

Proposal Form No: _____

INDUSIND HOUSEHOLDERS' PACKAGE POLICY (RETAIL) - PROPOSAL FORM

The liability of the Company commences only when this proposal is accepted by the Company and the premium is received.

INTERMEDIARY DETAILS (To be filled in BLOCK LETTERS)

Intermediary Name:	Code:
Branch Name:	Code:
Sales Manager Name:	Code:

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

1. Proposer's Full Name ☐ Mr. ☐ Mrs. ☐ Ms.: F I R S T M I D D L E L A S T			
2a. Address for Communication			
Flat / Building			
Road / Street / Sector			
Area			
Taluka / Village / District / City		Pin Code	
State		Country	
Phone		Mobile	
Email		Fax	
2b. Address of the premises to be Insured			
Flat / Building			
Road / Street / Sector			
Area			
Taluka / Village / District / City		Pin Code	
State		Country	
Phone		Mobile	
Email		Fax	
3. PAN No.		4. UID Aadhaar No.	
5. CIN (In case of Corporate)		6. Date of Birth / Date of Incorporation DD / MM / YYYY	
7. Do you have a GST Registration Number		☐ Yes ☐ No	
If yes, please specify			
8. Source of Funds		☐ Business ☐ Profession ☐ Salary ☐ Agricultural Income ☐ Savings ☐ Others	
9. Monthly Income:		☐ Upto ₹ 20,000 ☐ ₹ 20,001 to ₹ 50,000 ☐ ₹ 50,001 to ₹ 1,00,000 ☐ ₹ 1,00,001 and above	
10. Period of Insurance		From DD / MM / YYYY To DD / MM / YYYY	


indusindinsurance.com


022 4890 3009 (Paid)



74004 22200 (WhatsApp)



11. Cover/s required (please tick any one) ☐ Home Building & Home Contents ☐ Home Building Only ☐ Home Contents Only (When Home Building and Home Contents are opted for, cover for General Contents of Home for Sum Insured equal to 20% of the Sum Insured for Home Building Cover subject to a maximum of ₹10 Lakhs is automatically provided)	
12. Does any part of risk is situated in basement? ☐ Yes ☐ No	
If Yes, kindly provide the use of basement by ticking the following : ☐ Basement with storage Risk ☐ Basement with utilities ☐ Basement only used for parking	
13. Age of Building (tick any one option)	☐ Less than 5 years ☐ 5-10 years ☐ 10-20 years ☐ Above 20 years
14. ☐ Is it - Multi-storey building? or ☐ Is it a standalone house?	
15. In case of multi-storey building, please provide the floor number of Your house	
16. Whether risk to be covered is of Kutcha construction? (Note: Building(s) having walls and/or roofs of wooden planks/thatched leaves and/or grass/hay of any kind/bamboo/plastic cloth/asphalt/ canvas/tarpaulin and the like are treated as Kutcha Construction.) ☐ Yes ☐ No	
17. Carpet area of structure of Home (in square metres) -	
18. Rate of Cost of Construction at the policy commencement date (per square metre) -	
19. Please fill up the details for the Sections opted by you in the format herein below (Please note that Section I (b) is compulsory)	
I. Standard Fire & Allied Perils	
a. Home Building:	
• Sum Insured for Building including plinth & foundations and fittings & fixtures (Carpet area of the structure in square metres X Rate of Cost of Construction at the policy Commencement Date.)	(₹) _____
• Sum Insured for Additional structures	(₹) _____
b. General Contents:	
• Furniture, Fixtures and Fittings	(₹) _____
• Electrical/ Electronic Equipments	(₹) _____
• Contents in basement	(₹) _____
• Others	(₹) _____
c. Valuable Contents on Agreed Value basis (Optional cover)	
(Valuable Contents of Your Home consist of items such as jewellery, silverware, paintings, works of art, antique items, curios and items of similar nature. You have to submit a Valuation Certificate. However, the requirement of valuation certificate is waived if the Sum Insured opted for is upto ₹5 Lakh and Individual item value does not exceed ₹1Lakh)	
Total Sum insured [12(a) + 12(b) + 12(c)]	(₹) _____
20. Do You require 'Personal Accident Cover' for Yourself and Your spouse? If Yes, please provide:	
Name Your spouse _____	
Age of spouse _____ years	Your age _____ years
21. Whether cover is required for Loss of Rent? ☐ Yes ☐ No	
If yes, please provide : Sum Insured (₹) _____	
22. Whether cover is required for Rent for Alternative Accommodation? ☐ Yes ☐ No	
If yes, please provide : Sum Insured (₹) _____ and number of months of cover _____ (Please note that any one cover under Sr. 14 or 15 would be available)	

Date of Loss	Cause of Loss	Claimed Amount	Settled Amount /please specify if claim is outstanding

ii Burglary & Housebreaking	Sum Insured
Contents	(₹) _____
Please note that the basis of the valuation adopted for Sections I shall be considered for Section II also	

[illegible][illegible][illegible]

vi Television / VCR / VCP / VCD / DVD / Player					
S. No.	Description	Make & Model	Year of Manufacture	Identification No.	Sum Insured (₹)
Total					

[illegible][illegible]

ix Pedal Cycle					
S. No.	Description	Make & Model	Year of Manufacture	Identification No.	Sum Insured ₹)
Total					

x Personal Accident

Name	Relationship with Proposer	Date of Birth	Profession/ Occupation	Annual Income (₹)	Capital Sum Insured (CSI) (₹)	Table of Benefit	Cumulative Benefit	CSI under any existing PA policy & (table of benefit)

Do you wish to cover reimbursement of medical expenses due to accident ?

☐ Yes ☐ No

xi Legal Liability
A. Towards Employees (Domestic servants)

No. of Domestic servants	Nature of work / duties	Estimated wages (₹)

B. Towards third parties:

 Limit for Any One Accident = Limit for Any One Year = (₹) _____
 (Liability limited to 50% of Sum Insured under section I or ₹25,00,000/- whichever is less)

 24. Have any of the items opted for coverage under various Sections enumerated above suffered any damage previously?
 If so, give details of the same, attach a separate sheet, if necessary.

Date of occurrence	Details of Items Lost	Details of Loss	Amount of Loss	Name of the Insurance Company

25. Give details of existing insurance, if any _____

Policy No.:

Company:

Expiry Date: DD / MM / YYYY

26. Any other information relevant to this insurance _____

PAYMENT DETAILS
☐ Cheque ☐ DD

Cheque or DD Amount:

Amount in words:

Bank Name:

Cheque/DD No.:

Cheque/DD Date:

DD / MM / YYYY

PROPOSER'S BANK DETAILS

Name of the Bank Account Holder

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

Bank Account No.:

Account:

☐ Saving ☐ Current

Name of the Bank

Branch

MICR Code (9 digit MICR code number of the bank and branch appearing on the cheque issued by the bank)

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

☐ 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.

E-Account Opening

IndusInd General Insurance recommends to move towards a smarter and faster way of transacting by opening an e-Insurance account Check here to opt in for EInsurance account.

(Please click on the link sent to you on your registered mobile no through SMS and complete the e-IA Registration form)

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: _____

Signature of Proposer

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

I/We hereby declare and warrant 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. In any additions/alterations are carried out in the risk proposed after the submission of this proposal form then the same shall be conveyed to the IndusInd General Insurance company Limited immediately

I/We further agree and undertake not to receive from IndusInd General Insurance Company Limited any rebate other than that mentioned in the published prospectus in accordance with the provisions Section 41 of the Insurance Act, 1938 as amended by Insurance Laws (Amendment) Act, 2015.

I/We here by state that the above mentioned address shall be taken as address on record for the purpose of GST.

"I/we hereby agree to be notified by insurer on my registered mobile number/ email id through mail or SMS or any such mode, information about various insurance policy services."

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

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.