IndusInd GENERAL INSURANCE
FORMERLY RELIANCE GENERAL INSURANCE

Proposal Form No:_____

INDUSIND HOSPI CARE INSURANCE - PROPOSAL FORM

PRODUCT NAME:

Please find below all facts disclosed by You that may have affected our decision to issue this policy or its price, terms, conditions and exclusions. The Policy shall become void at the option of insurer, in the event of any untrue or incorrect statement, misrepresentation, non-description or non-disclosure of any material fact, particularly in the proposal form/personal statement, declaration and connected documents or any material information having been withheld by the proposer or any one acting on his behalf.

If You are in any doubt, please seek the advice of your Insurance Advisor or Our representative.

Proposer's Details (To be filled in BLOCK LETTERS)			
Name	o Mr. o Ms. o Mrs. F I R S T M I D D L E L A S T		
Date of Birth	(DD.MM.YYYY)	Gender	
Nationality			
Mobile		Alternative Mobile No.	
Email		Alternative Email	
Occupation		Annual Income	
Current Address			
City		State	
City		Permanent address [As per Aadhaar]	
Pincode		CKYC No (for Individual customer)	
YOUR DETAILS			
PAN: (Mandatory) If not provided Form 60 required.		Identification Document – Name & Number	
GSTIN (if any):			
Do you have an e-Insurance Account (e-IA)? o Yes o No o If No, I hereby declare that "I would like to receive my insurance policy and all the information related to the proposed insurance policy through insurance repository" o If Yes, e-Insurance Account (eIA) No. IndusInd General Insurance Existing Policy No (if applicable)			
YOUR PREMIUM			
Transaction No.		Payor Name	
Amount (Rs.)		Date	(DD.MM.YYYY)
YOUR PRODUCT			
Product Name		UIN	
Sum Insured (Rs.)		Policy Term	o 1 Year o 2 Years o 3 Years
DETAILS OF THE PERSON PROPOSED TO BE INSURED: [#1]			
Name	o Mr. o Ms. o Mrs. F I R S T M I D D L E L A S T		
Date of Birth	(DD.MM.YYYY)	Gender	

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 Hospi Care Insurance. UIN-RELHLIP20027V012021. IGI/MCOM/CO/IndusInd-HOSPI-CARE-INSURANCE/PF/Ver.1.2/030123

Nationality			
Mobile		Relationship with Proposer:	
Email			
Height in cm:		Weight in kg:	
Occupation:		Annual Income:	
Aadhaar Number/Virtual ID:			
Current Address:			
City		State:	
Pincode			

VACCINATION & COVID-19 MEDICAL QUESTIONS

Vaccination Details	Member 1	Member 2	Member 3	Member 4	Member 5	Member 6
ID Proof Verified/Submitted for vaccination registration						
Beneficiary Reference ID						
Date of Dose & Batch No						
Have you and/or any of your immediate family members travelled outside India in the last 45 days or do you plan to travel outside India during the next 6 months?	o Yes o No	o Yes o No	o Yes o No	o Yes o No	o Yes o No	o Yes o No
Have you and/or any of your immediate family members tested positive for COVID-19 or are awaiting results of such a test or been advised to be under quarantine due to COVID-19?	o Yes o No	o Yes o No	o Yes o No	o Yes o No	o Yes o No	o Yes o No
Are you and/or any of your immediate family members currently suffering from or in the last 2 months, have suffered from fever, persistent cough, sore throat, breathing difficulties, gastro-intestinal symptoms (vomiting/diarrhea)?	o Yes o No	o Yes o No	o Yes o No	o Yes o No	o Yes o No	o Yes o No

MEDICAL QUESTIONS

Please select Medical Question for <name of the person proposed to be insured>

o 1. Has an ailment or disability or deformity
o 2. Has planned a surgery
o 3. Takes medicines regularly
o 4. Has been advised investigation or further tests
o 5. Was hospitalized in past
o 6. Is expecting a baby (for females only)
o 7. None of the above

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ADDITIONAL MEDICAL QUESTIONS
[RELEVANT SECTION TO BE DISPLAY WHEN ANSWERED YES IN PREVIOUS QUESTION]

1. Has an ailment or disability or deformity o**Yes** o **No. If Yes, please provide the below details**

Please tick additional information about your ailment for

- o Hypertension/ High blood pressure
- o Diabetes/ High blood sugar/Sugar in urine
- o Cancer, Tumour, Growth or Cyst of any kind
- o Chest Pain/ Heart Attack or any other Hearth Disease/ Problem
- o Liver or Gall Bladder problems/Jaundice/Hepatitis B or C
- o Kidney Problems or Diseases of Reproductive organs
- o Tuberculosis/ Asthma or any other Lung Disorder
- o Ulcer (Stomach/ Duodenal), or any problems of Digestive System
- o Any Blood Disorder (E.G. Anaemia, Haemophilia, Thalassaemia) or any genetic disorder
- o HIV Infection/Aids or Positive test for HIV
- o Nervous, Psychiatric or Mental or sleep disorder
- o Stroke/ Paralysis/ Epilepsy (Fits) or any other Nervous Disorder (Brain/ Spinal cord etc.)
- o Abnormal Thyroid Function/ Goiter or any Endocrine organ disorders
- o Eye or vision disorders/ Ear/ Nose or Throat diseases
- o Arthritis, Spondylosis, Fracture or any other disorder of Muscle Bone/ Joint/ Ligament/ Cartilage
- o Any other disease/condition not mentioned above

Please share details for your ailment

Exact Diagnosis:	
Diagnosis Date:	
Consultation Date:	
Hospital Name:	
Please share details of your treatment:	

2. Has planned a surgery o**Yes** o **No. If Yes, please provide the below details**

Please share details for your surgery <name of the person proposed to be insured>

Exact Diagnosis:	
Diagnosis Date:	
Consultation Date:	
Hospital Name:	
Please share details of your past surgery <name of the person proposed to be insured>	

3. Takes medicines regularly o**Yes** o **No. If Yes, please provide the below details**

Please share details for your current medication <name of the person proposed to be insured>

Exact Diagnosis:	
Diagnosis Date:	

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Consultation Date:	
Medicine Name:	
Please share details of your treatment <name of the person proposed to be insured>	
4. Has been advised investigation or further tests o **Yes** o **No. If Yes, please provide the below details**	
Please provide details about investigation suggested by your doctor <name of the person proposed to be insured>	
Date of Tests:	
Type of Tests:	
Findings of Tests:	
Please upload the investigation tests results	
5. Was hospitalised in past o **Yes** o **No. If Yes, please provide the below details**	
Please share details for your past medical condition <name of the person proposed to be insured>	
Exact Diagnosis:	
Diagnosis Date:	
Consultation Date:	
Hospital Name:	
6. Is expecting a baby o **Yes** o **No. If Yes, please provide the below details**	
Please share your expected delivery date with us	
ADDITIONAL DOCUMENT UPLOADED	
DOCUMENT NAME	
GENERAL EXCLUSIONS	
Click here or go to www.indusindinsurance.com to view applicable waiting period(s) and exclusions under your Policy.	
DECLARATION & WARRANTY ON BEHALF OF ALL PERSONS PROPOSED TO BE INSURED	

- I/We hereby declare, on my behalf and on behalf of all persons proposed to be insured, that the above statements, answers and / or particulars given by me 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.
- 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 payment of the premium chargeable.
- 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 / proposer after the proposal has been submitted but before communication of the risk acceptance by the company.
- I/We declare and consent to the company seeking medical information from any doctor or hospital who at any time has attended on the person to be insured/ proposer or from any past or present employer concerning anything which affects the physical or mental health of the person 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.
- 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.

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OTHER DECLARATIONS & AUTHORIZATIONS

- I hereby submit my Aadhaar number or Virtual ID and give my consent for use of my Aadhaar details to authenticate me from UIDAI and link my Aadhar with all the policies of IndusInd General Insurance Company Limited (that I am associated with. I hereby warrant and represent that I have been duly authorised to submit the Aadhaar number or Virtual ID of the insured, nominees and appointees (as the case may be), and consent to the linkage of such Aadhaar details with all policies of IndusInd General Insurance Company Limited that they are associated with.
- I hereby permit/authorise IndusInd General Insurance to collect, store, communicate and process information relating to the Policy(ies) and all transactions related therewith, including sharing and disclosing to public authorities, of any confidential information as required by law and to send me information in relation to the Policy and IndusInd General Insurance Company Limited products & services, irrespective of whether I am registered with the National Customer Preference Register (NCPR) [formerly the National Do Not Call Registry (NDNC)] or not.
- 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.
- I hereby authorise IndusInd General Insurance Company Limited ("Company") to collect the information provided by me. The Company may deal with this information for the purposes as detailed under the Company's Privacy Policy [Link to the policy] and the Terms of Use [Link to terms of use] which I acknowledge to have been understood by me and shall be bound by the same. I shall have the right to withdraw such consent at any given time by intimating as such to the Company in writing

Your Signature (Proposer)*	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 Us.

AGENT / INTERMEDIARY'S DECLARATION [IN CASE BUSINESS IS SOURCED THROUGH AN AGENT / INTERMEDIARY]

[Agent / Intermediary confirmed using a tick box provided for recording following consent].

- I, (Full Name) _____in my capacity as an Insurance Advisor/ Specified Person of the Corporate Agent/Insurance Web Aggregator/Authorized employee of the Broker/Relationship Officer, do hereby declare that I have explained all the contents of this Proposal Form, including the nature of the questions contained in this Proposal Form to the Proposer including statement(s), information and response(s) submitted by him/her in this Proposal Form to questions contained herein or any details sought herein will form the basis of the Contract of Insurance between IndusInd General Insurance Company Limited and the Proposer, if this Proposal is accepted by IndusInd General Insurance Company Limited for issuance of the Policy. I have further explained that if any untrue statement(s)/ information/response(s) is/are contained in this Proposal Form/including addendum(s), affidavits, statements, submissions, furnished/to be furnished and furthermore if there has been a non-disclosure of any material fact, the policy issued to his/her favor pursuant to this Proposal may be treated by IndusInd General Insurance Company Limited as null and void and all premiums paid under the Policy may be forfeited to IndusInd General Insurance Company Limited .The content of this form and its particulars have been explained by me in vernacular to the proposer who has understood and confirmed the same. I confirm that to the best of my knowledge all the material facts about the prospect and the insured relevant to insurance underwriting, including any adverse habits or income inconsistency has been disclosed herewith.

Agent / Intermediary Name:	Agent / Intermediary Code:	License No.
Signature of Agent / Intermediary	**Date:**	**Place:**
[Display 'Confirmed' when ticked]		

ASSIGNMENT

I , _____do hereby assign the monies payable by the IndusInd General Insurance Company Limited, in the event of my death to _____ _____.

(Name and Relationship to the Insured) and I further declare that his/her /their receipt shall be sufficient discharge to the Company.

Dated this _____ day of _____ 202 _____at_____.

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_____

Signature of the Policy holder

WITNESS: _____

Name and Address _____

_____ _____

Signature

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 insurers
2. Any person making default in complying with the provision of this section shall be liable for a penalty which may extend to ten lakh rupees.

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)? o Yes o No _____ If yes, please mention the position held _____ _____. Is any of your close relation or family member a PEP? o Yes o 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) 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).

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 offence listed in Prevention of Money Laundering Act, 2002.
2. I/We understand that the Company has the right to call for documents to establish the sources of funds.
3. The insurance Company has right to cancel the Insurance Contract in case I/We are/am / have been found guilty by any competent court of law under any of the statutes, directly or indirectly governing the prevention of money laundering in India.

FOR OFFICE USE ONLY

Channel Name	Branch Code	Campaign Code	IndusInd General Insurance SAP Id	SP Code (For Bancassurance Channel)	Customer Relationship Number (For Bancassurance Channel)	Business Type
						Urban/Social/Rural

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