

INDUSIND MOTOR ASSURED VALUE INSURANCE - PROPOSAL FORM
GUIDELINES TO FILL THE PROPOSAL FORM

Please answer all the questions fully and correctly. Where any question does not apply, please mention clearly that the same is not applicable

Insurance is a contract of "Utmost Good Faith" requiring the Insured not only to disclose all material facts but also not to suppress any material facts in response to the questions in the Proposal form. If you think any fact is material, please disclose it.

The Policy 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 proposal form/personal statement, declaration and connected documents or any material information having been withheld by the Proposer or anyone acting on his behalf.

Kindly contact the Company's offices or agents for any doubts or clarifications on the Proposal form

Note - The liability of the Company does not commence until this proposal has been accepted by the Company and the requisite premium paid.

FOR OFFICE USE ONLY

Intermediary Name

Code:

Branch Name

Code:

Sales Manager Name

Code:

FOR OFFICE USE ONLY

Issuing Branch

Payment Ref No.

Phone No.

Rural / Urban

Agent Reference No.

Proposal Form No.

DETAILS OF VEHICLES

Provide Details like Make and Model of the vehicles to be covered under the Policy

DETAILS OF THE PROPOSER

Insured Type

☐ Dealer ☐ OEM ☐ Financier ☐ Other, Please specify _____

Insureds Full Name

☐ Mr. ☐ Ms. ☐ Mrs. ☐ M/S FIRST MIDDLE LAST

Correspondence Address

Flat / Building:

Street/Road/Sector

Area/Village/Taluka

Landmark


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IndusInd
 Insurance App


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City:	
Pin Code:	
State:	
Landline:	
Mobile:	
*Email:	
Source of Funds	☐ Business ☐ Profession ☐ Salary ☐ Agricultural Income ☐ Savings ☐ Others
Do you have a GST Registration Number	☐ Yes ☐ No If yes please specify _____
Aadhar Card Number	

#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**.

COVER DETAILS			
Dealership Type	☐ New Vehicle		
Commercial Usage	☐ No		
Parts Manufacturing	☐ Local ☐ Overseas		
Offer Window	____ Days from Invoice Date		
Plan Details			
Make and Model			
Assured Value (XX % of Ex-showroom price)			
Time of Guarantee (XX months from the date of purchase of the Insured Vehicle)			
Maximum Total Distance covered (Kilometers)			

OTHER DETAILS	
Extension of Geographical Area: Whether extension of Geographical Area to the following countries required?	☐ Bangladesh ☐ Bhutan ☐ Maldives ☐ Nepal ☐ Pakistan ☐ Sri Lanka

CKYC DETAILS – SECTION I			
Date of Birth	D D / M M / Y Y Y Y		
PAN No. Available	☐ Yes ☐ No	If Yes, Please Provide PAN No.:	

If PAN No. Not available
(Only Applicable for
individuals)

Please attach Form 60 duly signed & attested.

INSURED'S CKYC DETAILS – SECTION III (OTHER THAN INDIVIDUALS)

CKYC No.: Available

☐ Yes ☐ No

If Yes, Please Provide CKYC
No.:

Date of Incorporation

DD / MM / YYYY

If CKYC Number is not
available:

Please attach any one of the following documents with self-attestation. Please tick on the
document that is being attached:

1. ☐ Certificate of Incorporation
2. ☐ Memorandum and Articles of Association
3. ☐ Registration Certificate (Partnership Firms)
4. ☐ Partnership Deed (Partnership Firms)
5. ☐ Trust Deed (Trusts and Foundations)

INSURED'S CKYC DETAILS – SECTION IV

If Name and Address is not the same as per the attached documents

Please Submit a declaration stating the Name and the Address is of the same person (Please find attached the Annexure – II
for the same)

PREVIOUS RESIDUAL VALUE INSURANCE DETAILS (PLEASE PROVIDE DETAILS FOR 3 FINANCIAL YEARS)

Year	Make and Model	No. of Vehicles	Ex- showroom Price	% Assured Value	Tenure	Premium Paid	Claims Count	Claim Amount

Please provide details of previous cover as Annexure to this document

BUSINESS PROJECTION (PLEASE PROVIDE DETAILS FOR 3 FINANCIAL YEARS)

Year	Make and Model	No. of Vehicles	Ex-showroom Price

Please provide details of previous cover as Annexure to this document

PROPOSER'S BANK DETAILS (IN CASE OF REFUND)

Name of the Bank Account
Holder

☐ Mr. ☐ Ms. ☐ Mrs. ☐ M/S.

FIRST MIDDLE LAST

Bank Account No.:

Account Type:

☐ Saving ☐ Current

Name of the Bank

Branch

IFSC Code (11 character code appearing on your cheque leaf)



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☐ 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 are only through electronic mode.

*Please attach a copy of signed cancelled cheque of the Bank Account of the insured only

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.

Place: _____

Date: _____

Time: _____

Proposer's Signature*

*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.



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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 BY PROPOSER

I/We hereby declare that the statements made by me/us in this Proposal Form are true to the best of my/our knowledge and belief and I/We hereby agree that this declaration shall form the basis of the contract between me/us and IndusInd General Insurance Company Limited. I/We also declare that, if any additions or alterations are carried out after the submission of this proposal form, then the same would be conveyed to the insurers immediately. I/We hereby declare that the contents of the form and documents have been fully explained to me/us and that I/We have fully understood the significance of the proposed contract. I/We agree to accept a policy subject to the condition prescribed by the company.

- I/We hereby declare that the statements made by me/us in this Proposal Form are true to the best of my/our knowledge and belief and I/We hereby agree that this declaration shall form the basis of the contract between me/us and IndusInd General Insurance Company Limited. I/We also declare that, if any additions or alterations are carried out after the submission of this proposal form, then the same would be conveyed to the insurers immediately. I/We hereby declare that the contents of the form and documents have been fully explained to me/us and that I/We have fully understood the significance of the proposed contract. I/We agree to accept a policy subject to the condition prescribed by the company.
- Have read and understood the brochure, prospectus, sales literature & Policy wordings and confirm to abide by the same.
- I/We further understand and agree that IndusInd General Insurance will seek confirmation of above stated details from my/our previous insurers. Pending receipt of necessary confirmation, I/We agree that, though coverage under the policy will be available to me/us, IndusInd General Insurance will be liable to release the payment towards any claims under section I of the policy only after a confirmation in this regard is received. In the event this declaration is found to be incorrect, any and all coverage available under section I of the policy from the date of commencement of the policy shall stand automatically forfeited. Further, any survey arranged/ allowed by IndusInd General Insurance of the motor vehicle, pending confirmation of the declaration from my/our previous insurers, shall be without prejudice to any of the rights and remedies available to IndusInd General Insurance as contained herein and under the relevant laws and regulations.
- I/We also shall endeavour to procure the renewal notice and pass on the same to IndusInd General Insurance immediately upon the receipt of such renewal notice. Mode of Payment: Secure your payment by cheque/DD favouring IndusInd General Insurance Co.Ltd. This policy shall be voidable at the option of the Company in the event of mis-representation, mis-description of nondisclosure of any material particulars by the Proposer. Any person who, knowingly and with intent to defraud the Insurance Company or other persons, files a proposal for insurance containing any false information, or conceals for the purpose of misleading, information, information concerning any fact material thereto, commits a fraudulent act which will render the policy voidable at the company's sole discretion and result in a denial of insurance benefits.
- I/We hereby state that the above mentioned address shall be taken as address on record for the purpose of GST.
- 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

This proposal form was completed by

Name: _____

Place: _____

Date: _____

Signature of Proposer & Company Seal

PROHIBITION OF REBATES - SECTION 41 OF 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.

