



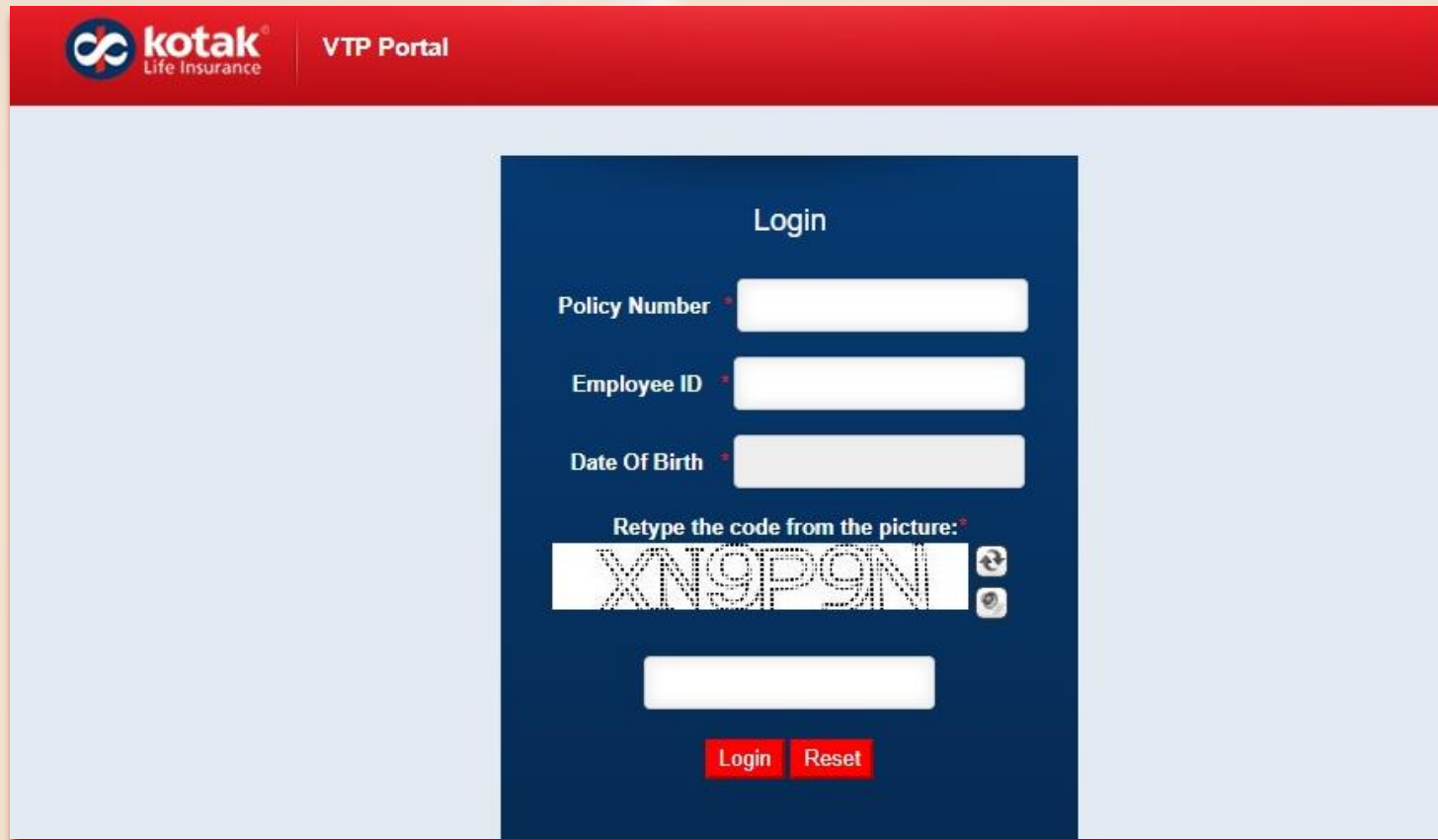
VOLUNTARY TOP UP PORTAL FLOW

VOLUNTARY TOP UP LOGIN

Voluntary Top UP registration portal link : <https://kli.in/32YUM3>

Policy Number - TR001216

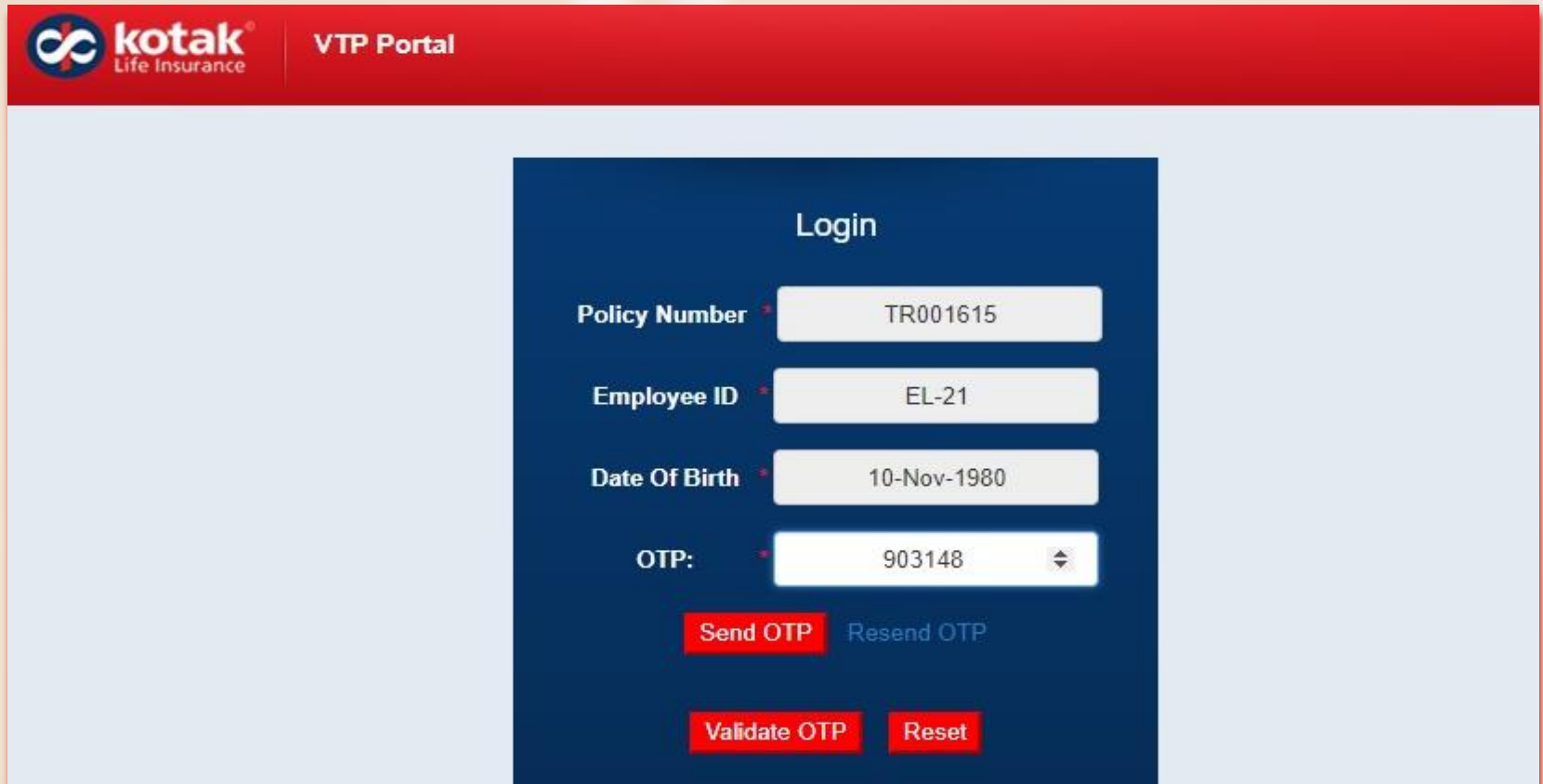
To be accessed through the white listed IP only.



The screenshot shows the Kotak Life Insurance VTP Portal login interface. At the top, there is a red header bar with the Kotak Life Insurance logo on the left and the text "VTP Portal" on the right. Below the header, the main content area has a light blue background. In the center, there is a dark blue rectangular box containing the login form. The form is titled "Login" at the top. It includes three input fields: "Policy Number", "Employee ID", and "Date Of Birth", each with a red asterisk indicating a required field. Below these fields is a CAPTCHA section with the text "Retype the code from the picture:" and a box containing the code "XN9P9N". To the right of the CAPTCHA box are two small icons: a refresh button and a help button. Below the CAPTCHA box is a single-line text input field. At the bottom of the form are two red buttons: "Login" and "Reset".

OTP VALIDATION

After clicking on login below screen will be seen. Member need to click on send OTP to receive an OTP on his/her registered email id. Member has to enter the **OTP** and click on **Validate OTP**.



The screenshot shows the VTP Portal Login interface. At the top, there is a red header with the Kotak Life Insurance logo on the left and 'VTP Portal' on the right. Below the header is a light blue background. In the center, there is a dark blue login box. Inside the box, the title 'Login' is at the top. Below it are four input fields: 'Policy Number' with the value 'TR001615', 'Employee ID' with the value 'EL-21', 'Date Of Birth' with the value '10-Nov-1980', and 'OTP:' with the value '903148'. Below the input fields are two buttons: 'Send OTP' (red) and 'Resend OTP' (blue). At the bottom of the box are two more buttons: 'Validate OTP' (red) and 'Reset' (red).

kotak Life Insurance | VTP Portal

Login

Policy Number * TR001615

Employee ID * EL-21

Date Of Birth * 10-Nov-1980

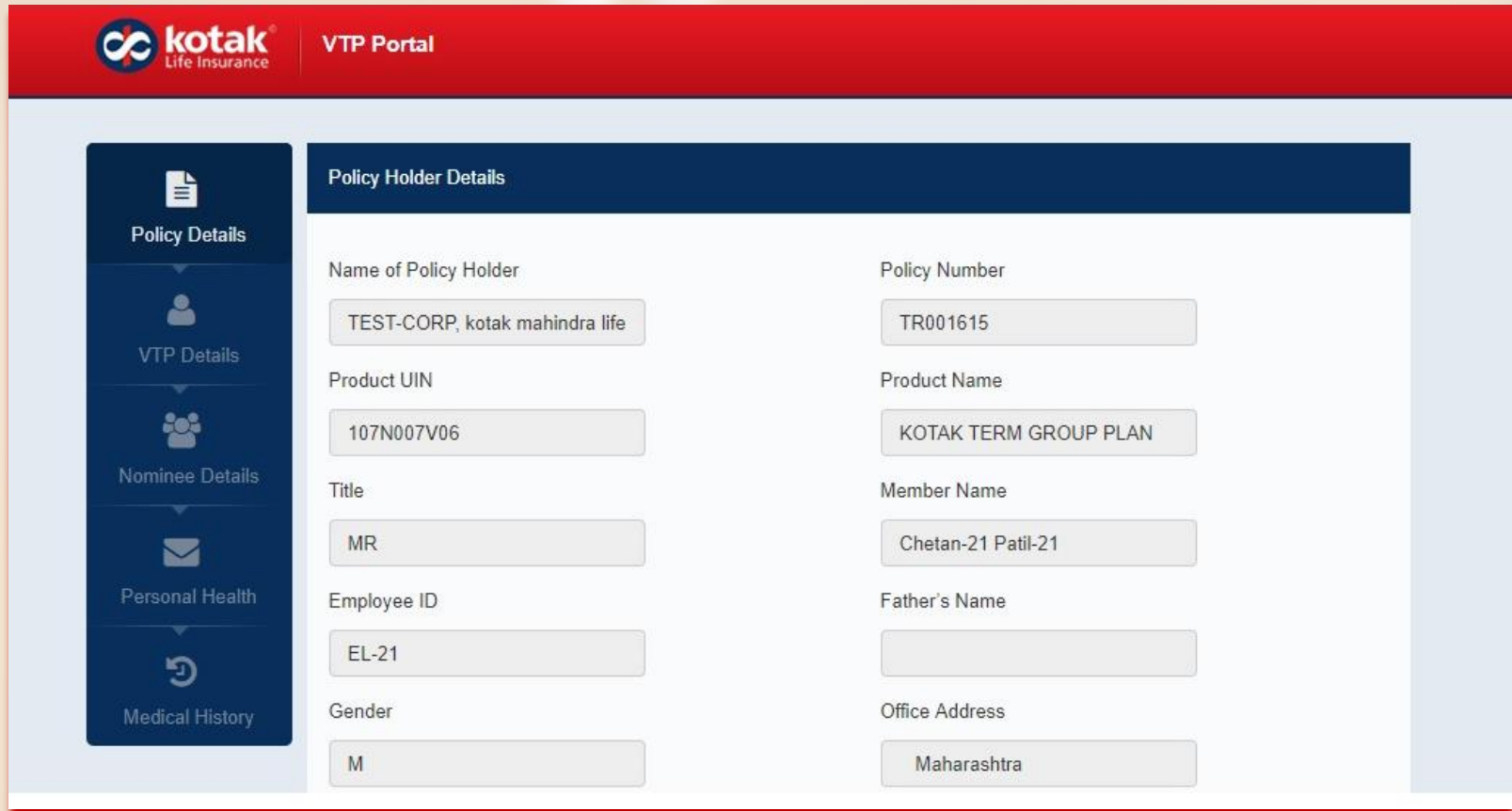
OTP: * 903148

Send OTP Resend OTP

Validate OTP Reset

MEMBER POLICY DETAILS

After successful login, client will land on **Policy Holder Details** page. Here member data will auto populate.





The screenshot displays the 'Policy Holder Details' page of the Kotak Life Insurance VTP Portal. The page features a red header with the Kotak Life Insurance logo and 'VTP Portal' text. A dark blue sidebar on the left contains navigation links: 'Policy Details' (selected), 'VTP Details', 'Nominee Details', 'Personal Health', and 'Medical History'. The main content area is titled 'Policy Holder Details' and contains two columns of form fields. The left column includes 'Name of Policy Holder' (TEST-CORP, kotak mahindra life), 'Product UIN' (107N007V06), 'Title' (MR), 'Employee ID' (EL-21), and 'Gender' (M). The right column includes 'Policy Number' (TR001615), 'Product Name' (KOTAK TERM GROUP PLAN), 'Member Name' (Chetan-21 Patil-21), 'Father's Name' (empty), and 'Office Address' (Maharashtra).

Policy Holder Details	
Name of Policy Holder	Policy Number
TEST-CORP, kotak mahindra life	TR001615
Product UIN	Product Name
107N007V06	KOTAK TERM GROUP PLAN
Title	Member Name
MR	Chetan-21 Patil-21
Employee ID	Father's Name
EL-21	
Gender	Office Address
M	Maharashtra


MEMBER POLICY DETAILS

Member will check his/her data and click on **Next**.

 Personal Health  Medical History	MR	Chetan-21 Patil-21
	Employee ID	Father's Name
	EL-21	
	Gender	Office Address
	M	Maharashtra
	Email ID	Date of Birth
	Sachin.patwardhan@kotak.com	10-Nov-1980
Basic Life Cover (BLC)	Date of Cover Commencement	
340000	20-Mar-2019	
Date of Cessation of Cover	Age at Date of cover Commencement	
19-Mar-2020	38	
Next		
This form has been duly filled and submitted online by Chetan-21 Patil-21 and does not require a physical signature.		

VTP DETAILS

After checking all policy details, member has to choose his/her **VTP details**. Here, member has to select **VTP type** and **Multiplying factor for VLC (Voluntary life cover)** and click on calculate button to know VLC and premium amount.

 **VTP Portal**

Policy Details

VTP Details

Nominee Details

Personal Health

Medical History

VTP Details

Select VTP Type*

CTC

Select Multiplying Factor for VLC*

1

Calculate

Voluntary Life Cover (VLC)

340000

Premium Due

901.30

Disclaimers:

The VTP Premium may vary depending on certain terms and conditions of policy and as per prevailing underwriting guidelines. Further the VTP cover ceases to continue beyond the policy term of the base policy


Previous

Next

This form has been duly filled and submitted online by **Chetan-21 Patil-21** and does not require a physical signature.

NOMINEE DETAILS

After selecting VTP details, the next page is of **Nominee Details**. Here member has to enter his/her nominee details. Member can add more than one nominee also. Member has to fill all mandatory details.

 VTP Portal

Policy Details

VTP Details

Nominee Details

Personal Health

Medical History

Nominee Details

Add Nominee 2

Remove Nominee 1

Nominee1 Full Name*

Asim Sinha

Nominee1 Relationship*

Brother

Nominee1 Permanent Address*

MALAD

Nominee1 DOB*

10-Mar-1993

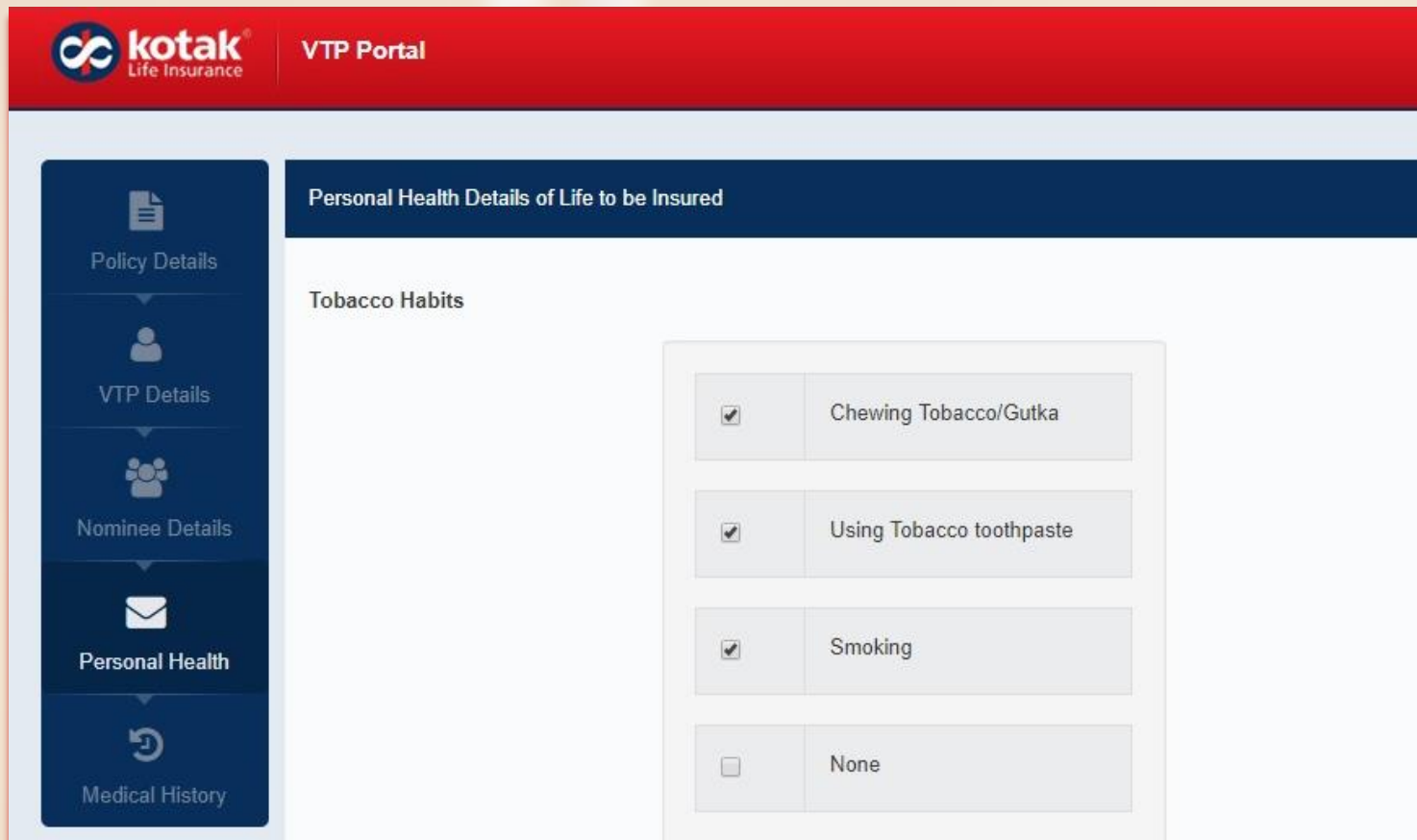
Disclaimer: (Nominee must be major i.e.above 18 years of age)

Nominee1 Share Percentage*

100

PERSONAL HEALTH

After Adding Nominee details, Member will go to next section which is about his/her **personal health**. Member has to enter his personal health details.



kotak Life Insurance | VTP Portal


Personal Health Details of Life to be Insured

Tobacco Habits

<input checked="" type="checkbox"/>	Chewing Tobacco/Gutka
<input checked="" type="checkbox"/>	Using Tobacco toothpaste
<input checked="" type="checkbox"/>	Smoking
<input type="checkbox"/>	None

TOBACCO & ALCOHOL DETAILS

If member is having no habits as mentioned, then he/she will select none. After filling all mandatory fields, member will click on **Next**.


Medical History

☐ None

Frequency of Tobacco Intek per day

Consumption of Alcohol

Disclaimer: (If YES, Kindly give below details of alcohol consumption per day.

Alcohol consumption per day (Units)

Disclaimer: (*Number of units consumed - one unit is equivalent to half a pint of beer, one glass of wine or one measure of spirit.)

Previous

Next

This form has been duly filled and submitted online by **Chetan-21 Patil-21** and does not require a physical signature.

MEDICAL HISTORY

After entering all personal health details, member will go to next section which is **Medical history**. Here he/she will select all details of his/her medical history. If he/she is not having any diseases, then he will select **NO**.

The screenshot shows the 'Medical History of Life to be Insured' section of the Kotak Life Insurance VTP Portal. The left sidebar contains navigation links: Policy Details, VTP Details, Nominee Details, Personal Health, and Medical History (highlighted). The main content area has a header 'Medical History of Life to be Insured' and a question: 'Have you ever suffered from or have been advised that you have any of the following conditions :'. Below the question is a dropdown menu with 'Yes' selected. A table lists four conditions with checkboxes:

<input type="checkbox"/>	Hypertension / High Blood Pressure
<input checked="" type="checkbox"/>	Diabetes / High Blood Sugar/ Sugar in Urine
<input checked="" type="checkbox"/>	High Cholesterol
<input type="checkbox"/>	Cancer / Tumor Growth, Cyst of any kind

DISEASES

List of diseases

<input type="checkbox"/>	Chest Pain / Heart Attack
<input type="checkbox"/>	Stroke / Paralysis / Fits / Blackouts or nervous disorder
<input type="checkbox"/>	Kidney Problems
<input type="checkbox"/>	Liver problems / jaundice / hepatitis B or C
<input type="checkbox"/>	Asthma/Tuberculosis or any other lung disorder
<input type="checkbox"/>	HIV infection / AIDS or any other Sexually Transmitted disease
<input type="checkbox"/>	Musculoskeletal or Joint disorder

DIAGNOSIS DETAILS


If member has suffered from any of the mentioned diseases, then after selection of that diseases, he/she has to provide **diagnosis details**.

<input type="checkbox"/>	Disorder of glands (for eg: thyroid disorder)
<input type="checkbox"/>	Diseases of reproductive organ


Exact Diagnosis :*	Treating doctor details :*
<input type="text"/>	<input type="text"/>
List of Medications :*	Date of first Diagnosis :*
<input type="text"/>	<input type="text"/>
Date of last Consultation :*	Details of hospitalizations /Surgery undergone (if any) :*
<input type="text"/>	<input type="text"/>


MEDICAL QUESTIONNAIRE


These are few more questions related to his/her **medical history**.


 **kotak**
Life Insurance


VTP Portal


Policy Details


VTP Details


Nominee Details


Personal Health


Medical History

Medical History of Life to be Insured

Are you currently on any medication or ever taken any treatment for any condition, for a continuous period of more than 7 days (except for minor cough, cold, flu) or have been absent from work for 10 consecutive days for any sickness? *

No ▼

Have you ever been hospitalized or undergone any surgery or been advised to undergo/undergone any investigations/treatment for any medical condition? (other than preventive Health checkup) (For e.g. : blood test, X ray / ECG OR any special test like CTMT /2D Echo /USG /MRI etc. or any other test) (In case of female lives: Mammography, PAP smears etc.)?*

No ▼

Has your proposal for insurance ever been declined, postponed, withdrawn or accepted with extra premium at altered terms? *

No ▼

Habits : Tobacco : Alcohol :

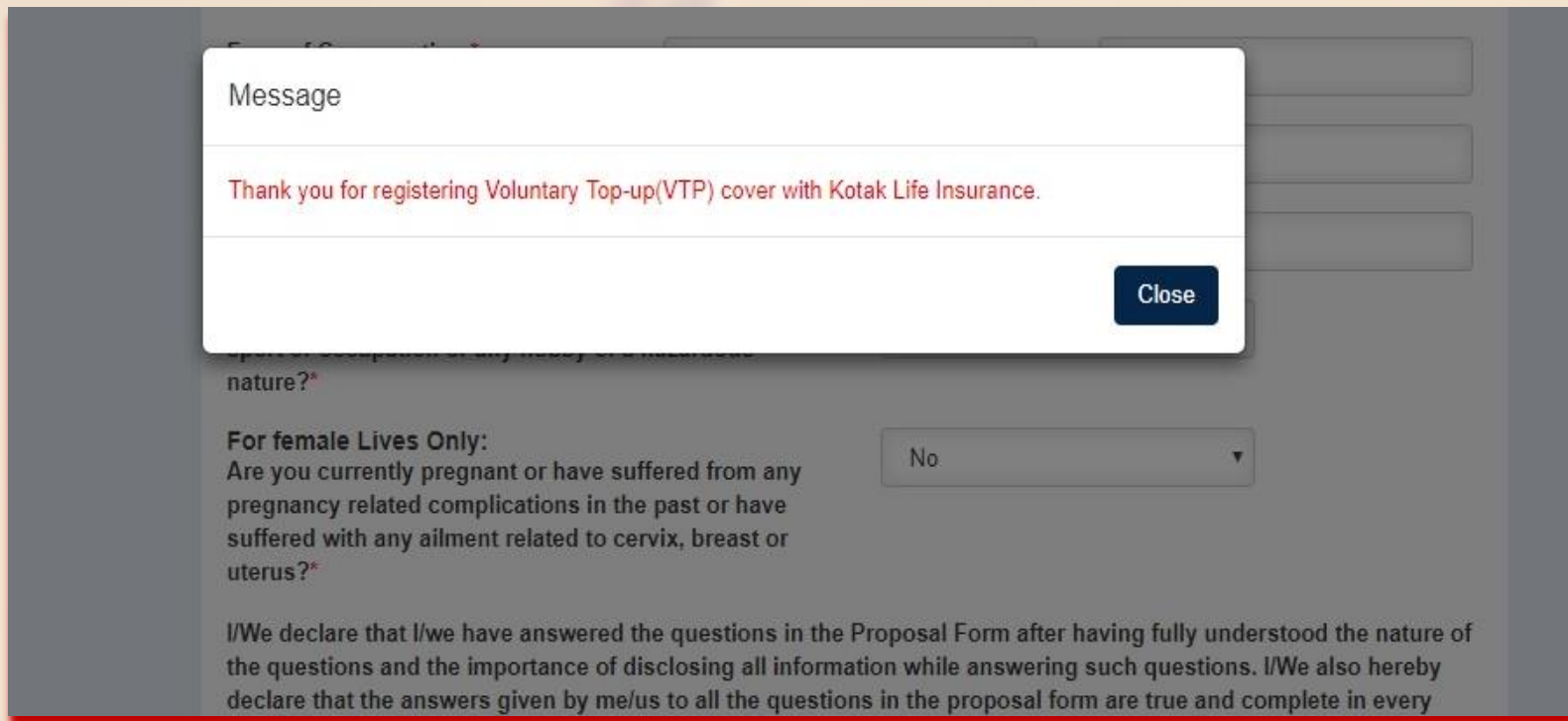
MEDICAL QUESTIONNAIRE

After entering all medical history details, member has to click on **Submit** button to finally submit his/her VTP request.

Form of Consumption:*	<input type="text" value="no"/>	<input type="text" value="no"/>
Since When :*	<input type="text" value="no"/>	<input type="text" value="no"/>
Average Usage / Day :*	<input type="text"/>	<input type="text"/>
Do you engage or intend to engage in any business, sport or occupation or any hobby of a hazardous nature?*	<input type="text" value="Select"/>	
For female Lives Only: Are you currently pregnant or have suffered from any pregnancy related complications in the past or have suffered with any ailment related to cervix, breast or uterus?*	<input type="text" value="Select"/>	
<p>I/We declare that I/we have answered the questions in the Proposal Form after having fully understood the nature of the questions and the importance of disclosing all information while answering such questions. I/We also hereby declare that the answers given by me/us to all the questions in the proposal form are true and complete in every respect and that I/We have not withheld any material information or suppressed any fact. I/We undertake to notify the Insurer of any change in the state of health of the life to be insured or as to his/her occupation or any decisions about his/her existing policies or proposals subsequent to the signing of this proposal form and before the acceptance of the risk by the Insurer. I/We hereby consent to the Insurer seeking information and any reports from any doctor(s) including hospital - who at any time may have attended to me/us concerning anything, which affects my/our physical or mental health</p> <p><input type="checkbox"/> I agree*</p>		
<input type="button" value="Previous"/>	<input type="button" value="Submit"/>	<input type="button" value="Cancel"/>

THANK YOU PAGE

Member will get a **registration confirmation** message on screen.



The image shows a registration confirmation message box overlaid on a blurred background of a Kotak Life proposal form. The message box is white with a dark blue 'Close' button. The background form is grey and contains several sections.

Message

Thank you for registering Voluntary Top-up(VTP) cover with Kotak Life Insurance.

Close

nature?*

For female Lives Only:
Are you currently pregnant or have suffered from any pregnancy related complications in the past or have suffered with any ailment related to cervix, breast or uterus?*

No ▼

I/We declare that I/we have answered the questions in the Proposal Form after having fully understood the nature of the questions and the importance of disclosing all information while answering such questions. I/We also hereby declare that the answers given by me/us to all the questions in the proposal form are true and complete in every

THANK YOU