

INDUSIND "MASHAK RAKSHAK" - GROUP - MASTER POLICY PROPOSAL FORM
Address of Issuing Office:

Policy Issuing Office:
 IndusInd General Insurance Co. Ltd.
 6th Floor, Oberoi Commerz, International Business Park,
 Oberoi Garden City, Off. Western Express Highway,
 Goregaon (E), Mumbai - 400063.
 Issuing Branch Code: XXXXXXXXXXXXXXXXXXXXXXXX

Address of Servicing Branch Office:

IndusInd General Insurance Co. Ltd
 Policy Servicing Branch Address:
 IndusInd General Insurance, Winway Building
 2nd and 3rd Floor, 11/12 Block no - 4, Old no-67,
 South Tukoganj, Indore (M.P) - 452001.
 Contact No - 022 4112600

DETAILS OF THE MASTER POLICY HOLDER:

Master Policy Holder Name : XXXXXXXXXXXXXXXXXXXXXXXX Master Policy No. : XXXXXXXXXXXXXXXXXXXXXXXX

GSTIN/UIN of Master Policy Holder : XXXXXXXXXXXXXXXXXXXXXXXX Business Type : New / Renewal

Proposal No.& Date of : XXXXXXXXXXXXXXXXXXXXXXXX & D D / M M / Y Y Y Y XXXXXXXXXXXXXXXXXXXXXXXX proposal and declaration

Correspondence Details of Policy Holder:

Address, Details of Point of contact/Master Policyholder's representative and his/her contact number XXXXXXXXXXXXXXXX
 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

Policy Period : Policy Start Date & Time: DD/MM/YYYY HH:MM:SS to
 Policy End Date & Time: DD/MM/YYYY HH:MM:SS

Cover Type : Individual / Floater Family Covered* : Yes / No

Family Definition* : XXXXXXXXXXXXXXXXXXXXXXXX Total Numbers Insured : XXXXXXXXXXXXXXXXXXXXXXXX
 Persons (i.e. Employees) Covered*

Total No. of Lives Covered* : XXXXXXXXXXXXXXXXXXXXXXXX Total Sum Insured* : Rs. XXXXXXXXXXXXXXXX

Previous Policy Details: Policy Number: XXXXXXXXXXXXXXXXXXXXXXXX Policy Period: XXXXXXXXXXXXXXXXXXXXXXXX
 Incase of Renewal

INTERMEDIARY DETAILS

Intermediary Name : XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

Code : XXXXXXXXXXXXXXXXXXXXXXXX Contact No. : XXXXXXXXXXXXXXXXXXXXXXXX

PREMIUM DETAILS
Amount (₹)

Tax Invoice No. : XXXXXXXXXXXXXXXXXXXXXXXX Date : D D / M M / Y Y Y Y

Base Premium 000.00

Discount 000.00

Loading 000.00

Total Premium excluding Taxes and Levies	000.00
SGST/UTGST (@x.x%)	000.00
CGST (@x.x%)	000.00
IGST (@x.x%)	000.00
Total Premium including taxes and levies	000.00

PAYABLE IN EQUAL MONTHLY/QUARTERLY/BI-ANNUAL INSTALLMENTS

Installment Frequency	Due Date	Installment Amount
XXXXXXXXXXXXXXXXXXXXXXXXXXXX	D D / M M / Y Y Y Y	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXX	D D / M M / Y Y Y Y	XXXXXXXXXXXXXXXXXXXXXXXXXXXX

THE COVERAGE'S UNDER INDUSIND "MASHAK RAKSHAK" - GROUP ARE LISTED BELOW:

Benefits	Short Description
Hospitalization Benefit	Lump sum benefit equal to 100% of the Sum Insured (excluding the amount paid under diagnosis cover, if any) shall be payable on positive diagnosis (through laboratory examination and confirmed by the medical practitioner) of any of the following vector borne disease (s) if insured is hospitalized for a minimum period of seventy - two (72) consecutive hours. • Dengue feve • Malaria • Filaria (Lymphatic Filariasis) • Kala-azar • Chikungunya • Japanese Encephalitis • Zika Virus
Diagnosis Cover	2% of the sum insured shall be payable on positive diagnosis (through laboratory examination and confirmed by the medical practitioner) of every covered vector borne disease on the first diagnosis during the Cover Period, subject to policy terms and conditions. The Policyholder is entitled for payments under "diagnosis cover" for each disease only once in each of the policy years.
Sub-Limits	Diagnosis cover: 2% of sum insured

Note: Please refer the policy wordings for detailed information and understanding of the coverages.

WAITING PERIOD

1. Initial waiting period - 15days
2. Cooling off period - 30 days

Note: Please refer the policy wordings for detailed information and understanding of the coverages.

City : Hyderabad

Website Address : www.indusindinsurance.com

Customer Care No. : 022-41112600

Email id : igicl.healthcare@indusindinsurance.com

(Service Tax Registration Number: AABCR6747BST001)
Category - General Insurance Business Service 00440005)

GSTIN: XXXXXXXXXXXXXXXXXXXXXXXXXXXX HSN: XXXXXXXXXXXXXXXXXXXXXXXXXXXX,

Description of services: XXXXXXXXXXXXXXXXXXXXXXXXXXXX

Consolidated Stamp Duty Paid with Receipt No. XXXXXXXXXX Dated DD/MM/YYYY Not Applicable for the State of Jammu & Kashmir

Note:

- As per GST Law 2017, there is no GST applicable on this Policy.
- In the event of incorrect representation of this declaration, the liability shall be upon the Certificate holder
- In the event of dishonor of cheque or non-realization of payment, this policy document automatically stands cancelled from inception, irrespective of whether a separate communication is sent or not.
- In case of discrepancy, the Master holder is requested to let us know immediately. You can write to us at services@indusindinsurance.com or call us on 022-41112600 or 022 4890 3009 (Paid) for necessary changes/rectification
- Attached with this Policy Schedule are the Policy Wordings, Annexure and Endorsements if any
- Please ensure that the Master Policyholder, has received, read and understood all these documents. If the Master Policyholder has not received any of these, please email/write to the Company at services@indusindinsurance.com or call us on 022-41112600 or 022 4890 3009 (Paid)
- The Policy Wording with detailed terms, conditions and exclusions along with other documents are available on our website www.indusindinsurance.com.

(Policy wordings link : <https://www.indusindinsurance.com/Insurance/About-Us/Downloads.aspx>)

For any assistance with claims, please contact us at 74004 22200, 022 4890 3009 (Paid) or email us at services@indusindinsurance.com.

In witness whereof this policy has been signed at Corporate Office (Servicing) on DD/MM/YYYY

In witness whereof this policy has been signed at _____ on this DD/MM/YYYY

For IndusInd General Insurance Company Limited

Duly Constituted Attorney(s)

Agent Code/Name : XXXXXXXXXXXXXXXXXXXX Agent Contact No. : XXXXXXXXXXXXXXXXXXXX

