Yes, there is a direct relationship between the two  | The relationship is indirect   | The relationship is uncertain   | 2                      |
| 96    | What is the main aim of healthcare services  | To create more jobs for healthcare providers   | To promote, maintain, monitor or restore health of people  | · ·  | To make healthcare services difficult to access   | 2                      |
| 97    | Which of the following statements is true regarding the setting up of healthcare facilities                                  | Healthcare facilities should be based<br>on the probability of the incidence of<br>more severe illnesses like Hepatitis B                                      | Healthcare facilities should be based<br>on the frequency of less severe<br>illnesses like cold and cough                  | Healthcare facilities should be based on the availability of nearest railway station   | Healthcare facilities should be based on the investment capacity of healthcare providers  | 1                      |
| 98    | Which of the following statements is true regarding secondary healthcare services  | They are provided by primary care physicians   | They are only available to inpatients  | They are the first point of contact for patients within a health system  | They include ambulance facilities and diagnostic services   | 4                      |
| 99    | Which healthcare provider would Mr. Sagar most likely visit first if he is feeling sick                                      | A specialist at a hospital   | A primary healthcare provider  | A dentist  | A pharmacist  | 2                      |
| 100   | Which of the following defines primary healthcare  | Healthcare services provided by doctors, nurses and small clinics  | Healthcare services provided by medical specialists  | Specialized consultative healthcare  | Ambulance services and pathology services   | 1                      |
| 101   | Which health insurance scheme aims to provide comprehensive medical care to central government employees and their families  | Central Government Health Scheme   | Employees' State Insurance Scheme  | Commercial Health Insurance  | None of the above   | 1                      |
| 102   | Which section of the Income Tax Act allows individuals to deduct premiums paid towards Health Insurance from taxable income  | Section 80 B   | Section 80 C   | Section 80 E   | Section 80 D  | 4                      |
| 103   | Which type of health insurance policy is allowed to be deducted from taxable income under Section 80 D of the Income Tax Act | Any health insurance policy  | Only policies provided by the Government   | Only policies provided by life insurers  | Only policies provided by non-life insurers   | 1                      |

| Sr.No | Question Body   | Alternative 1   | Alternative 2   | Alternative 3  | Alternative 4  | Correct<br>Alternative |
|-------|---|---|---|--|--|------------------------|
| 104   | Which of the following statements is true about the development of health insurance in India  | The first standardised health insurance product for individuals and their families in India was introduced in 2001 by private players in the insurance sector | The Central Government Health<br>Scheme (CGHS) was introduced for<br>blue-collar workers employed in the<br>formal private sector | Employees' State Insurance Scheme (ESIS) provides comprehensive health services through a network of its own dispensaries and hospitals for bluecollar workers employed in the formal private sector | Health insurance in India began with<br>the introduction of commercial health<br>insurance by non-life insurers in 1986              | 3                      |
| 105   | Which of the following is not a type of private health care provider in India   | Solo practitioners  | Diagnostic laboratories   | Corporate hospitals  | Government clinics   | 4                      |
| 106   | The following intermediary facilitates carrying out of pre-insurance medical examinations in connection with underwriting of the health insurance policies  | Insurance Broker  | Third Party Administrator   | Surveyor and Loss Assessor   | Reinsurance Broker   | 2                      |
| 107   | Identify the true statement I. Critical illness policies are usually available for persons in the age group of 21 years to 65 years. II. The sum insured offered under these policies is quite low. | Only I is true  | Only II is true   | Both I and II are true   | Both I and II are false  | 1                      |
| 108   | Which of the following is an example of package policy? I. Health plus life combi product II. Shopkeepers policy III. Householder's policy  | Only I  | l and ll  | II and III   | I,II and III   | 3                      |
| 109   | What is the free look in period for health insurance policies   | 15 days   | 20 days   | 30 days  | 45 days  | 1                      |
| 110   | A Life Assurance Company paid the Treatment Costs to the Insured, During the Event of Hospitalisation of the Insured, During the Policy-Term. This is an Example of                                 | Survival-Benefit Payments   | Surrender-Value   | Rider-Benefit  | Conditional Assignment   | 3                      |
| 111   | Rider, along with, a Term Assurance Plan,   | Claim will be ascertained, as per<br>the Conditions, stipulated in the<br>Policy.   | Claim will be ascertained, based on the Dates, which are determined, at the Beginning of the Contract, it-self.                   | Claim will occur, when the Policy-<br>Holder decides to cancel the<br>Contract.  | Claims will be ascertained, based<br>on the Medical and Other Records,<br>provided by the Policy-Holder, in<br>Support of Her Claim. | 4                      |
| 112   | What type of information is included in the medical questionnaire required in case of adverse medical history in the proposal form  | PAN Number  | Personal bank details   | Detailed information on diseases such<br>as Diabetes, Hypertension, Chest pain<br>or Coronary Insufficiency or<br>Myocardial Infarction  | ,  | 3                      |
| 113   | What information does the insurer consider when deciding to accept a proposal   | Details of the insured  | Details of the subject matter   | Previous history of insurance and claim experience   | All of the above   | 4                      |
| 114   | What does UIN in Health Insurance Stand for   | The unique identification number of the policy document   | The unique identification number of the insurer   | The unique identification number of the product  | The unique identification number of the policyholder   | 3                      |

| Sr.No | Question Body   | Alternative 1   | Alternative 2  | Alternative 3  | Alternative 4   | Correct<br>Alternative |
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| 115   | What is a condition in an insurance contract  | It is a provision in the contract that can be changed at any time                                   | It is a provision in the contract that outlines the rights of the policyholder                     | It is an optional provision that may or may not be included in the agreement.                        | It is a provision in the contract that forms the basis of the agreement                             | 4                      |
| 116   | Which of the following statements about conditions in an insurance policy is true   | A breach of condition makes the policy voidable at the option of the insured                        | A breach of condition makes the policy voidable at the option of the insurer                       | They are not important in determining the basis of the agreement                                     | They are optional provisions in an insurance contract   | 2                      |
| 117   | What is an endorsement in insurance policy  | A document attached to the policy that covers all perils and exclusions                             | A document that specifies the standard terms and conditions of the policy                          | A document that sets out changes or amendments to the policy   | A document that provides additional coverage to the policy  | 3                      |
| 118   | Identify the true statement I. Health plus life combi products are jointly designed by the two insurers and marketed through the distribution channels of both insurers II. For health plus life combi products, the claims are handled by the insurers jointly | Only I is true  | Only II is true  | Both I and II are true   | Both I and II are false   | 1                      |
| 119   | What are the benefit payout provided under 'Critical Illness cover'?  | Actual medical expenses incurred due to hospitalization   | A fixed sum per day for the period of hospitalization  | Payout on occurrence of a pre-defined critical illness like heart attack, stroke, cancer etc         | All of the above  | 3                      |
| 120   | Hospital daily cash policy provides towards benefits: I. Incidental expenses II. Expenses not payable under the indemnity policy III. Expenses non payable under Co-pay   | Only I  | I and II   | II and III   | I,II and III  | 2                      |
| 121   | ABC Insurance Company assumes a high interest rate in their premium calculations. This mean that:   | Premium charged will be higher  | Premium charged will be lower  | Premium charged will remain unchanged  | Premium charged will fluctuate wildly   | 2                      |
| 122   | Which of the following health insurance products is a fixed benefit plan for payout on occurrence of a predefined critical illness like heart attack, stroke, cancer etc.?  | Indemnity cover   | Fixed benefits cover   | Critical Illness cover   | All of the above  | 3                      |
| 123   | What are the two broad categories of health insurance products  | Home care covers and personal accident covers   | Indemnity covers and hospital cash (fixed benefit) covers  | Dental covers and critical illness covers  | Out-patient covers and travel covers  | 2                      |
| 124   | Which category of health insurance products constitutes the bulk of the health insurance  | Indemnity covers  | Home care covers   | Personal accident covers   | Hospital cash (fixed benefit) covers  | 1                      |
| 125   | What is the other name for Fixed benefit covers   | Out-patient covers  | Travel covers  | Dental covers  | Hospital cash   | 4                      |
| 126   | Which of the following is true regarding long term health products offered by Life Insurance Companies  | Premium for such products shall remain unchanged for at least a period of every block of four years | Premium for such products shall remain unchanged for at least a period of every block of two years | Premium for such products shall remain unchanged for at least a period of every block of three years | Premium for such products shall remain unchanged for at least a period of every block of five years | 3                      |
| 127   | What is the minimum size of a Group for which<br>Group Health Insurance Policy can be issued  | 3   | 5  | 9  | 7   | 4                      |
| 128   | What is the maximum tenure for Credit Linked<br>Group Personal Accident policies offered by<br>General Insurers and Health Insurers   | 5 years   | 1 year   | 2 years  | 3 years   | 1                      |

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| 129   | What is the provision in case an insured has taken health policies from multiple insurance companies that provide fixed benefits | The insurance companies will split the claim payment evenly                                    | Each insurance company will make claim payments independently according to their policy's terms and conditions | The insured must choose one policy to use for all claim payments                               | The insured must provide proof of which policy they want to use for each claim  | 2                      |
| 130   | What is the purpose of IRDA Guidelines on Standardization in health insurance  | To provide more confusion among insurers and customers   | To make it difficult for customers to compare products and take a considered decision                          | To remove the confusion among insurers, service providers, TPAs, and hospitals                 | To limit the number of health insurance providers in the market   | 3                      |
| 131   | What types of insurance products do the IRDA guidelines on standardization in Health Insurance apply to                          | All insurance product  | All health insurance products, including PA and Domestic/Overseas travel                                       | All health insurance products, excluding group policies  | All general and health insurance products, excluding PA and Domestic/Overseas travel - Indemnity based health products Offered by general / health insurers | 4                      |
| 132   | What is the purpose of a Hospitalization indemnity policy  | To only provide coverage for expenses before and after hospitalization                         | To indemnify the policyholder by covering expenses during hospitalization                                      | To provide coverage for all medical expenses   | To exclude expenses related to hospitalization  | 2                      |
| 133   | What is the minimum prescribed period of hospitalization after which the policy provisions come into force                       | 24 hours   | 12 hours   | 36 hours   | 48 hours  | 1                      |
| 134   | Which of the following procedures are covered under the policy   | Dental procedures  | Eye surgeries  | Cosmetic surgeries   | None of the above   | 2                      |
| 135   | Which of the following statements is true about the indemnity based Mediclaim policy   | The policy does not cover infants  | The policy does not cover Sr.Citizen   | The policy does not cover expenses related to hospitalization                                  | The policy covers only inpatient hospitalization expenses   | 4                      |
| 136   | What are Post hospitalization expenses   | Expenses incurred during hospitalization   | Expenses incurred after hospitalization  | Expenses incurred before hospitalization   | Expenses not covered by insurance   | 2                      |
| 137   | What is the duration of cover for Pre and Post hospitalization expenses  | 60 days pre and 30 days post<br>hospitalization  | 90 days pre and 30 days post hospitalization   | 30 days pre and 90 days post hospitalization   | 30 days pre and 60 days post hospitalization  | 4                      |
| 138   | What is a family floater policy  | Only the individual can be covered under this policy   | Only the dependent family members can be covered under this policy   | A policy that offers a single sum insured which floats over the entire family                  | None of the above   | 3                      |
| 139   | In a family floater policy, how is the premium calculated  | Based on the age of the oldest member of the family  | Based on the age of the youngest member of the family  | Based on the sum insured chosen for each individual insured                                    | None of the above   | 1                      |
| 140   | Why do insurance companies collect details of pre-<br>existing diseases  | To charge improper premiums  | To exclude coverage for any future diseases  | To provide free treatment for such diseases  | To decide on accepting the proposal for insurance   | 4                      |
| 141   | What is a pre-existing disease   | Any disease suffered by an insured person within 12 months prior to commencement of the policy | Any disease suffered by an insured person within 48 months prior to commencement of the policy                 | Any disease suffered by an insured person within 24 months prior to commencement of the policy | Any disease suffered by an insured person within 36 months prior to commencement of the policy  | 2                      |
| 142   | What is disease-specific capping in health insurance   | A limit on the premium charged for policies covering certain diseases                          | A limit on the number of claims that can be made for a particular disease                                      | A limit on the amount of coverage provided for specific diseases                               | A limit on the number of diseases that can be covered under a policy  | 3                      |
| 143   | What is co-payment in health insurance   | The portion of the claim amount that the policyholder/insured has to bear                      | A separate policy taken by the policyholder to cover specific diseases   | The percentage of the premium paid by the policyholder/insured                                 | The amount deducted from the Sum<br>Insured after every claim   | 1                      |
| 144   | Which of the following is a cost-sharing provision in a health insurance policy  | Waiting period   | Coverage for Day care procedure  | Deductible/ Excess   | Pre-policy check-up cost  | 3                      |
| 145   |  | Prospective client   | Insurer  | Government   | Healthcare provider   | 2                      |

| Sr.No | Question Body   | Alternative 1  | Alternative 2  | Alternative 3   | Alternative 4   | Correct<br>Alternative |
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| 146   | What is a top-up cover in health insurance  | A policy that covers only pre-existing conditions  | A policy that covers only day-care procedures  | A policy that provides cover for high sums insured over and above a specified amount  | A policy that covers only accidents                         | 3                      |
| 147   | What is the entry age for Elderly health insurance plans  | 50 years   | 55 years   | 60 years  | 65 years  | 3                      |
| 148   | What is the claim amount in a fixed benefit insurance plan  | A fixed sum irrespective of the amount spent by the insured for the named treatment          | The amount spent by the insured for the named treatment                                | A variable amount based on the severity of the ailment  | No claim amount is given                                    | 1                      |
| 149   | What is the proof required to process a claim in a fixed benefit insurance plan   | Detailed bills and invoices of the treatment   | Proof of Hospitalization and coverage of ailment under the policy                      | Doctor's prescriptions and medical reports  | None of the above   | 2                      |
| 150   | What is a critical illness policy   | A policy that provides daily cash<br>benefit to the insured person during<br>hospitalization | A policy that provides a fixed sum on diagnosis of certain named critical illness      | A policy that covers treatment costs for minor illnesses  | A policy that covers only pre-existing conditions           | 2                      |
| 151   | What is the waiting period for Corona Kavach and Corona Rakshak   | 90 days  | 30 days  | 15 days   | 60 days   | 3                      |
| 152   | What is the maximum sum insured option available under Corona Rakshak   | Rs. 1 lakh   | Rs. 2.5 lakh   | Rs. 2 lakh  | Rs. 1.5 lakh  | 2                      |
| 153   | What is the lump sum benefit payable under the standard policy for vector-borne diseases on positive diagnosis requiring hospitalization for a minimum of 72 hours                              | 50% of the sum insured   | 75% of the sum insured   | 100% of the sum insured   | 125% of the sum insured                                     | 3                      |
| 154   | What do Health plus Life Combo Products offer   | Life insurance cover only  | Health insurance cover only  | Both life and health insurance covers   | None of the above   | 3                      |
| 155   | What is the aim of Micro-insurance products?  | To aim for the protection of high-<br>income people from urban sectors.                      | To aim for the protection of low-<br>income people from rural and informal<br>sectors. | To aim for the protection of middle-<br>income people from semi-urban<br>sectors.   | To aim for the protection of people from developed sectors. | 2                      |
| 156   | Which of the following policies was launched by<br>the Government to provide health insurance<br>coverage for the below poverty line (BPL) families<br>in association with insurance companies? | Ayushman Bharat Scheme   | Rashtriya Swasthya Bima Yojana (RSBY)  | Jan Arogya Bima Policy  | Bima Kavach Yojana  | 2                      |
| 157   | What is the Sum Insured amount for Rashtriya<br>Swasthya Bima Yojana (RSBY)?  | Rs. 5,00,000   | Rs. 1,00,000   | Rs. 50,000  | Rs. 30,000  | 4                      |
| 158   | Which of the following schemes was launched to achieve the vision of Universal Health Coverage (UHC)?   | Ayushman Bharat Scheme   | Money Back Scheme  | Endowment Scheme  | Bima Kavach Yojana  | 1                      |
| 159   | What is the premium amount for Pradhan Mantri<br>Suraksha Bima Yojana (PMSBY)   | Rs. 10/- per annum per member  | Rs. 12/- per annum per member  | Rs. 15/- per annum per member   | Rs. 20/- per annum per member                               | 2                      |
| 160   |   | Rs. 1 Lakh   | Rs. 3 Lakh   | Rs. 5 Lakh  | Rs. 2 Lakh  | 4                      |
| 161   | Who can avail an Overseas Travel Insurance policy   | Only Indian citizens travelling abroad for holiday   | Only Indian citizens travelling abroad for business                                    | Indian citizens travelling abroad for business, holiday or studies and employees of Indian employers sent on contracts abroad | Only employees of Indian employers sent on contracts abroad | 3                      |
| 162   | What is the most common form of group health insurance  | Individual policy  | Group policy taken by employers covering employees                                     | Personal policy   | Family policy   | 2                      |

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| 163   | From the below given age proof documents, identify the one which is classified as non-standard by insurance companies.  | School certificate   | Identity card in case of defence personnel  | Ration card   | Certificate of baptism   | 3                      |
| 164   | Out of following underwriting methods the process of<br>underwriting is speedy but the premiums may be<br>relatively higher except  | Medical underwriting   | Non medical underwriting  | Numerical rating method   | Group insurance  | 1                      |
| 165   | Group insurance is underwritten mainly on   | Law of Uberrima fides  | Law of Insurable interest   | Law of averages   | Law of mutual benefit  | 3                      |
| 166   | Correct, with Regard to Critical Illness (C.I.)   | A Specified Amount is Paid, as per<br>the Policy- Terms, in the Event of<br>Diagnosis of a Critical Illness. | The Illness should have been covered in the List of Critical Illnesses, specified by the Insurance Company. | Critical Illness (C.I.) Rider is an Example of the Claims, that may occur, during the Policy- Term. | The Life Assurance Policy Contract<br>Terminates, After the Rider-<br>Payments are Made. | 4                      |
| 167   | Third-Party Administrators (T.P.A.s) are Regulated, by Which of the Following Bodies?   | Life Insurance Council and General Insurance Council, Jointly.   | Insurance Regulatory and Development Authority of India (I.R.D.A.I.)  | Insurance Brokers Association of India  | Finance Ministry   | 2                      |
| 168   | Why is underwriting necessary   | To create a large pool of risks for the insurance company  | To prevent the insurance company from becoming insolvent  | To accept all risks, regardless of premiums   | To offer insurance at the lowest possible premium  | 2                      |
| 169   | Which factor affects morbidity rates in health insurance  | Financial status   | Gender  | Marital status  | Educational qualification  | 2                      |
| 170   | What is moral hazard in health insurance  | The physical hazards associated with a health risk   | The cost associated with a health risk  | The deliberate intention of taking insurance just to collect a claim                                | The risk assessment and pricing done by the underwriter                                  | 3                      |
| 171   | Which of the following statements is true about moral hazard in health insurance  | It can prove costly to the insurance company   | It refers to the physical hazards of a health risk  | It has no impact on the insurance company   | It can be beneficial to the insurance company  | 1                      |
| 172   | Insurers charge lower premiums for which of the following risk types  | Standard risks   | Substandard risks   | Preferred risks   | Declined risks   | 3                      |
| 173   | Who plays a critical role in primary underwriting   | Underwriter  | Agent or Company representative   | Policyholder  | Insurance broker   | 2                      |
| 174   | Before issuing a policy, the specific consent of the policyholder for any underwriting loading charged over and above the premium must be obtained. This regulation is for the benefit of | The insurance company  | The regulator   | The policyholder  | The insurance agent  | 3                      |
| 175   | When can porting be done  | Anytime during the policy period   | Only at the time of policy issuance   | Only after a break in the policy  | Only at the time of policy renewal   | 4                      |
| 176   | Who should the insured make a request for porting to  |  | The old insurer   | IRDAI   | Any insurance agent  | 2                      |
| 177   | What is the consequence of breach or concealment of information by the insured in insurance   | Increase in premium  | Policy becomes void   | Decrease in premium   | Policy remains unaffected  | 2                      |
| 178   | When are financial documents usually asked for in insurance   | Only in high sum assured coverage  | When there is a mismatch between stated income/occupation and coverage sought                               | Both (B) and (C)  | None of the above  | 4                      |
| 179   | What is the purpose of medical underwriting in health insurance   | To determine the premium amount  | To determine whether to offer coverage or not   | To determine the number of family members to be covered   | To determine the type of hospital where the insured can be admitted                      | 2                      |
| 180   | What are the different categories of risk into which the underwriter can classify a proposal  | Accept risk at standard rates, extra premium, or decline the cover   | Accept risk at an extra premium   | Postpone the cover for a stipulated period/ term  | All of the above   | 4                      |
| 181   | In which cities are the premiums for certain products higher due to higher claims cost  | Small towns and villages   | Tourist destinations  | Metros and 'A Class' cities   | Industrial hubs  | 3                      |

| Sr.No | Question Body   | Alternative 1                 | Alternative 2  | Alternative 3                                 | Alternative 4                                  | Correct<br>Alternative |
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| 182   | Which of the following non-employer groups can be offered group health insurance  | Employer welfare associations | Customers of a particular business where insurance is offered as an add-on benefit | Borrowers of a bank                           | All of the above                               | 4                      |
| 183   | What is the main cover under Overseas Travel<br>Insurance policies  | Life cover                    | Home insurance   | Health cover                                  | Vehicle insurance                              | 3                      |
| 184   |   | Risk group I                  | Risk group II  | Risk group III                                | None of the above                              | 3                      |
| 185   | What is the general age limit for the working population in employer-employee groups  | 5-70                          | 18-70  | 30-70   | 50-70  | 2                      |
| 186   |   | Only I and II                 | Only I and IV  | I, II and III                                 | I, II, III and IV                              | 3                      |
| 187   | Which of the following statement/s is / are correct with regards to 'claim processing and payment services' provided by a TPA?  I. TPAs normally receive advance money from the insurer for claim settlement. The TPA is expected to keep an account of the monies and provide periodic reconciliation of the amounts received from the insurance company  II. The money can be used for purposes of payment of approved claims and providing other services to the customers | Only I                        | Only II  | Both I and II                                 | Neither I nor II                               | 1                      |
| 188   | Hospital-Admission-Intimation can be made to an Insurance Company, through, Which of the Following Channels?  | Fax                           | Calling the Call-Centre  | E-Mail  | Any of the Above.                              | 4                      |
| 189   | For a Health Insurance Claim to be Processed, Which of the Following, are the Most Important Documents? I. Documentary Evidence of Illness. II. Treatment-Provided. III. In-Patient Duration. IV. Investigation-Reports.  | Only, I and II.               | Only, I and IV.  | I, II, and IV.                                | I, II, III, and IV.                            | 4                      |
| 190   | Identify the True Statement:  I. Morbidity increases due to Various Adverse Factors, such as, Being Over-Weight or Under- Weight, Personal History of Certain Past and Present Diseases or Ailments.  II. Morbidity decreases due to Certain Favourable Factors, like, Lower Age, a Healthy Life-Style, etc.  | Only Statement-I is True.     | Only Statement-II is True.   | Both: Statement-I and Statement-II, are True. | Both: Statement-I and Statement-II, are False. | 3                      |

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| 191   | What is the true test of an insurer's performance in insurance?   | The colour of the insurance company's logo                                   | The number of employees the insurance company has                                       | The claims paying ability of the insurance company   | Location of Company office premises   | 3                      |
| 192   | Who is the first stakeholder and receiver of the claim?   | The insurance agent who sold the policy                                      | The person who processes the insurance claim  | The insurance company's shareholders   | policy  | 4                      |
| 193   | Which of the following statements is true regarding Health insurance claim servicing?   | Claims can only be serviced by the insurance company itself.                 | Claims can only be serviced by Third Party Administrators (TPAs).                       | Claims can be serviced by either the insurance company or TPAs authorized by the insurance company.                  | Claims can only be serviced by providers/hospitals.   | 3                      |
| 194   | What happens from the time a health claim is made known to the insurer/TPA to the time the payment is made as per the policy terms? | The claim is rejected immediately  | The payment is made without any verification  | The claim goes through a set of well-defined steps   | The insurer/TPA ignores the claim   | 3                      |
| 195   | What is claim intimation in the insurance claim process?  | The final stage of the claim process   | The process of investigating a claim  | The act of informing the insurance company of a planned or emergency hospitalization                                 | The process of determining the amount to be paid for a claim  | 3                      |
| 196   | Which of the following statements is true regarding claim intimation in health insurance?   | Claim intimation is not mandatory  | Claim intimation is required before 48 hours of hospitalization in case of an emergency | Claim intimation is required within 48 hours of hospitalization in case of an emergency                              | claim intimation is required before hospitalization in case of planned admission, and within 24 hours of hospitalization in case of an emergency. | 4                      |
| 197   | How is claim intimation to Insurer / TPA possible according to the statement?   | Only Through telegrams   | Only Through fax  | Through Mobile Apps/ call centres/<br>internet/ e-mail   | Only Through postal mail  | 3                      |
| 198   | What happens after a company or TPA receives an intimation about Mr. X's claim?   | The claim is immediately approved  | The documents are ignored   | The details are matched for accuracy and a reference number is generated   | The claimant is asked to provide more documents   | 3                      |
| 199   | Which of the following is true regarding the scrutiny of claims for final settlement on a reimbursement basis?                      | Claims are accepted without any scrutiny or verification of documents.       | Claims are scrutinized for admissibility, sum assured, deductibles, and sublimits.      | Claims are only scrutinized for admissibility, but not for sum assured, deductibles, and sub-limits.                 | Claims are scrutinized for sum assured, but not for admissibility, deductibles, and sub-limits.   | 2                      |
| 200   | What action is taken by the company in case the intimation is for a planned surgery under the Cashless scheme?                      | Pre-authorization of likely expenditure is given to the hospital             | The claim is directly processed   | The hospital is contacted for more information   | The claim is rejected   | 1                      |
| 201   | Which of the following alternative modes of treatment may be covered by health insurance policies, but may have sub-limits?         | Unani  | Siddha  | Homeopathy   | All of the above  | 4                      |
| 202   | What is the recent directive of IRDAI regarding telemedicine in medical insurance policies?   | Insurers are not allowed to cover telemedicine in their policies.            | Telemedicine is allowed only for non-<br>coronavirus-related medical<br>consultations.  | Telemedicine is allowed wherever regular medical consultation is allowed.  | Policyholders are required to visit the hospital for all medical consultations.   | 3                      |
| 203   | Which of the following is NOT a factor that decides the claim amount payable?   | Sum insured available for the member under the policy                        | Deductible amount   | Balance sum insured available under<br>the policy for the member after taking<br>into account any claim made already | Sub-limits Sub-limits   | 2                      |
| 204   | What are Reasonable and Customary Charges?  | Charges that are higher than the prevailing charges in the geographical area | Charges for services or supplies that are unique to a particular provider               | Charges that are decided solely by the insurer   | Charges for services or supplies that are consistent with the prevailing charges in the geographical area for identical or similar services       | 4                      |

| Sr.No | Question Body  | Alternative 1  | Alternative 2  | Alternative 3   | Alternative 4  | Correct<br>Alternative |
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| 205   | What has been standardized under IRDAI Health Insurance Standardization Guidelines?                  | Sum insured available for the member under the policy  | Balance sum insured available under<br>the policy for the member after taking<br>into account any claim made already | Non-payable items in health insurance                   | Deductible amount  | 3                      |
| 206   | How are payments made for a payable claim amount?  | By cheque or bank transfer   | By cash only   | Only by cheque  | By transferring the claim money to the insurance company's account   | 1                      |
| 207   | Which of the following is not a possible reason for denial of health insurance claims?               | No active treatment; admission is only for investigation purpose   | Illness treated is excluded under the policy   | Hospitalization is more than 24 hours                   | The cause of illness is abuse of alcohol or drugs  | 3                      |
| 208   | What percentage of submitted health claims are usually denied?                                       | 5% to 10%  | 10% to 15%   | 15% to 20%  | 20% to 25%   | 2                      |
| 209   | What is the time frame within which investigations for suspect claims should be completed?           | 30 days from the date of receipt of claim intimation   | 60 days from the date of receipt of claim intimation   | 90 days from the date of receipt of claim intimation    | 120 days from the date of receipt of claim intimation  | 3                      |
| 210   | Within how many days of completing the investigation should a claim be settled?                      | 30 days  | 15 days  | 60 days   | 90 days  | 1                      |
| 211   | What are some examples of frauds committed in health insurance?                                      | Impersonation  | Fabrication of documents   | Inflation of expenses                                   | All of the above   | 4                      |
| 212   | What options are available for customers if their claim is denied?                                   | IRDAI  | The Consumer Commissions   | Insurance Ombudsman                                     | All of the above   | 4                      |
| 213   | What is the first step for a customer covered under health insurance to avail the cashless facility? | The customer approaches the treating doctor for admission  | The customer approaches the hospital's insurance desk with insurance details   | The customer pays the hospital charges in advance       | The customer contacts the TPA directly   | 2                      |
| 214   | Who takes the decision on whether the cashless authorization could be provided or not?               | The hospital   | The patient  | The TPA   | The insurer  | 3                      |
| 215   | What does the hospital do when the patient is ready for discharge?                                   | Check the amount of credit in the account of the patient approved by the TPA against the actual treatmnet charges covered by Insurance | Request the patient to pay the entire treatment charges in cash  | Ask the patient to undergo further treatment            | Transfer the patient to another hospital   | 1                      |
| 216   | What is the purpose of reserving in the context of insurance companies?                              | To make provisions for all claims in the books of the insurer based on the status of the claims  | To hold claim amounts until payments are due   | To ensure that policyholders pay their premiums on time | To estimate the profits that the insurer will earn from investments  | 1                      |
| 217   | What does the TPA do after studying the information provided in the cashless authorization form?     | Approves the cashless authorization without delay  | Takes a decision on whether cashless authorization could be provided and, if so, for how much amount                 | Rejects the cashless authorization immediately          | None of the above  | 2                      |
| 218   | What should mr.X do if he doesn't have his insurance details with him?                               | He should contact the hospital   | He should contact the TPA through a 24 hour helpline   | He should wait until they have their insurance details  | He should pay for the treatment out of pocket  | 2                      |
| 219   |  | He should choose another hospital in the network of the TPA  |  | He should pay for the treatment out of pocket           |  | 2                      |
|       | When should a customer inform the TPA about the discharge?   | After the patient is discharged  | Before the patient is admitted to the hospital   | At the time of filling the pre-<br>authorization form   | In advance of the discharge and request the hospital to send to the TPA any additional approval that may be required | 4                      |
| 221   | What is the most important document required to process a health insurance claim?                    | Investigation report   | Consolidated and detailed bills  | Receipt for payment                                     | Discharge summary  | 4                      |

| Sr.No | Question Body   | Alternative 1   | Alternative 2  | Alternative 3   | Alternative 4   | Correct<br>Alternative |
|-------|---|---|--|---|---|------------------------|
| 222   | What is the purpose of investigation reports in health insurance claims?  | To provide a summary of the patient's condition   | To provide a break-up of the bills   | To assist in comparing the diagnosis and treatment  | To verify the identity of the patient   | 3                      |
| 223   | What is the purpose of the claim form in health insurance claims?   | To provide a summary of the patient's condition   | To request processing of the claim   | To provide a break-up of the bills  | To assist in comparing the diagnosis and treatment                                  | 2                      |
| 224   | Which of the following is an expectation from insurance agents/brokers in addition to selling policies?           | Providing legal advice to customers   | Delivering groceries to customers  | Servicing customers in the event of a claim   | Performing home repairs for customers   | 3                      |
| 225   | Which document may be required for accident claims?   | Consolidated and detailed bills   | Identity proof   | Dialysis/Chemotherapy/Physiotherapy charts  | FIR or Medico-legal certificate   | 4                      |
| 226   | What is the purpose of having a membership with the TPA?  | To obtain discounts on medical treatment at hospitals.  | To receive reimbursement for medical expenses not covered by the policy.   | To avail cashless facility for hospitalization or treatment covered by the policy, and to process claims when required. | To receive medical advice and consultation from a team of healthcare professionals. | 3                      |
| 227   | What document does the TPA issue to the hospital for cashless treatment?  | Medical report  | Discharge summary  | Pre-authorization or Letter of Guarantee  | Prescription for medication   | 3                      |
| 228   | What is claims investigation about?   | Determining the validity of the claim and finding out the real cause and extent of the loss         | Assessing the credibility of the claimant's occupation   | Verifying the authenticity of the claimant's identity documents   | Calculating the premium to be charged for the policy                                | 1                      |
| 229   | What documents are required for name and address verification for AML (Anti-money laundering) purposes?           | Birth certificate and rental agreement  | Passport and bank statement  | Aadhar card and credit card statement   | PAN card and telephone bill   | 4                      |
| 230   | What is the role of assistance companies in overseas claims?  | They process claims on behalf of insurance companies  | They provide assistance to customers in case of contingencies covered under the policy   | They offer tie-up arrangements with hospitals for cashless treatment  | They provide legal assistance to customers during claims process                    | 2                      |
| 231   | Which of the following is NOT a service provided by assistance companies during overseas travel insurance claims? | Medical service provider referrals  | Interpreter Referral   | Delivery of Essential Medicines   | Rental car booking  | 4                      |
| 232   | What is the fee charged by assistance companies for their services?   | It varies depending on agreement with<br>the particular insurance company,<br>benefits covered etc. | It is a fixed amount for all customers of the insurance company  | It is determined by the insurance company and is the same for all assistance companies                                  | There is no fee charged for the services provided by assistance companies           | 1                      |
| 233   | Which of the following steps is necessary for hospitalization in case of a travel insurance claim?                | Submit a written request to the insurance company   | Visit any hospital of choice   | Intimate the call centre and proceed to a specified hospital with a valid travel insurance policy                       | None of the above   | 3                      |
| 234   | How do hospitals verify the validity of an overseas travel insurance policy?                                      | The hospitals do not verify the validity of the policy before treatment                             | The hospitals contacts the assistance companies/ insurers on the call centre numbers to check the validity of the policy and verify coverages. | The hospitals call the insured's family   | The hospitals relies on the insured's word that they have a valid policy.           | 2                      |
| 235   | Which type of claim payment is made in foreign currency?  | Cashless claims   | Reimbursement claims   | Both cashless and reimbursement claims  | None of the above   | 1                      |
| 236   | What is the currency conversion rate used while processing reimbursement claims?                                  | The rate as on date of loss   | The rate as on date of filing the claim  | The rate as on the date of discharge from the hospital  | The rate as on the date of admission to the hospital                                | 1                      |
| 237   | What currency is used for payments for admissible claims in reimbursement claims for overseas travel insurance?   | British Pound (GBP)   | Indian Rupee (INR)   | United States Dollar (USD)  | Euro (EUR)  | 2                      |

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|-------|---|---|---|---|--|------------------------|
|       | Which document is required to certify the disability of an insured individual?  |   | Passport  | Permanent disability certificate from a civil surgeon or equivalent competent doctors         | Driving license  | 3                      |
| 239   | Which of the following begin with the proposal form of insurance?  I. Principle of utmost good faith  II. Principle of indemnity  III. Duty of disclosure of material information  IV. Principle of subrogation | Only II   | l and ll  | l and III   | I, II, III and IV  | 4                      |
| 240   | Cover notes are predominantly used in case of which of the below?  I. Marine insurance  III. Health insurance  IIII. Life insurance  IV. Motor insurance  | l and ll  | III and IV  | I and IV  | II and III   | 3                      |
| 241   | If certain terms and conditions of the policy need to be changed at the time of issuance, it is done by setting out the changes through a document called   | Alteration  | Addendum  | Endorsement   | Modification   | 3                      |
| 242   | What are the details that are collected by insurance company in a proposal form?  I. Age  II. Occupation  III. Build  IV. Premium payment details   | Only I and II   | Only III and IV   | I,II and III  | I,II,III and IV  | 4                      |
| 243   | What is the part of both cover notes and policy document?   | Insurance   | Contracts   | Warranty  | Agreement  | 3                      |
| 244   | What principle begins with the Proposal form for insurance?   | Principle of utmost bad faith                           | Principle of utmost honesty                                       | Principle of utmost good faith  | Principle of utmost negligence   | 3                      |
| 245   | Why does the proposer need to inform details about their previous insurances to the insurer in property insurance?  | To ensure that the principle of contribution is applied | To restrict the amount of coverage depending on other PA policies | To give the insurer information about the subject matter of insurance                         | To decide on conducting risk inspections or collecting further details | 1                      |
| 246   | What physical features of the subject matter are included in the proposal form?   | Type and quality of construction                        | Age of the subject matter   | Presence of fire-fighting equipment   | All of the above   | 4                      |
| 247   | What is the time frame within which the insurer must process a proposal according to the Protection of Policyholders' Interests Regulations, 2017?  | 10 days   | 15 days   | 20 days   | 30 days  | 2                      |
| 248   | When should the premium be paid in an insurance contract?   | After the policy period has ended                       | Before the claim is filed by the insured                          | Before the expiry of the policy.  | In advance, before the inception date of the insurance contract        | 4                      |
| 249   | What does Section 64 VB of the Insurance Act-1938 state regarding the payment of insurance premiums?  | Insurers may assume risks without receiving any premium | Insurers may assume risks without guarantee of premium payment    | Insurers must receive the premium in advance or guarantee of payment before assuming the risk | Insurers must receive the premium after the risk is assumed            | 3                      |
| 250   | What is the purpose of the proposal form in insurance?  | To assess the policyholder's financial stability        | To gather information about the risk to be insured                |   | To provide coverage for potential losses                               | 2                      |
| 251   | What is the time limit for an insurance agent to deposit the premium collected on behalf of an insurer?   | 48 hours  | 24 hours excluding bank and postal holidays                       | 7 days  | 1 month  | 2                      |

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|       | How should any refund of premium due to an insured be paid by the insurer?   | By crediting it to the account of the agent  | By direct payment to the insured through crossed or order cheque or electronic mode                              | By sending it to the insurer's bank account  | By deducting it from the premium of a new policy  | 2                      |
| 253   | What is the validity of a cover note?  | Up to 1 year   | Up to 6 months   | Up to 60 days  | Up to 30 days   | 3                      |
| 254   | In which classes of business are cover notes predominantly used?   | Health and life insurance  | Property and liability insurance   | Marine and motor insurance   | Homeowners insurance  | 3                      |
| 255   | When are marine cover notes typically issued?  | When all details required for the policy are known   | When there is difficulty securing adequate shipping space  | When the cargo has already been shipped  | When the cargo is being transported inland  | 2                      |
|       | What is the basis of valuation for loss or damage prior to declaration and/or shipment on board the steamer under a marine cover note? | Market value of the goods at the time of loss or damage  | Cost of the goods at the time of loss or damage  | Prime cost of the goods plus charges actually incurred and for which the assured is liable                       | Value of the goods declared at the time of issuance of the cover note   | 3                      |
| 257   | What is the purpose of the certificate included in the Motor insurance policy?   | To certify that the insured has paid the premium   | A certificate of compliance, certifying that<br>the cover note complies with the<br>Insurance Act, 1938          | A certificate of inspection, certifying that the insured vehicle is in good condition                            | A certificate to the effect that the cover<br>note is issued in accordance with the<br>provisions of Chapters X and XI of the<br>Motor Vehicles Act, 1988 | 4                      |
| 258   | What types of risks are typically covered by fire insurance proposal forms?  | Complex industrial risks   | Agricultural risks   | Standard risks like houses and shops   | Risks located in remote areas   | 3                      |
| 259   | Which of the following statements is false regarding the Motor Cover Note?   | It includes the registration mark and number, or description of the vehicles insured           | It does not mention the effective date and<br>time of commencement of insurance for<br>the purpose of the Act    | It includes the name and address of the insured  | It includes limitations as to use and additional risks, if any  | 2                      |
| 260   | How long can a Cover Note's validity be extended?  | 15 days  | 10 days  | 30 days  | 20 days   | 1                      |
| 261   | Are companies encouraging or discouraging the use of Cover Notes?  | It varies from company to company  | Neutral  | Encouraging  | Discouraging  | 4                      |
| 262   | Who is entitled to drive the insured vehicle according to the certificate of insurance?  | Only the insured   | Only the person holding an effective learner's license   | Any person who is driving on the insured's order or with his permission and holds and effective driving license. |   | 3                      |
| 263   | What is the purpose of a policy document in insurance?   | To provide evidence of the contract of insurance   | To describe the insured property in detail   | To specify the period of insurance   | To mention the exclusions from coverage   | 1                      |
| 264   | Which act governs the stamping of a policy document in India?  | Indian Evidence Act, 1872  | Indian Contract Act, 1872  | Indian Stamp Act, 1899   | Indian Insurance Act, 1938  | 3                      |
| 265   | What is a warranty in insurance?   | A separate document from the policy  | A condition that is not important for the validity of the contract   | A part of both cover notes and policy document   | A condition that can be disregarded if it is not material to the risk   | 3                      |
| 266   | What happens if a warranty is breached in insurance?   | The policy becomes voidable at the option of the insured.                                      | The insurer is obliged to cover the loss.  | The insurer may process the claims according to norms and guidelines.  | The policy becomes voidable at the option of the insurer.   | 4                      |
| 267   | What is warranted in Fire Insurance for cigarette filter manufacturing?  | No hazardous goods shall be stored in the<br>insured premises during the currency of<br>policy | No manufacturing activity is carried out in<br>the insured premises for consecutive<br>period of 30 days or more | No solvents having flash point below 30 degrees Celsius are used/ stored in the premises                         | The property is guarded by a watchman for twenty four hours   | 3                      |
| 268   | What is warranted in burglary insurance?   | No hazardous goods shall be stored in the insured premises during the currency of policy       | The insured vessel will not navigate in a certain area   | The property is guarded by a watchman for twenty four hours  | Goods must be packed in tin-lined cases   | 3                      |
| 269   | Which of the following is NOT a reason for issuing an endorsement?   | Variations/ changes in sum insured   | Change of insurable interest by way of sale, mortgage, etc.  | Extension of insurance to cover additional perils/ extension of policy period                                    | Request for a refund of premium by the insured  | 4                      |
|       | What is the purpose of the "Increase in Stock Value Cover" endorsement?  | To increase the sum insured of the policy  | To cover additional perils   | To change the name or address of the insured   | To cancel the policy  | 1                      |
| 271   | If a policy is issued in an ambiguous manner, how will it be interpreted by the courts?  | In favor of the insurer  | In favor of the broker   | In favor of the insured  | In favor of agent   | 3                      |

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| 272   | If an endorsement contradicts other parts of the contract, which document's meaning will prevail?   | The endorsement  | The policy   | The clauses in italics   | The clauses printed or typed in the margin of the policy   | 1                      |
| 273   | Which part of a policy is given more importance than the wording within the body of the policy?   | The standard printed policy form   | The clauses in italics   | The clauses printed or typed in the margin of the policy       | The endorsements   | 3                      |
| 274   | Which document overrides both marginal clauses and the clauses in the body of the policy?   | Clauses in italics   | Clauses printed or typed in the margin   | Clauses attached or pasted to the policy                       | Endorsements   | 3                      |
| 275   | , , , ,   | The rules of construction  | The rules of grammar and punctuation   | The rules of interpretation                                    | The rules of evidence  | 2                      |
| 276   | What is the principal rule of construction for insurance contracts?   | The intention of the parties must not prevail  | The interpretation of the court prevails   | The intention of the parties is not relevant                   | The intention of the parties must prevail  | 4                      |
| 277   |   | Only when defined by statute   | When indicated by the context  | Always   | Never  | 3                      |
| 278   | What is the purpose of a renewal notice in non-life insurance policies?   | To inform the insured of the expiry date of the policy   | To invite the insured to renew the policy  | To incorporate all relevant particulars of the policy          | All of the above   | 4                      |
| 279   |   | The requirement to revise the sum insured  | The requirement to pay the premium in advance  | The insurer's contact information                              | The insured's claims history   | 1                      |
| 280   | What kind of questions are asked in a motor insurance proposal form?  | About the proposer's health  | Details about the raw material used  | About the vehicle, its operations, make, and carrying capacity | Details of the hazardous goods present in the property   | 3                      |
| 281   | What information is required for a private car insurance proposal?  | Person's Overseas Travel Policy  | Person's Health Condition  | Engine number, chassis number, and registration number         | Details of Person's monthly income.  | 3                      |
| 282   |   | Neither  | Only (a)   | Only (b)   | Both Option (a) & (b) apply  | 4                      |
| 283   | No Claim Bonus is allowed by way of: a) deduction on the total premium at renewal only b) depending upon the incurred claim ratio for the entire group c) insurance sum | Both Option (a) & (b) apply together   | Both Option (a) & (c) apply together   | Both Option (b) & (c) apply mutually exclusive                 | Both Option (a) & (c) apply mutually exclusive   | 1                      |
| 284   | No claim bonus recognizes the factor of   | Moral hazard in the Insured  | Physical hazard  | Marine hazard  | Physical and moral hazard  | 4                      |
| 285   | Assurance.  | Insurance: Protection Against an Event, that <i>Will</i> Happen. Assurance: Protection Against an Event, that <i>Might</i> Happen. | Insurance: Protection Against an Event, that Might Happen. Assurance: Protection Against an Event, that Will Happen. | Both: Insurance and Assurance,<br>Refer to the Same Thing.     | Insurance: Guaranteed Protection, Against an Event, that Might Happen. Assurance: Protection Against an Event, that Might Happen, is Not Guaranteed. | 2                      |
| 286   | Mr. Poddar has used Insulated Wiring in His House, so as to Reduce the Chances of Damage, Due to Fire. Identify the Risk-Management Technique, practiced here.          | Risk-Avoidance   | Risk-Retention   | Risk-Transfer  | Risk-Reduction and Risk- Control   | 4                      |
| 287   | What is physical hazard in insurance underwriting?  | A thorough knowledge of the construction materials used in the building  | A thorough knowledge of various hazards to which property and persons are exposed                                    | A thorough knowledge of the policyholder's personal history    | A thorough knowledge of the policyholder's financial status  | 2                      |
| 288   | What is a bad physical hazard for liquid cargo in marine transportation?  | Cargo packed in bales  | Cargo packed in double bags  | Cargo packed in second-hand drums                              | Cargo packed in new drums  | 3                      |

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| 289   | Which of the following methods do underwriters use to deal with physical hazards?                            | Imposition of excess/deductibles   | Loading of premium   | Applying warranties on the policy   | All of the above   | 4                      |
| 290   | What is the reason for loading of premium in risk exposure?  | To reduce the probability of claims  | To ignore the occurrence of large claims   | To take into consideration the higher probability of claims                                       | To avoid the risk exposure altogether  | 3                      |
| 291   | What is the purpose of imposing warranties in insurance policies for physical hazards?                       | To increase the premium amount   | To reduce the physical hazard  | To limit the coverage provided  | To delay the claim settlement process  | 2                      |
| 292   | Which of the following is an example of physical hazard in fire insurance?                                   | The policyholder's occupation  | The policyholder's age   | The construction materials used in the building   | The policyholder's driving record  | 3                      |
| 293   | What is a no claim bonus?  | A bonus given to policyholders who have lodged claims in the previous year | A bonus given to policyholders who have not lodged claims in the previous year   | A penalty imposed on policyholders who have lodged claims in the previous year                    | A discount given to policyholders regardless of whether they have lodged claims or not | 2                      |
| 294   | How is the no claim bonus allowed to the insured?  | By increasing the total premium at renewal                                 | By deducting a percentage of the total premium at renewal  | By providing a cash reward to the insured   | By reducing the coverage provided in the policy  | 2                      |
| 295   | Which of the following is an example of moral hazard due to dishonesty in insurance?                         | An insured accidentally causing damage to their own property               | An insured being unable to pay their insurance premiums  | An insured deliberately causing damage to their property to collect a claim                       | Overestimating the value of the insured property                                       | 3                      |
| 296   | Which of the following is an example of carelessness in the context of insurance?                            | Taking necessary precautions to prevent loss                               | To adopt careless attitude towards the insured property  | Being overprotective of the insured property  | Filing claims promptly   | 2                      |
| 297   | Which of the following involves an element of moral hazard in the employer-employee relationship?            | Macroeconomics   | Microeconomics   | International trade   | Industrial relations   | 4                      |
| 298   | What is a sub-limit in insurance?  | A limit on the total payout that can be made to the insured                | A limit on the number of claims that can be made in a year   | A limit on the total payout separately each for room expenses, surgical procedures or doctor fees |  | 3                      |
| 299   | How is premium charged for short period insurance?   | On a proportionate basis   | At a fixed rate  | According to a special scale  | Based on the policyholder's claims history   | 3                      |
| 300   | How can the sum insured be determined in personal accident insurance?  | Based on the insured's age   | Based on the insured's occupation  | Based on the insured's income   | Based on the insured's health history  | 3                      |
| 301   | What does IDV stand for in motor insurance?  | Insured Declared Value   | Insured Declaration Value  | Insured Damage Value  | Insured Depreciation Value   | 1                      |
| 302   | How is the sum insured determined for contents in fire insurance?  | Based on their original cost   | Based on their current market value  | Based on the replacement cost   | Based on the appreciation value  | 2                      |
| 303   | How is the sum insured determined in stocks insurance?   | Based on the original cost of the stocks                                   | Based on the replacement cost of the stocks  | Based on the appreciation value of the stocks   | Based on the market value of the stocks  | 4                      |
| 304   | What is the basis of sum insured in marine cargo insurance?  | Market value of the cargo  | Original cost of the cargo   | Agreed value between insurer and insured  | Replacement cost of the cargo  | 3                      |
| 305   | Which of the following statements is true about deciding the sum insured for liability insurance policies?   | The sum insured is always a fixed amount predetermined by the insurer.     | The sum insured is the liability exposure of the industrial units based on the degree of exposure and geographical spread. | The sum insured is based on the insured's income.   | The sum insured for liability insurance is the market value of the property.           | 2                      |
| 306   | Why does the process of manufacturing during the night increase the hazard of a fire?                        | Due to the use of artificial lights  | Due to continuous use of machinery leading to friction   | Due to likely carelessness of workers due to fatigue  | All of the above   | 4                      |
| 307   | What is an ignition hazard in relation to occupancy in insurance?  | The risk of collapse of upper floors                                       |  | The risk of chemical reactions  | The risk of water damage   | 3                      |
| 308   | In Market Value (MV) method who is paid the amount does not replace value of property                        | Insured  | Agent  | Broker  | Insurer  | 1                      |
| 309   | · · · · · ·  | Health Insurance   | Shop keeper's insurance  | Motor Insurance   | Market Value (MV) Insurance  | 2                      |
| 310   | Compensation for accidents arising out of and in the course of employment is known as insurance for covering | Sum assured  | Legal Liability  | Baggage   | Infidelity   | 2                      |

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| 311   | Scooters & Motorcycles, Private cars and Commercial vehicles are covered under the following policies except | fire Insurance  | Third-Party Insurance   | Motor Insurance  | Liability Insurance   | 1                      |
| 312   | does not cover theft by employees, family members or owner.  | Consequential Loss Insurance  | Burglary Insurance  | Money Insurance  | Bankers Indemnity Insurance   | 2                      |
| 313   | What are retail insurance products?  | Insurance products purchased by businesses for covering certain interests   | Insurance products purchased by individuals for covering certain interests  | Insurance products sold in bulk to large corporations  | Insurance products exclusively sold online  | 2                      |
| 314   | What is the Bharat Griha Raksha policy?  | A mandatory policy offered by all general insurers for fire and allied perils insurance business                                | A policy that covers only losses from natural catastrophes  | A policy that covers only losses from theft and burglary   | A policy that covers only personal accidents of the insured and spouse  | 1                      |
| 315   | Does the Bharat Griha Raksha policy provide waiver of underinsurance?  | Yes, the policy settles claims up to twice the Sum Insured  | No, the policy only settles claims for losses from fire and natural catastrophes  | Yes, the policy gives complete waiver of underinsurance  | No, the policy only settles claims proportionately  | 3                      |
| 316   | Is the RIV method allowed for stocks and stocks in process?  | Yes   | No  | It depends on the insurance company  | It depends on the nature of the stocks  | 2                      |
| 317   | What is the difference between reinstatement value and market value?   | Reinstatement value is based on the age of<br>the property while market value is based<br>on the reconstruction cost            | Reinstatement value is the cost to reconstruct the home while market value is the sale value of the home                        | Reinstatement value is the cost to repair<br>the home while market value is the rental<br>value of the home                                      | Reinstatement value is based on the location of the property while market value is based on the demand for the property | 2                      |
| 318   | What are the two methods of fixing the Sum Insured for fire insurance?                                       | Fire Value (FV) and Replacement Value (RV)  | Market Value (MV) and Reinstatement<br>Value (RIV)  | Cash Value (CV) and Recovery Value (RV)  | Purchase Value (PV) and Restoration Value (RV)  | 2                      |
| 319   | What is the difference between "All Risks" and "Named<br>Perils" insurance policies?                         | "All Risks" policies cover any risk not specifically excluded, while "Named Perils" policies cover only specific listed perils. | "All Risks" policies cover only specific listed perils, while "Named Perils" policies cover any risk not specifically excluded. | "All Risks" policies are less comprehensive and priced lower, while "Named Perils" policies are more expensive and cover a wider range of risks. | "All Risks" policies and "Named Perils" policies are the same thing.  | 1                      |
| 320   | What is the definition of robbery in insurance terms?  | Unforeseen and unauthorised entry to or exit from the insured premises with the intent to steal contents                        | House trespass for the purpose of committing an offence   | Theft of contents at the insured's premises using aggressive and violent means against the insured and/or employees                              | 3   | 3                      |
| 321   | Who is required to take motor insurance?   | The person who sold the car   | The person who last drove the car   | The person in whose name the vehicle is registered with the Regional Transport Authority   | The person who is currently driving the car   | 3                      |
| 322   | What must vehicle owners in India carry as proof of insurance?   | A certificate of insurance  | A driver's license  | A registration certificate   | A pollution control certificate   | 1                      |
| 323   | What is the purpose of Third-party insurance?  | Protection against legal actions of another party   | Protection against damage to one's own property   | Protection against natural disasters   | Protection against theft  | 1                      |
| 324   | Which of the following statements is true about Package Policies?  | They don't cover physical assets such as buildings and contents.  | They cannot include personal lines or liability covers.   | They provide a combination of covers under a single document.  | They have different terms and conditions for each section.  | 3                      |
| 325   | What happens if the policyholder chooses to take a stand-alone CPA policy?                                   | The CPA cover offered as part of the Liability Only or Package policy shall remain in effect                                    | The CPA cover offered as part of the<br>Liability Only or Package policy shall be<br>reduced                                    | The CPA cover offered as part of the<br>Liability Only or Package policy shall be<br>deleted   | The policyholder cannot opt for a stand-<br>alone CPA policy  | 3                      |
| 326   | What are some of the important exclusions under the policies?  | Wear and Tear, Breakdowns,<br>Consequential Loss  | Loss due to driving with invalid driving license or under the influence of alcohol  | Use of vehicle not in accordance with<br>'limitations as to use '  | All of the above  | 4                      |
| 327   | What does the sum insured of a vehicle in a Motor Policy refer to?   | Motor Value (MV)  | Insured's Declared Value (IDV)  | Reinstatement Value (RIV)  | Market Value (MV)   | 2                      |
| 328   | What does shopkeeper's insurance usually cover?  | Damage to the shop due to insect infestation  | Loss of income due to employee absenteeism  | Damage to the shop structure and contents due to fire or flooding  | Coverage for employee medical expenses  | 3                      |

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|-------|--|---|---|--|--|------------------------|
| 329   | Which of the following is not an additional cover that can be opted for under a shopkeeper's insurance policy?                   | Personal accident cover   | Infidelity/dishonesty of employees cover  | Coverage for loss of stock due to spoilage                                     | Legal liability cover  | 3                      |
| 330   | What is business interruption protection in shopkeeper's insurance?  | Protection against shoplifting  | Coverage for loss of income due to unexpected events causing interruption of business operation | Protection against natural disasters   | Protection against employee theft  | 2                      |
| 331   | What is FLEXA in Householder's Insurance coverage?   | Losses from fire, lightning, explosion, and aircraft fall/impact damage                               | Losses from flood and inundation  | Losses from electrical and mechanical failure of appliances                    | Losses from personal baggage during travel   | 1                      |
| 332   | The earliest kind of risks to be handled through the concept of insurance was losses due to:                                     | Train accidents   | Road accidents  | Misadventure at sea  | Earthquakes  | 3                      |
| 333   | Insurance covers factories and shopping complexes.   | Medical   | Life  | Commercial   | Agricultural   | 3                      |
| 334   | For EAR Policies the Premium chargeable depends on the nature of the project, its cost and tenure, the location of execution and | The Nature of Goods   | The Period of Testing   | The Probability of Failure   | The Apportioned Loss   | 2                      |
| 335   | The insurance which provides cover in respect of breakdown of machinery and contractors plant                                    | Marine insurance  | Universal health insurance  | Hull insurance   | Engineering insurance  | 4                      |
| 336   | Suggest a Class of Insurance, that will provide the Protection against Loss of Goodwill.   | Life Assurance  | Property Insurance  | Liability Insurance  | Personal Insurance   | 3                      |
| 337   | Which of the following movable and immovable properties can be insured under the Standard Fire and Special Perils Policy         | Only buildings and plant and machinery  | Only stocks at suppliers/ customer's premises   | Both movable and immovable property located at a particular premises           | None of the above  | 3                      |
| 338   | What is covered under the perils of the Fire policy for commercial risks   | Riot strike and malicious damage  | Theft   | Earthquake   | Life   | 1                      |
| 339   | What type of enterprises are Bharat Sookshma Policy and Bharat Laghu Policy suitable for   | Small and Medium Enterprises (SMEs)   | Large Business Enterprises  | Both a) and b)   | None of the above  | 1                      |
| 340   | What is the waiver provided under the Bharat<br>Sookshma Udyam Suraksha policy   | Waiver of premium payment   | Waiver of policy coverage   | Waiver of claim settlement   | Waiver of underinsurance to the extent of 15%  | 4                      |
| 341   | What does a reinstatement value policy cover   | Stocks  | Buildings, plant, machinery, furniture, fixture, fittings                                       | Both (a) and (b)   | None of the above  | 2                      |
| 342   | What is the sum insured for a declaration policy based on  | Market value  | A fixed value determined by the insurer   | The highest value expected to be stored in the godown during the policy period | The value of stocks at the beginning of the policy period  | 3                      |
| 343   | What are floater policies  | Policies issued for covering stocks stored at<br>various specified locations under one sum<br>insured | _   | Policies issued for covering hazardous goods held in storage areas             | Policies issued for covering industrial complexes only   | 1                      |
| 344   | What does Business Interruption Insurance provide indemnity for  | Loss of gross profit and increased cost of working  | Loss of merchandise goods   | Loss of property damage  | Loss of standing charges   | 1                      |
| 345   | What risks are covered under burglary insurance  | Loss of property due to natural calamities  | Loss of property due to employee negligence   | Loss of property due to power failure  | Loss of property following actual forcible<br>and violent entry into the premises or loss<br>followed by actual, forcible and violent<br>exit from the premises or hold up | 4                      |

| Sr.No | Question Body  | Alternative 1   | Alternative 2   | Alternative 3  | Alternative 4   | Correct<br>Alternative |
|-------|--|---|---|--|---|------------------------|
| 346   | What is the key clause in the cash cover of the burglary insurance policy  | Cash lost from the safe following the use of the original key to open is covered only where such key has been obtained by violence or threats of violence or through means of force | Cash lost from the safe following the use of the original key to open is covered without any conditions                                   | Cash lost from the safe following the use of any key to open is covered                | Cash lost from the safe following the use of any key to open is not covered | 1                      |
| 347   | What is meant by PML in First Loss Insurance   | Probable Maximum Liability  | Probable Minimum Liability  | Probable Maximum Loss  | Probable Minimum Loss   | 3                      |
| 348   | What does Fidelity Guarantee Insurance cover against   | Fire and theft  | Natural disasters   | Fraud and dishonesty of employees  | Product liability   | 3                      |
| 349   | What is the basis on which Bankers Indemnity Insurance policy is issued  | Discovery basis   | Occurrence basis  | Loss basis   | Negligence basis  | 1                      |
| 350   | What are the items covered under Jeweler's Block Policy  | Furniture and fixtures  | Electronics and appliances  | Jewellery, gold & silver articles, diamonds, precious stones, and wrist watches        | Clothing and accessories  | 3                      |
| 351   | Which policy covers damage due to any cause except those specifically excluded   | Machinery Breakdown Policy  | All Risks Policy  | Boiler Pressure Plant policy   | Electronic Equipment Policy   | 2                      |
| 352   | Which of the following is covered under Boiler and Pressure Plant Policy   | Damage, other than by fire, to the boilers and/or other pressure plant and to surrounding property of the insured   | Damage caused due to fire   | Damage caused due to natural calamities  | Damage caused due to wear and tear  | 1                      |
| 353   | What does Electronic Equipment Policy cover  | Only computer systems   | Various kinds of electronic equipment, including the entire computer system, keyboards, monitors, printers, etc., and auxiliary equipment | Only auxiliary equipment such as air-<br>conditioning, heating and power<br>conversion | Only loss and damage due to burglary, housebreaking, and theft              | 2                      |
| 354   | Who is Electronic Equipment Policy available to  | Only the owner of the equipment   | Only the lessor of the equipment  | Only the hirer of the equipment  | All of the above, depending on their responsibility or liability            | 4                      |
| 355   | How many sections does Electronic Equipment Policy usually have  | 1   | 2   | 3  | 4   | 3                      |
| 356   | What kind of machinery is covered under the Contractors Plant & Machinery Policy   | Machinery used in agriculture   | Machinery used in the food industry   | Machinery used in construction   | Machinery used in the textile industry                                      | 3                      |
| 357   | Who is the Deterioration of Stock Policy suitable for  | Cold storage owners and lessees   | Building owners and lessees   | Car owners and lessees   | Boat owners and lessees   | 1                      |
| 358   | Which policy is suitable for the principal or contractors of a project whereas plant and machinery is being erected as it is exposed to various external risks | Contractors Plant & Machinery (CPM)<br>Policy   | Erection All Risks (EAR) Policy   | Deterioration of Stock Policy  | Civil Engineering Completed Risk  | 2                      |
| 359   | What is the Industrial All Risks Policy designed to cover  | Only manufacturing facilities   | Only storage facilities   | Industrial properties - both manufacturing and storage facilities                      | Commercial properties   | 3                      |
| 360   | What does marine cargo insurance cover   | Loss of goods during transit within the country only  | Loss of goods due to sea misadventures only   | Loss of goods during transit by road and sea only                                      | Loss of goods during transit by rail, road, sea, air or registered post     | 4                      |
| 361   | Who can insure the cargo under marine cargo insurance  |   | Only the buyer of the goods   | Both the seller and the buyer of the goods, depending on the contract of sale          |   | 3                      |
| 362   | Under which Act is liability imposed on those who handle hazardous substances  | Public Liability Insurance Act, 1991  | IRDA Act 1999   | Insurance Act 1938   | Income Tax Act 1968   | 1                      |
| 363   | What is the maximum compensation payable for temporary partial disablement under Compulsory Public Liability Policy  | Rs. 25,000  | Rs. 1,000 per month, maximum 3 months   | Rs. 12,500   | Rs. 3,000   | 2                      |

| Sr.No | Question Body  | Alternative 1   | Alternative 2  | Alternative 3   | Alternative 4  | Correct<br>Alternative |
|-------|--|---|--|---|--|------------------------|
| 364   | What does Employee's Compensation Insurance provide indemnity for  | Legal liability to pay compensation to third parties  | Legal liability to pay compensation to employees who sustain personal injury by accident or disease arising out of and in the course of employment | Legal liability to pay compensation for damage to property                                    | Legal liability for pollution liability  | 2                      |
| 365   | To apply for a claim, in case of damage caused by flood or cyclone, a report from would be necessary   | Police Department   | Meteorological Office  | Fire Department   | Surveyor/ Loss Assessor  | 2                      |
| 366   | A police report may not be needed in the following case  | Damage by Cyclone   | Damage by Fire   | Damage In Road Accident   | Damage In Transit  | 1                      |
| 367   | The most important function of an insurance company is   | To settle claims of policy holders on the happening of a loss event   | To settle balance of policy holders on the happening of a profit event   | To settle sum amount of policy holders  | To settle claims of policy holders   | 1                      |
| 368   | In case of Fire, claim is assessed on the basis of   | An agent report   | A police report  | Survey report   | Policy report  | 3                      |
| 369   | To Submit reports to an insurance company, the surveyors and Loss Assessors expected to a) examine the property in question b) Verify the causes and circumstances of the loss c) Estimate the quantum of the loss | Only Statement (a) is correct   | Both (a) & (b) are correct   | Both (a) & (c) are correct  | (a), (b) and (c) are correct   | 4                      |
| 370   | Under which type of policy is notice required to be served on the Railways?  | Life insurance policies   | Fire insurance policies  | Marine insurance policies   | Cargo rail transit policies  | 4                      |
| 371   | Who conducts the investigation to determine the cause and extent of loss if the claim amount is small?   | An officer of the insurer   | An independent licensed professional surveyor  | A court of law  | The insured  | 1                      |
| 372   | Why is an investigator's report sometimes necessary to assess a fire claim?  | To determine the cause of the fire  | To confirm the value of the insured property   | To verify the insured's identity  | To determine the insured's eligibility for coverage  | 1                      |
| 373   | Which of the following is NOT true about how motor insurance claims are assessed in India?   | Motor third party claims involving death and personal injuries are assessed on the basis of doctor's report   | Claims involving third party property damage are assessed on the basis of a survey report  | Motor own damage claim is assessed on the basis of police report                              | The amount to be paid for third party claims is decided by factors like age and income of the claimant | 3                      |
| 374   | What is the purpose of investigation in the context of insurance claims?   | To assess the amount of loss or damage incurred   | To ensure that a valid claim has been made and rule out any doubts about the claim   | To determine whether a claimant has a good driving record                                     | To decide whether or not to approve the claim based on the policyholder's past claims history          | 2                      |
| 375   | Who hires surveyors and loss assessors?  | The policyholder  | The insurance company  | The government  | The surveyors and loss assessors themselves  | 2                      |
| 376   | What regulations govern the work of surveyors?   | The Indian Contract Act, 1872   | The Consumer Protection Act, 1986  | The Insurance Act, 1938, Insurance Rules<br>1939, and specific regulations issued by<br>IRDAI | The Companies Act, 2013  | 3                      |
| 377   | What is the maximum claim amount for which a surveyor need not be appointed under Section 64 UM of the Insurance Act?  | For the claim more than Rs. 50,000 for<br>motor own damage and Rs. 1 lakh for<br>other property damage claims | Rs. 1 lakh for motor own damage claims<br>and Rs. 50,000 for other property damage<br>claims   | Rs. 50,000 for all property damage claims   | Rs. 1 lakh for all property damage claims  | 1                      |
| 378   | How should an insurance company fulfill its promise to policyholders?  | By providing unfair and inequitable service   | By avoiding payment to policyholders   | By providing prompt, fair, and equitable service  | By increasing premiums for policyholders   | 3                      |
| 379   | What kind of report may be necessary for cyclone damage claims?  | A report from the Meteorological office   | A report from the Fire Brigade   | A report from the Police  | A report from the Coroner  | 1                      |
| 380   | Why is settling claims professionally important for an insurance company?  | To avoid paying claims  | To increase profits  | To attract more policyholders   | It is regarded as the biggest advertisement for the company  | 4                      |

| Sr.No | Question Body   | Alternative 1                | Alternative 2              | Alternative 3                           | Alternative 4         | Correct     |
|-------|---|------------------------------|----------------------------|---|-----------------------|-------------|
|       |   |                              |                            |   |                       | Alternative |
| 381   | Which inscription was found in the board room of a non- | "Honesty is the best policy" | "We always pay our claims" | "Pay if you can; repudiate if you must" | "Insurance is a scam" | 3           |
|       | life insurance company?                                 |                              |                            |   |                       |             |