

Proposal Form No: _____

INDUSIND LOANEE KAVACH INSURANCE (GROUP) - APPLICATION FORM

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 Intermediary or Our representative.

PROPOSER'S DETAILS (TO BE FILLED IN BLOCK LETTERS)

Name	☐ Mr. ☐ Ms. ☐ Mrs. F I R S T M I D D L E L A S T		
Date of Birth	DD / MM / YYYY	Gender	☐ Male ☐ Female
Nationality			
Mobile No.	Alternative Mobile No.		
Email			
Alternative Email			
Occupation	Annual Income		
Current Address			
Flat / Building:	City:		
State:	Pin Code:		
Permanent Address			
Flat / Building:	City:		
State:	Pin Code:		

PROPERTY ADDRESS

Flat / Building:	City:
State:	Pin Code:

YOUR DETAILS

Do you have ABHA ID or ABHA address	☐ Yes ☐ No
If yes, please specify the details	
PAN: [Mandatory if premium is above Rs. 50,000]	
Identification Document Name & Number	
GSTIN (if any):	
CKYC ID (For Individual Customer)	
CIN No. (for Corporate customer)	

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  74004 22200 (WhatsApp)

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 Loanee Kavach Insurance (Group). UIN No.: RELHLGP20137V011920. IGI/MCOM/CO/ILKI-(G)/AF/Ver.1.0/180826.


IndusInd
 Insurance App


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YOUR PREMIUM

Transaction No.			
Payor Name			
Amount (Rs.)		Date	DD / MM / YYYY

YOUR PRODUCT

Product Name	UIN		
Sum Insured (Critical Illness and Personal Accident (Rs.))			
Sum Insured (Rs.) – Loss of Job			

POLICY TENURE

Policy Term	☐ 1 Year ☐ 2 Years ☐ 3 Years ☐ 4 Years ☐ 5 Years		
Loan Account Number		Loan Tenure	DD / MM / YYYY
Sanctioned Loan Amount	XXXXXXXXXXXXXXXXXXXX	Loan Sanctioned Date	
Loan Disbursed Amount	XXXXXXXXXXXXXXXXXXXX	Loan Disbursed Date	

DETAILS OF THE PERSON PROPOSED TO BE INSURED: [#1]

Name	☐ Mr. ☐ Ms. ☐ Mrs. F I R S T M I D D L E L A S T		
Date of Birth	DD / MM / YYYY	Gender	☐ Male ☐ Female
Nationality		Mobile No.	
Relationship with Proposer			
Email			
Height in cm		Weight in kg	
Occupation		Annual Income	
Identification Document - Name & Number			
Percentage Share of Sanctioned Loan			
Do you have ABHA ID or ABHA address	☐ Yes ☐ No		
If yes, please specify the details			
PAN: [Mandatory if premium is above Rs. 50,000]			
Industry Type		Nature of Job	
Current Address			
Flat / Building:		City:	
State:		Pin Code:	

YOUR NOMINEE DETAILS

I understand that this policy is assigned to the Bank/ financial/lending institutions and it is hereby declared and agreed that any outstanding loan amount as per the latest amortization schedule prepared by Master Policyholder/ Bank / Financial Institution including unpaid/ overdue EMI's from the date of occurrence or event which gives rise to a claim under this Policy/ Certificate of Insurance or penalties levied by the Master Policyholder/ bank or Financial Institution (if any) for such Insured Person, subject to maximum of loan amount sanctioned, will be paid to the Master Policyholder/ bank or Financial Institution, and the balance amount, if any, will be paid to the Insured Person, or the nominee as the case may be. The Nominee must be an immediate relative of the Insured #1

Name	☐ Mr. ☐ Ms. ☐ Mrs.	FIRST MIDDLE LAST
Date of Birth	DD / MM / YYYY	Mobile No.
Email		
Identification Document – Name & Number		
Relationship with Proposer		

If the Nominee is minor, name and address of Appointee and Relationship with Minor:

Name	☐ Mr. ☐ Ms. ☐ Mrs.	FIRST MIDDLE LAST
Date of Birth	DD / MM / YYYY	Mobile No.
Email		
Identification Document – Name & Number		
Relationship with Proposer		

MEDICAL QUESTIONS

Please select Medical Question for

- ☐ 1. Has an ailment or disability or deformity
- ☐ 2. Has planned a surgery
- ☐ 3. Takes medicines regularly
- ☐ 4. Has been advised investigation or further tests
- ☐ 5. Was hospitalization in past
- ☐ 6. Is expecting a baby (Only for females)?
- ☐ 7. My Lifestyle habits
- ☐ 8. None of the above

ADDITIONAL MEDICAL QUESTIONS

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

1. Has an ailment or disability or deformity ☐ Yes ☐ No. If Yes, please provide the below details
 Please tick additional information about your ailment for-
 - ☐ Hypertension/ High blood pressure
 - ☐ Diabetes/ High blood sugar/Sugar in urine
 - ☐ Cancer, Tumour, Growth or Cyst of any kind



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

Please share details for your ailment

Exact diagnosis:

Diagnosis Date:

Consulting Date:

Hospital Name:

Please share details of your treatment:

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

Please share details for your surgery

Exact diagnosis:

Diagnosis Date:

Consultation Date:

Hospital Name:

Please share details of your past surgery

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

Please share details for your current medication

Exact diagnosis:

Diagnosis Date:

Consultation Date:

Medicine Name:

Please share details of your treatment

4. Has been advised investigation or further tests ☐ Yes ☐ No. If Yes, please provide the below details

Please provide details about investigation suggested by your doctor

Date of tests:

Type of tests:

Findings of tests:

Please upload the investigation tests results

5. Was hospitalised in past ☐ Yes ☐ No. If Yes, please provide the below details

Please share details for your past medical condition

Exact diagnosis:

Diagnosis Date:

Consultation Date:

Hospital Name:

Please share details of your past medical condition

6. Is expecting a baby ☐ Yes ☐ No. If Yes, please provide the below details

Please share your expected delivery date with us

7. Please select Lifestyle habits for

☐ Cigarette ☐ Bidi ☐ Tobacco ☐ Gutka ☐ Alcohol ☐ Narcotics ☐ Drugs ☐ None of the above

ADDITIONAL DOCUMENT UPLOADED

DOCUMENT NAME

GENERAL EXCLUSIONS

Click here or go to www.indusindinsurance.com.in to view applicable waiting period(s) and exclusions under your Policy.

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.

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

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.

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.
 - *I hereby state that the above-mentioned address shall be taken as address on record for the purpose of GST.
 - *I hereby confirm that the contents of the proposal form and connected documents have been fully explained to me/us and I have fully understood the significance of the proposed contract
 - I hereby permit/authorise IndusInd General Insurance Company Limited 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.
 - I have read & understood the full texts, features, disclosures, terms, conditions & exclusions under the product(s)
- ☐ 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.

Place: _____

Date: _____

Signature of Proposer

VERNACULAR DECLARATION

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: _____

Signature/Thumb impression of (Proposer)

Explained By
Intermediary (Name):

☐ Mr. ☐ Ms. ☐ Mrs. F I R S T M I D D L E L A S T

Date:

DD/MM/YYYY

Place:

Place: _____

Date: _____

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**

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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