

Proposal Form No.: _____

INDUSIND FINANCIAL PROTECTION PERSONAL ACCIDENT POLICY - MASTER POLICY PROPOSAL FORM
Important:

1. To be filled and signed by Proposer
2. This proposal shall be the basis of contract for Policy 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.

Intermediary Details (To be filled in BLOCK LETTERS)

Intermediary Name		Code	
Branch Name		Code	
Sales Manager Name		Code	

Proposer Details

1. Name of the Proposer	☐ Mr. ☐ Ms. ☐ Mrs. F I R S T M I D D L E L A S T		
2. Enrollment in scheme	☐ Voluntary ☐ Involuntary		
3. Whether Credit Link Policy	☐ Yes ☐ No		
4. Policy period	_____ Years		
5. Customer Type			
6. Loan Type	☐ Auto Car ☐ Auto Two Wheeler ☐ Auto ☐ Auto		
7. Loan Account Holder	☐ Single ☐ Joint		
8. Proposed Group Size			
9. Proposed Gender Equation	Male / Female %		
10. Proposed Customer Age	☐ 18 - 30 ☐ 30 - 44 ☐ 45 - 59 ☐ 60 & above		
11. Address for communication			
12. Location - Zone	☐ East ☐ West ☐ North ☐ South		
13. Name of Contact Person			
14. Mobile Number		15. Phone No.	
16. E-mail	DD/MM/YYYY		
17. PAN (Mandatory for premium above Rs. 50,000)		18. UID Aadhaar No.	
19. Do you have a GST Registration Number	☐ Yes ☐ No		
If Yes, please specify			
20. Profession, Trade, Business or Occupation of the Group			

21. Please describe fully with nature of duties			



22. Does your trade or business require members to be engaged in manual labour? Please specify

23. Whether all eligible members of group/association/institution/Corporate Body are proposed for insurance

24. Is this insurance taken first time?

25. If no, Please mention no. of renewal year

BENEFIT DETAILS

Plan opted	Fixed Benefit / Reducing Balance Benefit/Both			
	Coverage	Cover opted	Maximum Sum Insured for this tie up	Amount In INR
Benefit 1	Death arising out of an injury	Mandatory	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX
Benefit 2	Permanent Total Disability arising out of an Injury	Mandatory	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX
Benefit 3	Permanent Total Disability arising out of an Injury	Yes / No	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX
Benefit 4	Temporary Total Disability arising out of an Injury	Yes / No (Available for Salaried Class People only)	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX
Benefit 5	Education Grant	Yes / No (Available for Salaried Class People only)	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX
Benefit 6	Modification of Residence / Vehicle	Yes / No (Available for Salaried Class People only)	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX
Benefit 7	Burns	Yes / No	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX
Benefit 8	Broken Bones (As per plans and Categories given below**)	Yes / No	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX

** 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	1,50,000	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 (Vertebrae 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	20,000
Policy Period Start Date: DD/MM/YYYY Policy Period End Date: DD/MM/YYYY				

Details of lives to be insured: As per list attached/As per respective application sheet

Do the members proposed for insurance, engage in: (Tick Yes / No whichever applicable)			
A	Racing on wheels or horseback Yes No	Yes	No
B	Big game hunting	Yes	No
C	Mountaineering	Yes	No
D	Winter Sports, Skiing or Ice Hockey	Yes	No
E	Ballooning or Polo or sports of similar nature	Yes	No
F	Any other activity coming under risk category Group III as per prospects	Yes	No

Previous Insurance Details

The terms agreed are same as per your existing policy?

if yes please provide expiring policy copy along with this proposal form and provide policy no

If no, please list out the additional coverages:

Details of previous / expiring insurance policy for last 3 years?

	1st Year	2nd Year	3rd Year
No. of lives covered at inception	XXXXXXX	XXXXXXX	XXXXXXX
No. of lives at expiry	XXXXXXX	XXXXXXX	XXXXXXX
Incurred Claims Paid + O/s (Count & Amount)	XXXXXXX	XXXXXXX	XXXXXXX
Premium before service tax	XXXXXXX	XXXXXXX	XXXXXXX
Name of the insurance company	XXXXXXX	XXXXXXX	XXXXXXX

Has any Company			
A	Declined to issue a policy to you ?	Yes	No
B	Declined to continue your insurance?	Yes	No
C	Imposed any restriction or special conditions?	Yes	No

if so, give names and address of each company in respect of a), b), c) and d) above

Payment Details

Payment by:	☐ Cheque* ☐ DD* ☐ Credit Card# ☐ Debit Card# (Tick whichever is applicable)		
Cheque or DD amount	./- amount in words		
Bank Name			
Cheque / DD No		Cheque Date	DD/MM/YYYY
PAN			

Declaration & Undertaking by Proposer

- We have read and understood the brochure, prospectus, sales literature & Policy wordings and confirm to abide by the same.
- We understand that the information provided by us 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.
- We further declare that we will notify in writing any change occurring in the occupation or general health of the life to be insured / proposer after the proposal has been submitted but before communication of the risk acceptance by the Company.
- 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 / proposer concerning anything which affects the physical or mental health of the life to be assured / proposer and seeking information from any insurance company to which an application for insurance on the life to be assured / proposer has been made for the purpose of underwriting the proposal and / or claim settlement.
- We authorize the company to share information pertaining to our proposal including the medical records for the sole purpose of proposal underwriting and/or claims settlement and with any Governmental and / or Regulatory Authority.
- Receipt of the Proposal form by the Company shall not be construed as acceptance of proposal. We 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 underwriting by the Company.
- We understand that the Policy shall become void at the Company's option, in the event of any untrue or incorrect statement, misrepresentation, non-description or non-disclosure of any material fact in the Proposal form/personal statement, declaration and connected documents or any material information having been withheld by us or anyone acting on our behalf.
- We 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.
- We consent to provide a valid age proof and identity proof of insured or insured person/beneficiary covered under the policy at the time of claims or any other time when required by the Company.
- We consent to receive information from the Company through physical, electronic or telecommunication means from time to time.
- We further agree and undertake not to receive from IndusInd General Insurance Company Limited any rebate other than that mentioned in the published prospectus in accordance with the provisions of Section 41 of Insurance Act, 1938 as amended by Insurance laws (Amendment) Act, 2015
- 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 proposal form are true and complete in all respects to the best of my knowledge and that I am authorized to propose on behalf of these other persons.
- I/We here by state that the above mentioned address shall be taken as address on record for the purpose of GST.
- 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

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

indusindinsurance.com


022 4890 3009 (Paid)



74004 22200 (WhatsApp)



Vernacular Declaration stating that the contents of this proposal form have been read over & fully explained to me in _____ language. I further confirm & declare that contents read over & explained to me have been understood by me.

Place: _____

Date: _____

Signature/Thumb Impression of the Proposer: _____

Identified by Name & Signature: _____

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.

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 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.

ACKNOWLEDGMENT FOR PROPOSAL

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

Proposal Form No. XXXXXXXXXXXXXXXXXXXXXXXXXX

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 proposal form, premium payment, medical reports (wherever applicable) and underwriting decision of the Company.

Signature of the Representative: _____

Name of the Representative _____

NOT VALID AGAINST CASH

Insurance is a subject matter of solicitation. IRDAI Registration No. 103.