

Proposal Form No.: _____

INDUSIND FLOATING SUM INSURED COVER - MULTIPLE VEHICLES INSURANCE - PROPOSAL FORM

- Note:1) Proposal is implemented as an experiment for a limited period 1st February 2020 to 31st July 2020.
 2) Please complete all sections in capitals & tick boxes wherever applicable.
 3) Failure to disclose facts material to assessment of the risk or providing misleading information shall render the contract void.
 4) Geographical Area of operation: INDIA.
 5) Application Ref Number: IRDAI/NL/SANDBOX/220/2019-20.

 Is the Vehicle Made in India ☐ Yes ☐ No

Policy Period: As Opted

For Office Use Only

Policy Number	Date	DD / MM / YYYY
Savvion Reference No.	Inspection Lead No.	
Intermediary Name	Code	
Branch Name / Code	IRDAI Agent Code	
Sales Manager Name / Code	IRDAI Agent Name	

Details (To be filled in BLOCK CAPITALS)

1.	This proposal is for	☐ New Policy ☐ Rollover Policy ☐ Used Policy ☐ Renewal
2a.	Proposer's Full Name (Registered Owner of the Vehicle)	☐ M/S ☐ Mr. ☐ Mrs. ☐ Ms.
2b.	Address	Address for Communication
	Flat/Building/Door/Block No.	
	Road/Street/Sector:	
	Nearest Landmark:	
	Area	
	City	Pin Code
	State	Country
	City where vehicle is primarily used:	
	Phone No.	Mobile No.
	Email	Fax
3.	Occupation of the Insured	(Salaried / Self Employed / Profession)
4.	Period of Insurance From	Section 1 (Own Damage/Comprehensive): From: DD/MM/YYYY Hrs of HH/MM To Mid Night of DD/MM/YYYY Hrs of HH/MM Cover will commence not earlier than the date & time of acceptance of risk and subsequent to the payment of premium by the insured to the company and realization thereof by the Company.
5.	Source of Funds	☐ Business ☐ Profession ☐ Salary ☐ Agricultural Income ☐ Savings ☐ Others
6.	Monthly Income	☐ Upto ₹ 20,000 ☐ ₹ 20,001 to ₹ 50,000 ☐ ₹ 50,001 to ₹ 1,00,000 ☐ ₹ 1,00,001 and above
7.	PAN No.	

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IndusInd
 Insurance App


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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. IndusInd Floating Sum Insured Cover - Multiple Vehicles Insurance. UIN No.: XXXXXXXXXXXXXXXXXXXXXXXX.

IGI/MCOM/CO/MOT-02/ IFDIC-MVI/PF/Ver. 1.0/050326.



8.	Do you have a GST Registration Number:	☐ Yes	☐ No
	If Yes, please specify		
9.	Related Party	☐ Yes	☐ No

10. Details of the Insured Vehicles					
Vehicles Details	V1 (Vehicle Type)	V2 (Vehicle Type)	V3 (Vehicle Type)	V4 (Vehicle Type)	V5 (Vehicle Type)
Insured Declared Value					
Electrical and Electronic Accessories fitted to the Vehicle					
Non-Electrical Accessories fitted to the Vehicle					
Side Car (Two-Wheeler)					
Value of CNG/LPG Kit					
Total Insured Declared Value (vehicle wise)					
Type of Coverage opted (Required to mention) →					
Registration Number					
Date of Registration					
Registering Authority & Location					
Address at which the vehicle is registered					
Year & Month of Manufacture					
Engine Number					
Chassis Number					
Model/Fuel of the vehicle					
Make of Vehicle					
Type of Body					
Cubic Capacity					
Is the vehicle Imported: Yes/No					
Seating capacity including Driver					
Fuel Type: Petrol/Diesel/Others					
Risk start date					
Risk end date					
Where the vehicle is generally parked during Night					
a) Road Side Parking					
b) Pay & Park					
c) Own Parking Garage					
d) Open within residential compound					
e) Stilt Parking					

11. Details of Previous Insurance

Vehicles Details	V1 (Vehicle Type)	V2 (Vehicle Type)	V3 (Vehicle Type)	V4 (Vehicle Type)	V5 (Vehicle Type)
Insured Declared Value					
Have you been previously insured in respect this vehicle? Yes/No					
Is the vehicle in good condition? Yes/No					
If no please give full details					
Is previous insurance in your name? Yes/No					
Full Name of Previous Insurer					
Address					
Policy Number					
Period of Insurance: DD/MM/YYYY to DD/MM/YYYY					
a) Package Policy					
b) Liability Only					
c) Stand alone own damage					
d) Other (to be described)					
Add On Opted: Yes/No, If yes please name the add on covers					
NO CLAIM BONUS (NCB) allowed under previous policy (%)					
Claim lodged during the preceding 3 years					
Are you entitled to No Claim Bonus					
If yes, please submit / attached proof thereof					
Any other material facts relevant for this insurance					

Important: Insured's Declared Value (IDV)	Age of the Vehicle	Depreciation
The Insured's Declared Value (IDV) of the vehicle will be deemed to be the 'SUM INSURED' for the purpose of this tariff and it will be fixed at the commencement of each policy period for each insured vehicle.	Not exceeding 6 Months	5%
	Exceeding 6 months but not exceeding 1 year	15%
The IDV of the vehicle is to be fixed on the basis of the manufacturer's listed selling price of the brand and mode as the vehicle proposed for insurance at the commencement of insurance/renewal and adjusted for depreciation (as per schedule alongside). The IDV of the side car(s) and/or accessories, if any, fitted to the vehicle but not included in the manufacture's listed selling price of the vehicle is/are also likewise to be fixed.	Exceeding 1 year but not exceeding 2 years	20%
	Exceeding 2 years but not exceeding 3 years	30%
The schedule of age-wise depreciation as shown alongside is applicable for the purpose of Total Loss/Constructive Total Loss (TL/CTL) claims only. The vehicle will be considered to be a CTL where the aggregate cost of retrieval and/or repair of the vehicle subject to terms and conditions of the policy exceeds 75% of the IDV.	Exceeding 3 year but not exceeding 4 years	40%
	Exceeding 4 years but not exceeding 5 years	50%

IDV of obsolete models of the vehicles (i.e. models which the manufacturers have discontinued to manufacture) and vehicles beyond 5 years of age will be determined on the basis of understanding between the Insurer and Insured.

Add On (subject to availability & eligibility)

12.	Add On Covers			
	Nil Depreciation Cover :			
	☐ Yes/No V1	☐ Yes/No V2	☐ Yes/No V3	☐ Yes/No V4
13.	Is the Vehicle fitted with any Anti-theft device approved by the ARAI?			
	If yes, please attach certificate of Installation in the vehicle, issued by Automobile Association of India.			
	☐ Yes/No V1	☐ Yes/No V2	☐ Yes/No V3	☐ Yes/No V4
14.	Are you a member of Automobile Association of India?			
	If yes, please submit membership copy	V1	V2	V3
	a. Name of the Association			
	b. Membership Number			
	c. Date of Expiry			
15.	Will the Vehicles be exclusively used for			
	a. Private, social, domestic, pleasure and professional purposes?			☐ Yes ☐ No
	b. Carriage of goods other than samples or personal luggage or commercial purpose?			☐ Yes ☐ No
16.	Whether the Vehicle is used for Driving Tuitions?			☐ Yes ☐ No
17.	Whether the Vehicle is limited to Own Premises? (Only if not licensed for general road use by RTO)			☐ Yes ☐ No
18.	Whether the Vehicle is fitted with Fibre Glass Tank?			☐ Yes ☐ No
19.	Whether the Vehicle belongs to the Embassy/Consulate of a foreign country?			☐ Yes ☐ No
	If so, is the duty element included in the Insured declared value?			☐ Yes ☐ No
20.	Whether the Vehicle is design for use of Blind/Handicapped/Mentally Challenged Person? (Attach RC Copy)			☐ Yes ☐ No
21.	Date of purchase of Vehicle by the Proposer:	V1	V2	V3
22.	Whether the Vehicle at the time of purchase was:			☐ New ☐ Second Hand
23.	Are you an existing IndusInd General Insurance customer: If Yes Please provide, Policy Number:			

Risk Inclusions

24.	Please select the higher deductible if you wish to opt for over and above the compulsory deductible Rs 100 /-for Two-Wheeler and Rs 1000 /- for Private Car, if yes please specify the amount :				
	V1 ☐	V2 ☐	V3 ☐	V4 ☐	
	Private Car	2500 ☐	5000 ☐	7500 ☐	15000 ☐
	Two Wheeler	500 ☐	750 ☐	1000 ☐	1500 ☐ 3000 ☐

25. Liability to third parties: The policy provides Third Party Property Damage (TPPD) of Rs. 7.5 lakh (Private Car) and Rs. 1 lakh (Two wheeler)

Do you wish to restrict the above limits to statutory TPPD Liability limit of Rs. 6000/- only?

☐ Yes/No V1 ☐ Yes/No V2 ☐ Yes/No V3 ☐ Yes/No V4

26. Do you wish to cover Legal Liability to?

a. Driver (No. of Persons _____) Yes/ No

b. Other employees (No. of Persons _____) Yes/ No

c. Unnamed Passengers (No. of Persons _____) Yes/ No

☐ Yes/No V1 ☐ Yes/No V2 ☐ Yes/No V3 ☐ Yes/No V4

27. Do you wish to include Personal Accident (PA) cover for named persons? Yes/ No

If yes, give name and Capital Sum Insured opted for. The maximum CSI available per person is Rs. 2 Lacs

Vehicle	Name	CSI Opted	Name of Nominee	Age of Nominee	Name of Appointee	Relationship	Address
V1							
V2							
V3							
V4							

28. Do you wish to include PA cover for Unnamed persons/ hirer? Yes/ No

If yes, give name and Capital Sum Insured opted for. The maximum CSI available per person is Rs. 2 Lacs

Vehicle	Number of Persons	CSI Opted
V1		
V2		
V3		
V4		

Compulsory Personal Accident Cover for Owner Driver

29. **Note:** Personal Accident cover for owner driver is compulsory for Sum Insured of Rs.15,00,000/- for Two Wheeler, Private Car Compulsory PA cover for owner driver cannot be granted where a vehicle is owned by a company, a partnership firm or a similar body corporate or where the owner-driver does not hold an effective driving license. This policy applicable to all vehicles owned by registered owner driver.

30. Do you have a valid driving license? Yes/No

31. Do you have any PA Cover, covering Death & Permanent Disability (Total & Partial) of at least 15 lacs or more ☐ Yes ☐ No

If Yes, Please provide Sum Insured ₹_____ (Cumulative SI of all the PA policies)

32. If Yes, do you wish to Buy the same with Us ☐ Yes ☐ No

33. Please give details of nomination of Nominee (if Nominee is Minor).

Name	Name of Nominee	Age of Nominee	Name of Appointee	Relationship	Address



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34. Any other material facts relevant for this insurance?

Third party Policy Details	V1 (Vehicle type)	V2 (Vehicle type)	V3 (Vehicle type)	V4 (Vehicle type)
Policy No.:				
Name of the Insurer:				
Policy Start Date:				
Policy End Date:				

35. **Details of Drivers:**

- a) Age of the Owner driver: _____
- b) Does the insured/driver suffer from defective vision or hearing or any physical infirmity? Yes/ No
if "Yes" Please give details _____
- c) Has the driver ever been involved/convicted for causing any accident or loss? If yes please give details as under including the pending prosecution if any. _____
- d) Driving Experience: _____ Years
- e) How many person in your family can use this vehicle? _____

36. Driver's Name	Date of Accident	Circumstances of Accident/Claim	Loss/Cost Rs.

Declaration by proposer

37. Extension of Geographical Area:

Whether extension of Geographical Area to the following countries required?

Geographical Area	V1	V2	V3	V4
Bangladesh				
Bhutan				
Maldives				
Nepal				
Sri Lanka				
Pakistan				

38. Please state if the vehicle is under ☐ Hire purchase ☐ Lease Agreement ☐ Hypothecation Agreement

If so, give name and address of concerned parties. _____

Hypothecation details	V1	V2	V3	V4
Full Name				
Address				

39. Any other material facts relevant for this insurance?

I/We hereby declare that the rate of NCB claimed by me/us is correct and that No claim has arisen in the expiring policy period (copy of policy enclosed). I/We undertake that if this declaration is found incorrect, all benefits under this policy in respect of Section 1 of the policy will stand forfeited.

 Signature of the Proposer

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

Name of the Bank Account Holder

☐ Mr. ☐ Ms. ☐ Mrs.

F I R S T M I D D L E L A S T

Bank Account No.:

Account:

☐ Saving ☐ Current

Name of the Bank

Branch

MICR Code (9 digit MICR code number of the bank and branch appearing on the cheque issued by the bank)

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, it is mandatory that all payments made to the insured are only through electronic mode.

AML GUIDELINES

"I/ We hereby confirm that all premiums have been/ will be paid from bonafide sources and no premium have been/ will be paid out of the proceeds of crime related to any of the offence listed in Prevention of Money Laundering Act 2002. I understand that the company has the right to call for the documents to establish source of funds. The insurance company has the right to cancel the insurance contract in case I am/ have been found guilty by any competent court of law under any of the statutes, directly/ indirectly governing the prevention of Money Laundering in India.

Nationality:

☐ Indian ☐ Non- Indian, If Non Indian please specify the country

Type of Organization:

☐ Corporations ☐ Government ☐ Non Government Organizations ☐ Society ☐ Trust
☐ Partnership ☐ International Organization ☐ Cooperatives ☐ Section 25 companies

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.



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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)" 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).

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 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.

Declaration by Proposer

I, _____, S/D/W of _____

acknowledge that I have fully gone through the Benefit Illustration of the proposal. I acknowledge that I understood how the proposal will work, what are the coverage's provided to the participating policyholders, what are the information to be shared with the insurers and what are the benefits available to the participating policy holders. I understood that the proposal is introduced as an experiment to test a new idea under the proposal of Regulatory Sandbox. I understood that the outcome of the experiment is unknown. I acknowledge that my participation in this experiment/proposal is entirely voluntary and conscious choice .I understood that once the experiment is complete or on earlier termination or withdrawal thereof, the insurer may discontinue the product; however, insurer will ensure the fulfillment of any existing obligations to policyholders. The continuance of the product beyond the testing period will be subject to IRDAI approval. I hereby give my informed consent and willingness to participate in the experiment after reading the terms and conditions of the proposal.

Name: _____

Place: _____

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

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 Rs. ten lakh rupees.