

Proposal Form No: _____

DOCTORS• AND MEDICAL PRACTITIONERS PROFESSIONAL INDEMNITY - PROPOSAL FORM

This proposal must be signed. All questions must be answered. The completion and signature of this proposal does not bind the proposer or Insurer to complete a contract of Insurance.

If there is insufficient space to answer questions, please use additional sheets and attach it to this form.

The Company does not assume any liabilities until the Proposal has been accepted and premium paid.

PROPOSER'S DETAILS (To be filled in BLOCK LETTERS)

 1. Name of the Proposer ☐ Mr. ☐ Ms. ☐ Mrs.

2. a) Residential address

Flat/Building

Road/Street/Sector

Area

City

Pin Code

State

Country

Phone

Mobile

Email

Fax

Pan No.

UID Aadhaar No.

Do you have a GST Registration Number

☐ Yes ☐ No

If Yes, please specify

b) Clinic address

Flat/Building

Road/Street/Sector

Area

City

Pin Code

State

Country

Phone

Mobile

Email

Fax

3. a) Professional Qualifications and the year of such qualifications

Year

b) In which branch of medicine viz.:

☐ Allopathy ☐ Homeopathy ☐ Ayurvedic

Any other please specify _____

4. a) Professional

b) Year of Registration

c) Prof

d) Annual Revenue

5. Are you a member of any Medical Association/Council?

☐ Yes ☐ No

indusindinsurance.com


022 4890 3009 (Paid)



74004 22200 (WhatsApp)



If so, please state Name and Address of such Association/Council with Membership No.

Name	☐ Mr. ☐ Ms. ☐ Mrs.		
Flat/Building		Road/Street/Sector	
Area		City	
Pin Code		State	
Country			
Phone		Mobile	
Email		Fax	
6. Are you a	☐ General Practitioner/ General Physician ☐ Pathologist/ Radiologist ☐ Consulting Physician ☐ Anaesthetist / Plastic Surgeon Note: If Specialist, please specify your line of specialisation. _____		
7. a) Specify facilities such as dispensing facility available/ operated by you or under your control.	☐ X-ray Radiation Therapy ☐ Scanning ECG ☐ Sonography ☐ MRI etc.		
b) Are these facilities being maintained through regular service contracts with the manufacturers/specialised servicing Agencies?	☐ Yes ☐ No		
c) If these facilities are operated by employees please state their	☐ Yes ☐ No		
i) Names	iii) Experience		
ii) Technical qualification	iii) Experience		
iv) Name of the facility operated (please use separate sheet)			
8. Specify No. of employees, their job specifications, their experience and nature of your supervision.			
No. of employees	Job specifications	Experience	Nature of your supervision
1.			
2.			
3.			
4.			
5.			
9. a) Are you attached to/or attending as a visiting physician/surgeon in any Hospital/ Nursing Home/Clinic etc .. If yes, please give details: ☐ Yes ☐ No	☐ Yes ☐ No		
b) ii) Are you in service with any organisation? If yes, then please give name & address of the same.			
Name	☐ Mr. ☐ Ms. ☐ Mrs.		
Flat/Building		Road/Street/Sector	
Area		City	
Pin Code		State	
Country			


indusindinsurance.com


022 4890 3009 (Paid)



74004 22200 (WhatsApp)



Phone		Mobile	
Email		Fax	
b) Are they covered under a Medical Establishment-Errors & Omissions policy?		☐ Yes ☐ No	
10. State the average number of patients you are attending per day.		No of Patients:	
11. Have any claims been made upon you or legal proceedings instituted or likely to be instituted against you by patients in respect of your treatment etc.		☐ Yes ☐ No	
If so, please give details.			
12. Have you been previously insured for the subject risk?		☐ Yes ☐ No	
If so, give full particulars.			
13. Has any Company	☐ Declined your proposal ☐ Required an increased premium ☐ Refused to renew your policy ☐ Cancelled such a policy		
14. Limit of Indemnity required			
For Any One Act		₹	
Any One Year Limit		₹	
15. Period of Insurance	From DD/MM/YYYY To DD/MM/YYYY		

DECLARATION BY PROPOSER

I/We do hereby declare that the above statements and answers are true and what I/We have not withheld any information whatsoever regarding the proposal. I/We hereby declare that all statutory provisions relating to my/our business proposed for insurance are complied with. I/We agree that this proposal and declarations shall be the basis of the contract between me/us and _____ Co. Ltd. whose policy for the insurance proposed is acceptable to me/us. I/We undertake to exercise all ordinary and reasonable precautions for safety of the property as if it were uninsured.

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.

Place: _____

Date: _____

Signature of Proposer

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) 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 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 of Proposer

PROHIBITION OF REBATES- SECTION 41 OF THE INSURANCE LAWS (AMENDMENT) ACT, 2015:

- 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.
- 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.



indusindinsurance.com



022 4890 3009 (Paid)



74004 22200 (WhatsApp)

