IndusInd GENERAL INSURANCE
FORMERLY RELIANCE GENERAL INSURANCE

Proposal Form No:_____

LOSS OF LICENSE INSURANCE - RETAIL - PROPOSAL FORM

PERSONAL INFORMATION

Name of the Proposer:	☐ Mr. ☐ Ms. ☐ Mrs.		
Full Address of the Proposer:			
City:		State:	
Pincode:			
Period of Insurance:	From: D D / M M / Y Y Y Y To: D D / M M / Y Y Y Y		
Date of Birth:	D D / M M / Y Y Y Y	Height: (cm):	Weight (kg):
Telephone No.:		Mobile No.:	
E-mail Id:			
Annual Salary (including bonuses)			
Name of Employer	☐ Mr. ☐ Ms. ☐ Mrs.		
Type of Aircraft Flown (Please tick all which apply)	☐ Commercial ☐ Fixed Wing ☐ Private ☐ Instruction ☐ Rotar Wing		

All Current Licenses Held (please specify type, number & country of issue).

Type	Number	Country of Issue	Limitation (Yes/No)
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No

Validity of License:	

BASIS OF COVER

Sum to be Insured	

MEDICAL INFORMATION

Do you hold current medical certificate?:	☐ Yes ☐ No
Date of last aircrew medical examination:	D D / M M / Y Y Y Y

Were you advised of any abnormality, referred for additional tests, specialist examination or asked to follow any treatment or diet plan? If YES, please give details:

_____

_____

Date of last electrocardiograph taken as required by the Licensing Authority:	D D / M M / Y Y Y Y

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. Loss Of License Insurance - Retail. UIN No.: IRDAN103RP0023V01100001. IGI/MCOM/CO/LOLI-R/PF/Ver.1.0/040326.

Were you advised of any abnormality, referred for additional tests, specialist examination or asked to follow any treatment plan? If YES, please give details:

_____

_____

During the last 5 years have you been off work, unable to carry out your normal duties due to sickness or injury for more than 21 days at any one time, other than previously stated? If YES, please give details:

_____

_____

GENERAL DECLARATION:

I hereby declare:

- That I have read the answers to the questions in this application form and, to the best of my knowledge and belief, that the answers are true and complete.
- That I have not withheld any material information which might influence the decision of the Insurer with regard to this proposal.

☐ I agree that this proposal and declaration shall be the basis of the Contract between me and the Insurer if a policy is issued. I also consent to any information the Insurer may have about me being processed by them for the purposes of providing insurance and claims handling which may necessitate them providing such information to third parties.

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).

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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.