

Application Form No.: _____

INDUSIND FINANCIAL PROTECTION PERSONAL ACCIDENT POLICY - APPLICATION FORM

Please Note:

1. To be filled and signed by Applicant
2. This application shall be the basis of contract for Certificate issuance
3. IndusInd General Insurance Company Ltd. (the "Company") is under no obligation to accept any proposal for insurance. The liability of the Company does not commence until the proposal is accepted and underwritten by the Company and premium is received. If the Company accepts a proposal for insurance, it shall be subject to the Policy Terms and Conditions.

GROUP POLICY NO

Policyholder: (Name of Proposer)

Whether Credit Link Policy

Premium payment mode Type

Policy Period

From DD/MM/YYYY

DETAILS OF THE INDIVIDUALS TO BE INSURED

No.	Insured Person Details	Member 1	Member 2	Member 3	Member 4
1.	Name				
2.	Gender				
3.	Address				
4.	Location Zone (East / West / North / South)				
5.	Date of Birth (DD/MM/YYYY) (Mandatory)				
6.	Email ID				
7.	Identification No.				
8.	Aadhar No. and PAN (Mandatory) If not provided Form 60 required.				
9.	Contact No.				
10.	Customer Type (As given in the proposal form)				
11.	Loan Type (As given in the Proposal form)	☐ Auto Car ☐ Auto Two Wheeler ☐ Home ☐ Personal	☐ Auto Car ☐ Auto Two Wheeler ☐ Home ☐ Personal	☐ Auto Car ☐ Auto Two Wheeler ☐ Home ☐ Personal	☐ Auto Car ☐ Auto Two Wheeler ☐ Home ☐ Personal
12.	Loan Account Holder	Single / Joint	Single / Joint	Single / Joint	Single / Joint
13.	Sanctioned Loan Amount				
14.	Disbursed Loan Amount				
Do you have a GST Registration Number		☐ Yes ☐ No			
If Yes, please specify					
CKYC No.		(for Individual customer)			


indusindinsurance.com


022 4890 3009 (Paid)



74004 22200 (WhatsApp)



Do you have ABHA ID or ABHA address	☐ Yes ☐ No
If Yes, please specify the details	
CIN No.	(for corporate customer)

SOME ADDITIONAL DETAILS OF INSURED PERSON

1.	Risk Category				
	Does your occupation include lot of physical labour, heavy machinery work or lot of travel?	Yes / No	Yes / No	Yes / No	Yes / No
	Your monthly salary less than 15000 per month?	Yes / No	Yes / No	Yes / No	Yes / No
	Do you work with armed force, police or other such security services?	Yes / No	Yes / No	Yes / No	Yes / No
	Adventure sports like Participation in speed contest or racing of any kind (other than on foot), bungee jumping, parasailing, ballooning, parachuting, skydiving, paragliding, hang gliding, scuba diving, mountain or rock climbing necessitating the use of guides or ropes, winter sports, potholing, abseiling, deep sea diving using hard helmet and breathing apparatus, polo, snow and ice sports, riding or driving in races or rallies using a motorized vehicle or bicycle, caving or pot-holing, hunting or equestrian activities, skin diving or other underwater activity, rafting or canoeing involving white water rapids, yachting or boating outside coastal waters (2 miles), participation in any Professional Sports, any bodily contact sport or any other hazardous or potentially dangerous sport for which Insured Person is untrained	Yes / No	Yes / No	Yes / No	Yes / No
	Do you regularly engage in bike riding or member of any biker association / trekking association?	Yes / No	Yes / No	Yes / No	Yes / No
	Are you a lawyer, politician, journalist or a person who is very active in consumer activism?	Yes / No	Yes / No	Yes / No	Yes / No
2.	Mode of Transport	Own Two Wheeler / Own Car / Public Transport - Train n Metro / Public Transport - Cab n Rick / others	Own Two Wheeler / Own Car / Public Transport - Train n Metro / Public Transport - Cab n Rick / others	Own Two Wheeler / Own Car / Public Transport - Train n Metro / Public Transport - Cab n Rick / others	Own Two Wheeler / Own Car / Public Transport - Train n Metro / Public Transport - Cab n Rick / others
3.	Do you have any other policy with IndusInd General Insurance Co. If so details of the policy and its policy number	Policy Details	Policy Details	Policy Details	Policy Details

NOMINEE DETAILS

Nominee Name	☐ Mr. ☐ Mrs. ☐ Ms.:	FIRST MIDDLE LAST
Gender:	☐ Male ☐ Female	Date of Birth DD/MM/YYYY
Relationship with Applicant		
Address		

GUARDIAN DETAILS (If nominee is minor)

Guardian Name	☐ Mr. ☐ Mrs. ☐ Ms.:	FIRST MIDDLE LAST
Gender:	☐ Male ☐ Female	Date of Birth DD/MM/YYYY
Guardian Relationship with Nominee		
Address		

ASSIGNEE DETAILS (if Credit linked policies)

Name of Proposer	☐ Mr. ☐ Mrs. ☐ Ms.:	FIRST MIDDLE LAST
Address of Proposer		

APPLICANT BANK DETAILS

Name of the Bank Account Holder:	☐ Mr. ☐ Mrs. ☐ Ms.:	FIRST MIDDLE LAST
Name of the Bank		
Bank Account No.:	Account Type:	☐ Saving ☐ Current
Branch		
IFSC Code (11 character code appearing on your cheque leaf)		
MICR Code (9 digit MICR code number of the bank and branch appearing on the cheque issued by the bank)		
☐ 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.		

Plan opted	Fixed Benefit / Reducing Balance Benefit		
	Coverage	Option Opted	Sum Insured
Benefit 1	Death arising out of an injury	Mandatory	
Benefit 2	Permanent Total Disability arising out of an Injury	As per Group policy schedule	
Benefit 3	Permanent Partial Disability arising out of an Injury	As per Group policy schedule	
Benefit 4	Temporary Total Disability arising out of an Injury (Applicable for Salaried class People)	As per Group policy schedule	
Benefit 5	Education Grant	As per Group policy schedule (Available if Benefit 1 is opted)	

	Child 1 – Name _____	DOB _____
	Child 1 – Name _____	DOB _____
Benefit 6	Modification of Residence / Vehicle	As per Group policy schedule (Available if Benefit 2 is opted)
Benefit 7	Burns	As per Group policy schedule
Benefit 8	Broken Bones (As per plans and Categories given below**)	As per Group policy schedule(Only the plan chosen at Group Policy level will be allowed for category to be chosen)

**Category	Site of fracture	Plan A	Plan B	Plan C
Category 1	Hip or Pelvis (excluding thigh or coccyx)	60,000	40,000	25,000
Category 2	Thigh or Heel	150,000	1,00,000	70,000
Category 3	Lower leg, skull	1,00,000	70,000	50,000
Category 4	Colles type fracture of the lower arm, , clavicle, ankle, elbows, upper or lower arm (including wrist)	60,000	40,000	25,000
Category 5	Shoulder blade, knee cap, sternum, hand (excluding fingers and wrist), foot (excluding toes or heel)	85,000	60,000	40,000
Category 6	Spinal Column (V ertebrae but excluding coccyx)	1,90,000	1,30,000	85,000
Category 7	Lower Jaw	45,000	30,000	20,000
Category 8	Rib or ribs, cheekbone, coccyx, upper jaw, nose, toe or toes, finger or fingers	60,000	40,000	25,000
Category 9	Dislocations requiring surgery under anaesthesia	45,000	30,000	20,000
Category 10	Internal Injuries	60,000	40,000	25,000

Cover Period Start Date	DD/MM/YYYY	Cover Period End Date	DD/MM/YYYY
Cover Years			
Details of existing physical defect or infirmity, if any of the persons proposed for insurance			

PAYMENT DETAILS (Wherever Applicable)			
Payment by: Cheque* / DD* / Credit Card# / Debit Card# (Tick whichever is applicable)			
Payment by	Cheque	DD	(Tick whichever is applicable)
Cheque or DD amount	Amount in words		
Bank Name			
Cheque / DD No	Cheque Date		
Name of Premium Payer			
*In case of payment made through Cheque / DD then please issue an A/c payee instrument in favour of "IndusInd General Insurance Company limited" # In case of payment made through Credit / Debit Card the Card needs to be in the name of Applicant			

GENERAL DECLARATION:

I understand that as per the new AML/CFT Guidelines issued IndusInd General 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 General 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.

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 General 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) shall have the meaning assigned to it under sub clause (db) of clause (1) of Rule 2 of the Prevention of Money Laundering (Maintenance of Records) Rules, 2005."

(db) "Politically Exposed Persons" (PEPs) are individuals who have been entrusted with prominent public functions by a foreign country, including the heads of States or Governments, senior politicians, senior government or judicial or military officers, senior executives of state-owned corporations and important political party officials".

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 BY APPLICANT

I declare that above answers are true to the best of my knowledge and belief, that I have disclosed all particulars affecting the assessment of the risk. I agree that this application and declaration shall be the basis of the contract between me/us and the company. 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.

Place: _____

Date: _____

Signature of Proposer

DECLARATION & WARRANTY ON BEHALF OF ALL PERSONS PROPOSED TO BE INSURED

- i. I have read and understood the brochure, prospectus, sales literature & Policy wordings and confirm to abide by the same.
- ii. I understand that the information provided by me will form the basis of the insurance policy, is subject to the Board approved underwriting policy of the insurance company and that the policy will come into force only after full receipt of the premium chargeable.
- iii. I/We further declare that I/We will notify in writing any change occurring in the occupation or general health of the life to be insured / applicant after the application has been submitted but before communication of the risk acceptance by the Company.
- iv. I/We declare and consent to the Company seeking medical information from any Doctor or from a hospital who at anytime has attended on the life to be insured /applicant concerning anything which affects the physical or mental health of the life to be assured / applicant and seeking information from any insurance company to which an application for insurance on the life to be assured / applicant has been made for the purpose of underwriting the proposal and / or claim settlement.
- v. I/We authorize the company to share information pertaining to my application including the medical records for the sole purpose of proposal underwriting and/or claims settlement and with any Governmental and / or Regulatory Authority.
- vi. Receipt of the Application form by the Company shall not be construed as acceptance of proposal. I hereby agree that the insurance coverage shall commence only on realization of full premium and on receipt of complete medical reports (wherever applicable) and subject to individual underwriting by the Company. The Company at its sole discretion reserves the right to accept or reject or load any proposal without assigning any reason thereof.
- vii. I understand that the Policy shall become void at the Company's option, in the event of any untrue or incorrect statement, misrepresentation, nondescription or non-disclosure of any material fact in the Application form/personal statement, declaration and connected documents or any material information having been withheld by me or anyone acting on my behalf.
- viii. I hereby declare that the person(s) proposed to be insured would submit to medical examinations, before the nominated doctors of the Company, or undergo diagnostic or other medical tests, as suggested by the Company for its underwriting.
- ix. I consent to provide a valid age proof and identity proof at the time of claims or any other time when required by the Company.
- x. I/We consent to receive information from the Company through physical, electronic or telecommunication means from time to time
- xi. I hereby declare and warrant on my behalf & on behalf of all persons proposed to be insured that the above statements, answers and/or particulars given by me in this Application form are true and complete in all respects to the best of my knowledge and that I/We am/are authorized to propose on behalf of these other persons.
- xii. I/We here by state that the above mentioned address shall be taken as address on record for the purpose of GST.
- xiii. 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

To protect the environment and save paper, I hereby give my consent to IndusInd General Insurance Company Limited to send me the executed Policy copy and all related documents and other communications in electronic form by way of email to the aforesaid email id instead of physical form and also to share all such documents and any updates & alerts via Whatsapp on my registered mobile number with the Company

Place: _____ Date: DD / MM / YYYY

Signature of the Insured

VERNACULAR DECLARATION FOR INTERMEDIARY AND PROPOSER

The contents of this Proposal form have been read over and fully explained to me in _____ language. I further confirm and declare that the contents read over and explained to me have been understood by me.

Place: _____

Date: D D / M M / Y Y Y Y

Signature/Thumb impression of (Proposer)

Explained By Intermediary (Name): _____

Place: _____

Date: D D / M M / Y Y Y Y

Signature of Intermediary

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

- 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.
- 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.

ACKNOWLEDGEMENT FOR APPLICATION

Please retain this counterfoil for your records (on behalf of IndusInd General Insurance Company Limited)

Proposal Application No. _____

We acknowledge the receipt of payment of _____

vide cheque / DD / Card No. _____

from ☐ Mr. ☐ Mrs. ☐ Ms. _____

Please note that this is only an acknowledgement receipt and does not amount to acceptance of risk or commencement of Policy. IndusInd General Insurance Company Limited is not liable for any claim between the time that the proposal amount is received and Policy start date. The validity of receipt is subject to realization of proposal amount. Acceptance of proposal and issuance of Policy shall be subject to receipt of completed application form, premium payment, medical reports (wherever applicable) and underwriting decision of the Company

Signature of the Representative _____

Name of the Representative _____

Note - The Policy copy, and all related documents shall be sent to the email ID provided above. If you wish to receive the Policy copy and related documents in physical form to the aforesaid communication address, please drop us an email at services@indusindinsurance.com



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022 4890 3009 (Paid)



74004 22200 (WhatsApp)

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