

INDUSIND HEALTH GLOBAL - PORTABILITY FORM AND ANNEXURE
ANNEXURE-I
Part - I
PROPOSER DETAILS FOR PROPOSAL FORM NO: XXXXXXXXXXXXXXXXXXXX

Name:	☐ Mr. ☐ Mrs. ☐ Ms.: F I R S T M I D D L E L A S T		
Date of Birth:	DD / MM / YYYY	Gender:	
Nationality:			
Email:		Alternative Email:	
Mobile No.:		Alternative Mobile No.:	
Address:			
City:		State:	
Pin Code:			

DETAILS OF EXISTING INSURER

Name of the Insurer:	☐ Mr. ☐ Mrs. ☐ Ms.: F I R S T M I D D L E L A S T
Name of the Product:	
Sum Insured:	
Cumulative Bonus:	
Add-Ons / Riders Taken:	
Policy No.:	

DETAILS OF THE PROPOSED INSURANCE

Name of the Product Proposed / Intended to apply under Portability	
Sum Insured Proposed	
Whether Cumulative Bonus to be converted to an Enhanced Sum Insured	
Reason(s) for Portability	
Number of family members to be included in the Policy to be Ported	

Enclosure: Photocopy of the existing Policy documents.

Date: DD / MM / YYYY

Signature of the Proposer

PART-II

- Whether the PED exclusions / time bound exclusion have longer exclusion period than the existing policy: (Yes/No)
- If YES, please give written consent to the declaration below:

I am aware that the waiting period for the following disease(s)/treatment(s) is _____ days / years more than the previous policy terms. I hereby agree to observe the additional waiting period for the following disease(s)/treatment(s).

Date: DD / MM / YYYY

Signature of the Proposer

ANNEXURE-II
1. Details of the person proposed to be insured**

Name of Insured(s)	Policy No.	Previous Insurer	Previous Policy(s)		Sum Insured (₹)	Cumulative Bonus	Exclusion(s)	Loading
			Start Date	End Date				
			dd/mm/yyyy	dd/mm/yyyy				

** Please fill Separate annexure for member with different details.

2. Existing Policy Type ☐ Individual ☐ Family Floater

CLAIM DECLARATION

3. Any claim history of the person(s) proposed to be insured with the previous insurer(s)? ☐ Yes ☐ No

A. If YES, please provide below details:

Name of Insured	Claims Submitted	Year of Claim	Details of Ailment
	YES/NO		
	YES/NO		
	YES/NO		

- B. If NO, then please fill the below declaration:
- ☐ I wish to migrate to (Product Name) with IndusInd General Insurance Company Limited under the applicable IRDAI regulations on Portability, and declare that the cumulative bonus accrued, as stated by me above is correct and that no claim has arisen in the expiring policy(ies).
- ☐ I understand that Reliance General Insurance Company Limited will be Issuing the Policy based on the information provided and declarations submitted in the proposal form and related annexures. In case any information provided by me, in whole or part, is found to be incomplete and/or incorrect and/or fraudulent then, the Policy shall become void at the option of Reliance General Insurance Company Limited without any refund, as stated in Policy terms and conditions.

Date:

Signature of the Proposer

IMPORTANT POINTS TO NOTE:

- The application for portability must be provided at least 30 days in advance but not earlier than 60 days of renewal date of existing policy.
- Any pre-policy checkup must be completed within 7 days of intimation.
- Any additional information/acceptance of revised offer must be provided within 7 days from the receipt of intimation.
- Please attach following documents with the Portability Form annexure:
 - Copy of all previous policy schedules with latest renewal notice.
 - If there is a claim in existing Policy, then discharge summary, investigation and follow up report copies.
 - If there is a past medical history, then consultation papers, prescription, investigation, treatment and report copies.

NOTE: All documents to be counter signed by the Proposer.

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".

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.

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.

PROPOSER'S SIGNATURE *	Date	Place	Time
Verified by providing OTP number sent to registered mobile no. (9xxxxxxx33) at (HH:MM:SS) on DD-MM-YYYY and confirmed at (HH:MM:SS) on DD-MM-YYYY			

*Signature authentication: A One Time Password (OTP) authentication number has been sent on Your registered mobile number. By feeding in the said OTP number in the system, You hereby unconditionally and absolutely acknowledge and accept the declarations as stated above in its entirety, and the same would create a legally binding agreement between You and the Company.

