

INDUSIND PRAVASI BHARTIYA BIMA YOJANA - PROPOSAL FORM

1. To be filled and signed by proposer.
2. This proposal shall be the basis of contract for Policy issuance.
3. IndusInd General Insurance Company Ltd. (the "Company") is under no obligation to accept any proposal for insurance. The liability of the Company commences only when this proposal is accepted by the Company and the premium is received. If the Company accepts a proposal for insurance, it shall be subject to the Policy Terms and Conditions.

A. Intermediary Details (for office use)

Intermediary Name		Code	
Branch Name		Code	
Sales Manager Name		Code	

B. PROPOSER'S DETAILS (In capital Letters)

Name of the Proposer	☐ Mr. ☐ Ms. ☐ Mrs. F I R S T M I D D L E L A S T		
Gender	☐ Male ☐ Female ☐ Other		
Communication Address:			
City:		State:	
Pincode:			
Phone Number:		Mobile No.:	
E-mail Id:			
Date of Birth:	DD/MM/YYYY (Mandatory)		
Passport No. (Mandatory):		Passport Valid Upto:	DD/MM/YYYY
Aadhar No.:			
PAN No.:	(Mandatory) If not provided Form 60 required.		
CKYC No.:	(for Individual customer)		

C. 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 / 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.			


indusindinsurance.com


022 4890 3009 (Paid)



74004 22200 (WhatsApp)



D. DETAILS OF FAMILY MEMBERS

Please give name of spouse (up to 60 years) and maximum two children (upto 21 years) who have to be covered for Hospitalization Expenses

Family Members	Spouse	Child 1	Child 2
Name			
Date of Birth	DD/MM/YYYY	DD/MM/YYYY	DD/MM/YYYY
Sex	☐ Male ☐ Female ☐ Other	☐ Male ☐ Female ☐ Other	☐ Male ☐ Female ☐ Other
Pre-existing Disease, if any			

E. NOMINATION DETAILS

The nominee as declared hereunder shall become eligible for claim payment under the Policy as per the terms and conditions of the Policy, in the event of the death of the Policyholder. The receipt of proceeds by the nominee would be sufficient discharge to the Company. Nominee for all other person (s) proposed shall be the proposer himself/herself.

Name of Nominee			
D.O.B	DD/MM/YYYY	Relationship with Insured	
Address of Nominee/Email id			

F. DISEASE / INJURY / DISABILITY/ MEDICATION DETAILS

1. Do you have any existing disability? If yes, please give details	
2. Are you suffering from any disease? If yes, please give details including the names of medicines being taken.	
3. Have you been hospitalized in the past 3 years. If so please give details.	

G. EXISTING HEALTH INSURANCE DETAILS (IF ANY)

Name of Insurance Company			
Policy Number		Customer ID	

H. TRIP DETAILS

Policy Period	☐ 2 year ☐ 3 year	Policy Start Date	DD/MM/YYYY
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I. PROPOSER'S EMPLOYMENT DETAILS

Country of Employment	
Sponsor/Company/Employer Name	
Sponsor/Company/ Employer Address	

Occupation and designation of the job for which the Emigrant is going abroad	
Nature of Work	
Details of Work Permit	

J. FAMILY PHYSICIAN DETAILS

Name of Physician	
Qualification	
Address	
Contact No.	
Email	

K. PREMIUM PAYMENT DETAILS

Payment Mode (Tick whichever is applicable):	☐ Cheque ☐ DD ☐ Credit Card ☐ Debit Card		
Amount:		Amount in Words:	
Bank Name:			
Cheque/DD/Card No.:		Cheque/DD Date:	DD/MM/YYYY
Name of Premium Payer:			
(*In case of payment made through Cheque I DD then please issue an Ale payee instrument in favour of "IndusInd General Insurance Company Limited" #In case of payment made through Credit/ Debit Card the Card needs to be in the name of the 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) 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.

L. DECLARATION & WARRANTY ON BEHALF OF ALL PERSONS PROPOSED TO BE INSURED

- I/We hereby declare, on my behalf and on behalf of all persons proposed to be insured, that the above statements, answers and/or particulars given by me are true and complete in all respects to the best of my knowledge and that I am authorized to propose on behalf of these other persons.
- I/We am/are authorized to propose on behalf of these other persons. I understand that the information provided by me will form the basis of the insurance policy, is subject to the Board approved underwriting policy of the insurance company and that the policy will come into force only after full receipt of the premium chargeable.
- I/We further declare that I/we will notify in writing any change occurring in the occupation or general health of the life to be insured/proposer after the proposal has been submitted but before communication of the risk acceptance by the company.
- I/We declare and consent to the company seeking medical information from any doctor or from a hospital who at any time has attended on the life to be insured/proposer or from any past or present employer concerning anything which affects the physical or mental health of the life to be assured/proposer and seeking information from any insurance company to which an application for insurance on the life to be assured/proposer has been made for the purpose of underwriting the proposal and/or claim settlement.
- I/We authorize the company to share information pertaining to my proposal including the medical records for the sole purpose of proposal underwriting and/or claims settlement and with any Governmental and/or Regulatory authority.

M. SPECIAL CONDITIONS

1. This Policy is available only to valid Indian passport holders who require Emigration Check and this requirement is endorsed in the passport.
2. This Policy does not cover any pre-existing medical conditions that are declared or undeclared.
3. This Policy does not cover any claim/ benefit/ expense if there is any change in profession, employer or country of employment.

Identified By- Name and Signature

Place

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 prospectus 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.