

Application Form No: _____

INDUSIND HOME LOAN PROTECT POLICY - APPLICATION FORM

Please Note:

1. To be filled and signed by Applicant.
2. This Application form shall be the basis of contract for Cover.

INTERMEDIARY DETAILS (TO BE FILLED IN BLOCK LETTERS)

Intermediary Name	XXXXXXXXXXXXXXXXXXXXXXX	Code	XXXXXXXXXX
Branch Name	XXXXXXXXXXXXXXXXXXXXXXX	Code	XXXXXXXXXX
Sales Manager Name	XXXXXXXXXXXXXXXXXXXXXXX	Code	XXXXXXXXXX

CUSTOMER INFORMATION

1. Loan Account No.	XXXXXXXXXXXXXXXXXXXXXXX	Customer ID	XXXXXXXXXXXXXXXXXX
2. Applicant's Full Name	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		
3. Applicant's Address	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		
City	XXXXXXXXXXXXXXX	Pin Code	XXXXXXXXXXXXXXX State XXXXXXXXXXXXXXX
Phone Number	XXXXXXXXXXXXXXXXXXXXXXX	Email-ID	XXXXXXXXXXXXXXXXXXXXXXX
4. Gender	M/F	5. Date of birth	
6. Pan No	XXXXXXXXXXXXXXXXXXXXXXX	7. UID Aadhaar No.	XXXX XXXX XXXX XXXX
8. Do you have a GST Registration Number	Yes / No		
If yes, please specify	XXXXXXXXXXXXXXXXXXXXXXX		
9. Status of Applicant	XXXXXXXXXXXXXXXXXXXXXXX	10. Occupation	XXXXXXXXXXXXXXXXXXXXXXX
11. Loan Tenure	XXXXXXXXXXXXXXXXXXXXXXX	12. Sanction Date / Amount	D D/ M M/ Y Y Y Y
13. Disbursal Date / Amount	D D/ M M/ Y Y Y Y	14. Cover Tenure	XXXXXXXXXXXXXXXXXXXXXXX
15. Type of Loan to be Insured	XXXXXXXXXXXXXXXXXXXXXXX	16. Sum Insured	0.00
17. Name of Bank / Financial Institution	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		
18. Do you have ABHA ID or ABHA address	Yes / No		
if yes, please specify the details			
19. CKYC no. (for Individual Customer)		20. CIN no. (for corporate customer)	


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NOMINEE DETAILS				
Name of the insured person	Name of Nominee	Date of Birth (DD/MM/YYYY)	Relationship with Insured	Nominee Gender
XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX	DD/MM/YYYY	XXXXXXXXXXXX	M/F
XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX	DD/MM/YYYY	XXXXXXXXXXXX	M/F
XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX	DD/MM/YYYY	XXXXXXXXXXXX	M/F
XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX	DD/MM/YYYY	XXXXXXXXXXXX	M/F

In case of family floater – Every insured – nominee details to be displayed

PAYMENT DETAILS	
Name of the policy holder	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
Payment Mode: (CD/Cheque/DD/NEFT)	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
Cheque/ DD Number/NEFT Number	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
UTR NO	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
Premium Amount (in figures)	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
Premium Amount (in words)	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
Name of the Bank	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
Branch	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
Premium Payment Date	DD/MM/YYYY

☐ 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 only through electronic mode.**

TABLE OF BENEFITS			
Coverage	Sum Insured Basis	Coverage	Sum Insured Basis
Section A - Accidental Death & Permanent Total Disability	0.00	Section E - Home Cover	0.00
Section B - Critical illness			
Section C - Loss of Employment	0.00	Section F - Home Contents	0.00
Section D - Child Care Allowance	0.00	Excluding Jewellery	

Has the Applicant been hospitalized for any treatment of any illness/ disease or injury during any time in the past ?	Yes / No
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TABLE OF BENEFITS			
Product Type	Sum Insured Basis		
	Home Structure	Home Content	For Structure and Content
Standard Fire and Special Peril Policy			

Burglary Excluding Theft & Jewellery			
Coverage is restricted to only Standard Fire & Special Peril and Burglary (excluding theft and jewellery)			
1. Address of Property to be Insured			
2. Age of the Building	_____ Year/s		

Has the Applicant been hospitalized for any treatment of any illness/ disease or injury during any time in the past ? (If yes, please select the disease/ injury as mentioned below). If others, please specify			
1 Diabetes Mellitus or Impaired Glucose tolerance	☐ Yes Y Y Y Y	14 Cirrhosis (Alcoholic / Non Alcoholic)	☐ Yes Y Y Y Y
2 Hypertension	☐ Yes Y Y Y Y	15 Renal Transplant / Congenital disorders of Renal System, Renal failure / Chronic Renal disorder / ESRD, Proteinuria	☐ Yes Y Y Y Y
3 Respiratory Disorder(s)	☐ Yes Y Y Y Y		
4 HIV/AIDS/STD	☐ Yes Y Y Y Y	16 Mental Retardation/ Psychiatric disorder	☐ Yes Y Y Y Y
5 Liver Disease(s)	☐ Yes Y Y Y Y	17 Hepatitis	☐ Yes Y Y Y Y
6 Cancer/Tumor	☐ Yes Y Y Y Y	18 Genetic Disorders / Inflammatory bowel disease (Crohn's disease Ulcerative Colitis)	☐ Yes Y Y Y Y
7 Heart Disease(s)	☐ Yes Y Y Y Y		
8 Arthritis/Joint Pain	☐ Yes Y Y Y Y	19 Obese / Dyslipidemic	☐ Yes Y Y Y Y
9 Kidney Disease(s)	☐ Yes Y Y Y Y	20 Paraplegic/Hemiplegic/ Quadriplegic Individuals	☐ Yes Y Y Y Y
10 Coma/Paralysis/Stroke/ Epilepsy	☐ Yes Y Y Y Y		
11 Multiple Sclerosis	☐ Yes Y Y Y Y	21 Injury / Persons with disability	☐ Yes Y Y Y Y
12 Blindness	☐ Yes Y Y Y Y	22 Others (Please specify) Name of disease / injury	☐ Yes Y Y Y Y
13 Congenital Disease(s)	☐ Yes Y Y Y Y		

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 agree that this application is part of group policy No. XXXXXXXXXXXXXXXXXXXX issued to D D / M M / Y Y Y Y for covering their Home Loan customer and renewal thereafter.
iii.	I agree that the cover shall become voidable at the option of the company, in the event of any untrue or incorrect statement, misrepresentation, non-description or non-disclosure in any material particular in the application form/ personal statement, declaration and connected documents or any material information has been withheld by me or anyone acting on my behalf to obtain any benefit under this cover.
iv.	I understand that the information provided by me will form the basis of the insurance cover and 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.
v.	I further consent and authorize IndusInd General Insurance Company and/or any of their authorized representatives to seek medical information from any Hospital/ Medical Practitioner /Insurer /any of the related entity that I have attended or may attend in future concerning any disease/illness/injury.
vi.	I/We authorize the company to share information pertaining to my proposal including the medical records for the sole purpose of proposal underwriting and/or claims settlement and with any Governmental and / or Regulatory Authority.

- vii. I understand and agree that the insurance coverage shall commence not earlier than the date of disbursement of loan as referred overleaf or after full premium is received by IndusInd General Insurance Co Ltd. (hereinafter referred to as the 'Company') whichever is later subject to underwriting approval by the Company. Receipt of application form by the Company shall not be construed as an acceptance of my application.
The company in its sole discretion reserves the right to accept or reject any Application without any assigning any reason thereof.
- viii. I hereby declare that I 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/claim.
- ix. I also confirm and declare that I am the applicant of the loan whose details have been mentioned in the application form.
- x. I understand and agree that the cover tenure will be less or equivalent to loan tenure. Also cover is valid till I am a Loan customer.
- xi. I have read and understood that the cover is available for loan tenure or the full pre-payment of the loan whichever is earlier but not beyond end date of Cover Period of Insurance.
- xii. Cover under Section E & F available only for completely constructed Residential property. Home Content Cover will be available for one year only. Warranted that hazardous goods are not stored in Insured's premises.
- xiii. In case of any claim made under the policy, No premium shall be refunded on cancellation of the policy.
- xiv. 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.
- xv. I consent to receive information from the Company through physical, electronic or telecommunication means from time to time.
- xvi. I/We here by state that the above mentioned address shall be taken as address on record for the purpose of GST.
- xvii. 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: _____

Signature: _____

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".



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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: _____

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.

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: DD/MM/YYYY

Signature/Thumb impression of (Proposer)

Explained By Intermediary (Name): _____

Place: _____

Date: DD/MM/YYYY

Signature of Intermediary

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.

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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