IndusInd GENERAL INSURANCE
FORMERLY RELIANCE GENERAL INSURANCE

Proposal Form No.: _____

AGRICULTURAL PUMPSET INSURANCE POLICY - (COMMERCIAL) - PROPOSAL FORM

NOTE: PLEASE ANSWER EVERY QUESTION FULLY
(The Policy does not commence until the proposal is accepted and premium paid)

Area Office Code / Service Centre Code			
Broker / Agent Name & Code		Date	DD / MM / YYYY

PROPOSER'S DETAILS

1. Name of the Proposer	☐ Mr. ☐ Ms. ☐ Mrs. FIRST MIDDLE LAST		
2. Address of Proposer			
Flat/Building			
Road/Street/Sector		Area	
City		Pin Code	
State		Country	
3. Phone		Mobile	
Email		Fax	
4. Source of Funds	☐ Business ☐ Profession ☐ Salary ☐ Agricultural Income ☐ Savings ☐ Others		
5. Monthly Income	☐ Upto ₹ 20,000 ☐ ₹ 20,001 to ₹ 50,000 ☐ ₹ 50,001 to ₹ 1,00,000 ☐ ₹ 1,00,001 and above		
6. Financial Interest			
7. PAN No.:	(Mandatory) If not provided Form 60 required		
8. Profession, Trade, Business or Occupation of the Proposer			
9. Details of Present Insurance		10. Date of Birth	
11. Has the present insurer			

a. Declined to insure any of the Pumpset now proposed?	☐ Yes ☐ No
b. Required an increased premium or imposed special conditions?	☐ Yes ☐ No
c. Requested for repairs or made other special stipulations for risk improvement?	☐ Yes ☐ No
12. Are you aware of any defects/damages existing in the pumpset?	☐ Yes ☐ No

If yes, give details.

_____

13. Has your pumpset sustained any loss/damage from break down or other cause during last 3 years?	☐ Yes ☐ No

If yes, give details of damage(s) and repairing cost.

_____

14. Are regular/periodical inspections of the pumpset carried out?	☐ Yes ☐ No

If yes, by whom and what intervals?

_____

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15. On payment of additional premium do you wish to cover the flood risk?	☐ Yes ☐ No
16. Period of Insurance	From D D / M M / Y Y Y Y To D D / M M / Y Y Y Y
17. CKYC No.	_____ (For Individual Customer)

PAYMENT DETAILS

☐ Cheque ☐ DD

Cheque or DD Amount: /- Amount in words:

Bank Name:

Cheque/DD No.: Cheque/DD Date: DD / MM / YYYY

PROPOSER'S BANK DETAILS

18. Name of the Bank Account Holder	☐ Mr. ☐ Ms. ☐ Mrs. F I R S T M I D D L E L A S T		
19. Bank Account No.:		20. Account:	☐ Saving ☐ Current
21. Name of the Bank			
22. Branch			
23. MICR Code (9 digit MICR code number of the bank and branch appearing on the cheque issued by the bank)			
24. IFSC Code (11 character code appearing on your cheque leaf)			

☐ I understand that any refund due on the premium payment / any payment / claims to be directly credited to my aforesaid Bank Account.*

*As per IRDAI, its mandatory that all payments made to the insured are only through electronic mode.

PEP DECLARATION:

Are you a Politically Exposed Person (PEP)?	☐ Yes ☐ No
If yes, please mention the position held	
Is any of your close relation or family member a PEP?	☐ Yes ☐ No
If yes, please mention the name and relation and the position held by such close relative/family member.	

I hereby declare that in future if me, any of my close relatives or any of my family member attains a position of PEP then I shall confirm the same to IndusInd Insurance Co. Ltd as a mandate. I understand that this is a crucial information under the PMLA Rules and AML/CFT Guidelines and shall confirm that the answers given by me is true. In case the company comes to know that this is a misrepresentation and concealment of information then the policy shall be put on hold for scrutiny by the company and I shall be solely responsible for the same.

Note :

"**Politically Exposed Persons" (PEPs)** are individuals who are or have been entrusted with prominent public functions in a foreign country, e.g., Heads of States/Governments, senior politicians, senior government/judicial/military officers, senior executives of state-owned corporations, important political party officials, etc (As per sub clause (xii) of 3(b) of Chapter I of Master Direction – Know Your Customer (KYC) Direction, 2016 issued by Reserve Bank of India (RBI).

IRDAI Registration No. 103 IndusInd General Insurance Company Limited (Formerly known as Reliance General Insurance). An ISO 9001:2015 Certified Company For complete details on the benefits, coverage, terms & conditions and exclusions, do read the sales brochure, prospectus and policy wordings carefully before concluding sale. Registered & Corporate Office: 6th Floor, Oberoi Commerz, International Business Park, Oberoi Garden City, Off. Western Express Highway, Goregaon (E), Mumbai-400063. Corporate Identity Number: U66603MH2000PLC128300. Agricultural Pumpset Insurance Policy - (Commercial). UIN No.: IRDAN103CP0002V01201920. IGI/MCOM/CO/MI-29/APIP-(COMM.)/PF/Ver.1.6/150426.

GENERAL DECLARATION

I understand that as per the new AML/CFT Guidelines issued IndusInd Insurance Co. Ltd will be verifying my details pertaining to KYC and PAN provided at the time of proposal.

I further, do hereby agree and consent that in the case of the event of a mismatch of information provided by me in the proposal form, identification proof, and address proof at the time of issuance of the policy. I request IndusInd Insurance Company Limited to issue the policy with the details appearing as per my proposal form. I will be solely responsible for any consequences arising out of the difference in detail given by me during the verification of supporting documents provided by me at the time of issuance of the policy or otherwise.

AML Guidelines

1. I/We hereby confirm that all premiums have been/will be paid from bonafide sources and no premiums have been /will be paid out of proceeds of crime related to any of the offense listed in Prevention of Money Laundering Act,2002.
2. I Understand that the Company has the right to call for document to established sources of funds.
3. The Insurance Company has right to cancel the insurance contract in case I am/have been found guilty by competent court of law under any of the statutes, directly or indirectly governing the prevention of money laundering in India.

Place: _____

Date: _____

_____
Signature of Proposer

DECLARATION

I/We hereby further declare that the statements, answers and particulars made by me/us in this proposal form are correct, complete and true to the best of my/our knowledge and belief. It is hereby understood and agreed that the statements, answers and particulars provided herein above are the basis on which this insurance is being granted and that if, after the insurance is effected, it is found that any of the statements, answers or particulars are incorrect or untrue in any respect, the Company shall have no liability under this insurance.

I have understood all the terms & conditions of the policy.

I/We agree and undertake to convey to IndusInd General Insurance Company Limited any additions/ alterations carried out in the risk proposed for insurance after submission of the proposal form.

I/We hereby confirm that the contents of the proposal form and connected documents have been fully explained to me/us and I/We have fully understood the significance of the proposed contract

"I/we hereby agree to be notified by insurer on my registered mobile number/ email id through mail or SMS or any such mode, information about various insurance policy services."

Place: _____

Date: _____

_____
Signature of Proposer

Prohibition of Rebates - Section 41 of the Insurance Act, 1938 as amended by Insurance Laws (Amendment) Act, 2015.

1. No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectuses or tables of the insurer.
2. Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to ten lakh rupees.

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