

INDUSIND TRAVEL CARE POLICY - CLAIM FORM D

Please return the completed form within fourteen days of the loss together with the relevant vouchers, documents etc.

FIRE COVER FOR BUILDING/CONTENT (HOME IN INDIA) AND HOME BURGLARY			
1.	Address of the premises at which the loss occurred.		
	Flat/Building/Door/Block No.		
	Road/Street/Sector		
	Area		
	Taluka/Village/District/City		Pin Code
	State		Country
	Telephone No.		Fax
2.	How was the said premises occupied?		
3.	Date of Loss	DD/MM/YYYY	4. Time of Loss: _____ hrs.
5.	When was the loss first discovered add by whom?		
6.	Please state as to how the entry to/exit from the premises effected?		
7.	Please specify the portion of the premises which was affected by the entry or exit?		
8.	Please provide details as to how the loss occurred		
9.	Has a complaint been lodged with the Police Authorities? ☐ Yes ☐ No		
	If yes,		
	a) Who lodged the complaint with the Police Authorities?		
	b) Which Police station was the complaint lodged at?		
	c) When was the complaint lodged? Please attach a copy of the Police complaint. _____ (Note: If this is not done, this may be done immediately and a copy thereof be submitted)		
10.	Please state the total value of property upon the premises at the time of loss		
11.	Fire Cover for Building / Content in India		
	Full description/details of the damaged occurred during Incidence (Attach separately if required):		
	No of the damaged items _____		
	Value of damage : Building _____ Content _____		
	Name of the person(s) if any who witnessed the occurrence _____		
	Date & time of Loss : _____		


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022 4890 3009 (Paid)



74004 22200 (WhatsApp)

IndusInd
 Insurance App


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Was the house occupied by at the time of Incidence: ☐ Yes ☐ No	
If No, than provide last occupied date and hour _____	
If Yes by whom & relation with Insured : _____	
Name of the House owner _____	
Is there any other Insurance against the present loss under any other Policy? ☐ Yes ☐ No	
If yes, please give full particulars _____	
12.	Has a complaint been lodged with the Police Authorities? ☐ Yes ☐ No
	If yes,
	a) Who lodged the complaint with the Police Authorities? _____
	b) Which Police station was the complaint lodged at? _____
	c) When was the complaint lodged? Please attach a copy of the Police complaint. _____
(Note: If this is not done, this may be done immediately and a copy thereof be submitted)	

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: _____

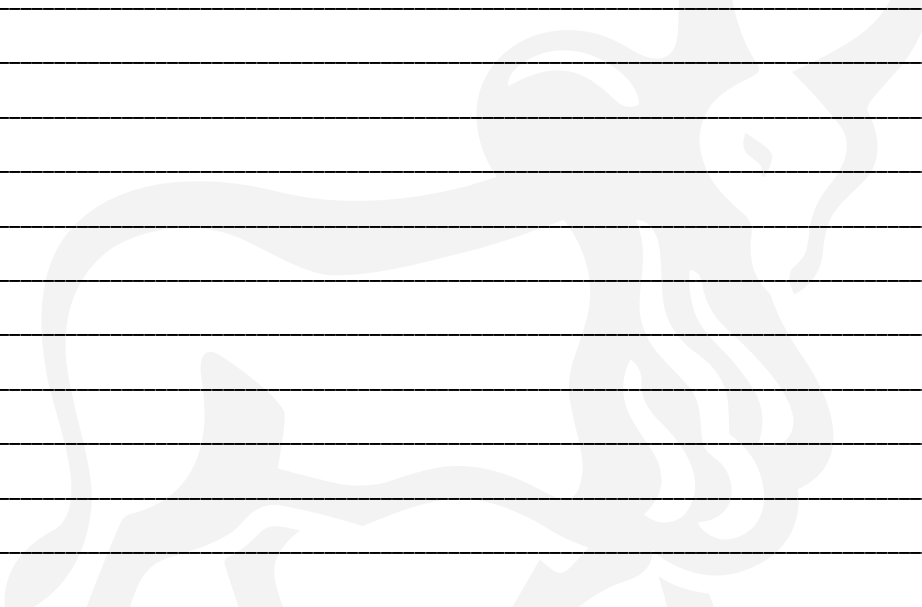
Signature of Proposer _____

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.

I/We hereby declare that the foregoing particulars are true and correct in every respect and that the articles and property described belong to the person/s named, no other person having any interest therein, whether as Owner, Mortgagee, Trustee or otherwise.

Details of Articles Stolen. (In case of insufficient space, please attach a separate sheet.)



Place: _____

Signature of Insured Person

Health Care ID: **IndusInd@europ-assistance.in**

UIN No.: RELTIOP08002V010708, RELTIOP07004V010607