

Proposal Form No: _____

MARINE CARGO INSURANCE – COMMERCIAL - PROPOSAL FORM
INTERMEDIARY DETAILS (To be filled in BLOCK LETTERS)

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

PERSONAL INFORMATION

1. Name of the Proposer:	☐ Mr. ☐ Ms. ☐ Mrs.		
2. Address			
Flat/Building		Road/Street/Sector	
Area		Taluka/Village/ District/City	
Pin Code		State:	
Country			
3. Customer ID, If any			
Contact Person, if any.		Phone	
Email			
4. UID Aadhaar No.		5. PAN No.	
6. Source of Funds	☐ Business ☐ Profession ☐ Salary ☐ Agricultural Income ☐ Savings ☐ Others		
7. Monthly Income	☐ Upto ₹ 20,000 ☐ ₹ 20,001 to ₹ 50,000 ☐ ₹ 50,001 to ₹ 1,00,000 ☐ ₹ 1,00,001 and above		
8. Do you have a GST Registration Number	☐ Yes ☐ No		
If Yes, please specify			

CARGO DETAILS

In addition to questions 1 to 10, you are also required to answer questions 12 and 13 only in case of specific policy and questions 15 to 19 only in case of policies other than specific policy.

9. Goods proposed for insurance	
10. Packing used	
11. Conveyance(s)	
12. Terms of Sale	
13. RR/GR/BL/AWB No. and date, if any.	

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14. Details of the carrying vessel/vehicle such as name/no. and name of the transporter	
15. Basis of valuation	
16. Sum proposed for Insurance	
17. Annual turnover	
18. Limit per sending	
19. Limit per location	

COVER DETAILS	
20. Type of Policy required(Please tick whichever is applicable)	
1. Specific Policy/Open Policy	
2. Others (Please specify)	
21. Voyage details	From DD/MM/YYYY To DD/MM/YYYY
22. Policy period	From DD/MM/YYYY To DD/MM/YYYY
23. Multi transit involved	☐ Yes ☐ No
24. Is storage extension required?	
25. Periodicity of Declaration (other than specific policy)	☐ Monthly ☐ Quarterly ☐ Others _____
26. Type of Cover (Please specify)	
27. Do you wish to bear a portion of each and every loss (voluntary excess)	☐ Yes ☐ No
If YES, please specify the % of loss	



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CLAIMS EXPERIENCE : (FOR LAST THREE YEARS EXCLUDING CURRENT YEAR)

Department	Year	Cover	Premium (₹)	Claims (₹)	
				Paid	Outstanding
Marine					
Total					
Other than Marine					
Total					

OTHERS

28. Has any other insurer refused to accept this insurance or imposed conditions to accept the same. If YES, give details.

29. Rate of premium charged by previous Insurer, if any.

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 M/s

☐ Mr. ☐ Mrs. ☐ Ms.

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 I any payment I 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.


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DECLARATION:

- Duty of disclosure: The policy shall be void and all premium paid shall be forfeited to the Company in the event of misrepresentation, mis-description or non disclosure of any material fact.
- I/We declare that the answers given by me/us are true and correct and that I/We have not withheld any information, which might influence acceptance of this proposal. I/We agree that this declaration and the answers given by me/us shall be the basis of the insurance contract between me/us and IndusInd General Insurance Company Limited and shall deemed to be incorporated in the policy.
- I/We agree and undertake to convey to IndusInd General Insurance Company Limited any additions/alterations carried out in the risk proposed for insurance after submission of this proposal form.
- I/We have read and understood the brochure, prospectus, sales literature & Policy wordings and confirm to abide by the same.
- 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 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
- "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."

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.

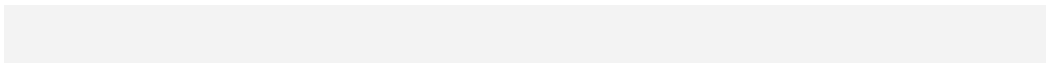
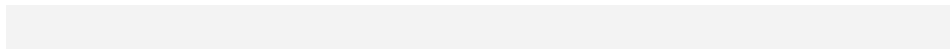
Place: _____

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.



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