

Application Number: _____

"A" POLICY FOR ACT LIABILITY INSURANCE - PROPOSAL FORM

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

Period of Insurance	<input type="checkbox"/> 1 Year
----------------------------	---------------------------------

For Office Use Only			
Policy Number		Date	DD / MM / YYYY

Intermediary Details (Office Use Only)			
Intermediary Name		Code	
Branch Name		Code	
Sales Manager Name		Code	

Proposer's/Owner Details (To be filled in BLOCK LETTERS)			
1. This Proposal is for	<input type="checkbox"/> A new Policy <input type="checkbox"/> Renewal of Policy <input type="checkbox"/> Endorsement <input type="checkbox"/> Others (Please specify) _____		
2. Proposer's Full Name	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.		
3. Address (where the Vehicle is normally kept)			
Flat/Building/Door/Block No.	Road/Street/Sector		
Area	City		
Pin Code	State		
Country	Phone		
Mobile	Emergency Contact No.		
Blood Group	Fax		
Email	Fast Tag Id		
4. Occupation / Business			
5. Type of Cover	Liability Only Policy		
6. Period of Insurance:	From: DD / MM / YYYY Hrs of HH / MM To: DD / MM / YYYY Hrs of HH / MM		
<small>(Note: Cover will commence not earlier than the date & time of acceptance of risk and subsequent to the payment of premium by the insured to the company and realization thereof by the Company.)</small>			
7. Any other KYC		8. PAN	
9. Do you have a GST Registration Number:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If Yes please specify			
10. Related Party	<input type="checkbox"/> Yes <input type="checkbox"/> No		
11. Source of Funds	<input type="checkbox"/> Business <input type="checkbox"/> Profession <input type="checkbox"/> Salary <input type="checkbox"/> Agricultural Income <input type="checkbox"/> Savings <input type="checkbox"/> Others _____		
12. Monthly Income:	<input type="checkbox"/> Upto ₹ 20,000 <input type="checkbox"/> ₹ 20,001 to ₹ 50,000 <input type="checkbox"/> ₹ 50,001 to ₹ 1,00,000 <input type="checkbox"/> ₹ 1,00,001 and above		

CKYC Details – Section I			
Date of Birth	DD / MM / YYYY		
PAN No. Available	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Please Provide PAN No.:	



If PAN No. Not available (Only Applicable for individuals)

Please attach Form 60 duly signed & attested.

Insured's CKYC Details – Section II (Individuals)

CKYC No.: Available

Yes No

If Yes, Please Provide CKYC No.:

If CKYC Number is not available:

Please attach any one of the following documents with self-attestation. Please tick on the document that you are attaching:

- Driving License
- Passport
- Voter ID

Insured's CKYC Details – Section III (Other than Individuals)

CKYC No.: Available

Yes No

If Yes, Please Provide CKYC No.:

Date of Incorporation

D D / M M / Y Y Y Y

If CKYC Number is not available:

Please attach any one of the following documents with self-attestation. Please tick on the document that is being attached:

- Certificate of Incorporation
- Memorandum and Articles of Association
- Registration Certificate (Partnership Firms)
- Partnership Deed (Partnership Firms)
- Trust Deed (Trusts and Foundations)

Insured's CKYC Details – Section IV

If Name and Address is not the same as per the attached documents

Please Submit a declaration stating the Name and the Address is of the same person (Please find attached the Annexure – II for the same)

Details of the Vehicle

13. Registration Number

14. Date of Registration

D D / M M / Y Y Y Y

15. Registering Authority & Location

16. Year & Month of Manufacture

M M / Y Y Y Y

17. Engine Number

18. Chassis Number

19. Make of Vehicle

20. Type of Body/Model

21. Gross Vehicle Weight (GVW)

22. Cubic Capacity

23. Max. licensed carrying capacity (No. of passengers) in case of Passenger Carrying Vehicles

24. Seating capacity including Driver

Details of the Vehicle Type and Use

25. a. Whether the Vehicle is driven by Non-conventional source of power?

Yes No

If Yes, please give details

Bi Fuel CNG LPG

b. Do You Have PUC?

Yes No

26. Whether the use of vehicle is limited to own premises?

Yes No

27. 1. Whether the Vehicle is design for use of Blind/Handicapped/Mentally Challenged Person and Duly endorsed as such by RTA? (Applicable for Two Wheeler)

Yes No

2. Whether the Vehicle is used for Commercial purposes? (Applicable for Private Car)

Yes No



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3. Whether the Commercial Vehicle is also used for private purposes (excluding use for hire or reward)? (Applicable for Commercial Vehicle)	<input type="checkbox"/> Yes <input type="checkbox"/> No
28. Whether the Vehicle is used for Driving Tuitions?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Liability Coverage

29. Coverage for liability against Third Party Risks (Death or Bodily Injury) required in respect of:

i) Owner Driver Only	<input type="checkbox"/> Yes <input type="checkbox"/> No
ii) Any person other than Paid Driver	<input type="checkbox"/> Yes <input type="checkbox"/> No

If 'Yes', give details of such other persons

a)	
b)	
c)	

Note:

- Section 146 of Motor Vehicle Act-1988 makes it mandatory for the owner of the vehicle to ensure that he or any other person authorized by him to drive a vehicle in public place has insurance against third party risks. The explanation to Section 146 exempts the paid driver)
- As per Section 147 (2)(a) the liability is 'as incurred' in the case of death/bodily injury of a third party

30. Legal liability to persons employed in connection with operation of the vehicle who are 'workmen'. The liability of the Employer under the Workmen's Compensation Act 1923 is covered under the Motor Vehicles Act 1988

<input type="checkbox"/> Yes <input type="checkbox"/> No	
a) Drivers	No. of persons:
b) Employees (Workmen)	No. of persons:

Note: The Motor Vehicles Act 1988 under Sec.147(1)(iii)(i) covers liability to employees who are workmen within the meaning of the Workmen's Compensation Act 1923

31. Liability to third parties : The policy provides Third Party Property Damage (TPPD) of ₹ 1 lakh (Two wheelers) and ₹ 7.5 lakhs (Other Class of Vehicles) Do you wish to restrict the above limits to the statutory TPPD Liability limit of ₹ 6000/- only?

<input type="checkbox"/> Yes <input type="checkbox"/> No	
Legal Liability	No. of Persons
Driver	

32. Do you wish to cover wider legal liability to employees who are 'workmen'? (This information is sought to cover in addition to liability under the Workmen's Compensation Act 1923, also liability under the Fatal Accidents Act 1855 and the Common Law)

Note: The additional liability under Common Law and Fatal Accidents Act in respect of employees who are workmen is covered under this endorsement

33. Third party risk: Liability to "Workman" under W.C.Act-1923 (Compulsorily to be covered by M.V.Act-1988) Legal liability to persons employed in connection with operation of the vehicle who are 'workmen'. (The liability of the Employer under the Workmen's Compensation Act 1923 is covered under the Motor Vehicles Act 1988)

a. Drivers: _____ No. of persons: _____ ; b. Employees (Workmen): _____ No. of persons: _____

Note: The Motor Vehicles Act 1988 under Sec.147(1)(iii)(i) covers liability to employees who are workmen within the meaning of the Workmen's Compensation Act 1923.

34. Do you wish to cover wider legal liability to employees who are NOT 'workmen'?

Note: The additional liability under Common Law and Fatal Accidents Act 1855 in respect of employees who are NOT workmen is covered under this endorsement



35. Personal Accident Cover for Owner Driver is compulsory in the Liability Only Cover. Please give details of nomination:

Name of the Nominee	Age	Relationship	Name of the Appointee	Relationship to the Nominee

Note:

- i) Personal Accident cover for owner driver is compulsory for Sum Insured of ₹15,00,000/- for Two Wheeler, Private Car, GCV, PCV and Misc-D
- ii) Compulsory PA Cover to owner driver cannot be granted where a vehicle is owned by a company, a partnership firm or a similar body Corporate or where the owner-driver does not hold an effective driving license

36. Do you wish to include Personal Accident Cover for Named persons? Yes No

If 'Yes', give name and Capital Sum Insured (CSI) opted for:

Name	CSI Opted (₹)	Nominee	Relationship

Note: The maximum CSI available per person is ₹ 2,00,000/- in case of private car and Commercial Vehicle and ₹ 1,00,000/-in case of Motorized Two Wheelers

37. Do you wish to include Personal Accident cover for Un-named Passengers/hirer/pillion passengers? Yes No

If 'Yes', give number of persons and Capital Sum Insured (CSI) opted:

No. of persons: _____ CSI (per person): _____

Note: The maximum CSI available per person is ₹ 2,00,000/- in case of private car and Commercial Vehicle and ₹ 1,00,000/-in case of Motorized Two Wheelers

38. Do you wish the Geographical Area of the coverage by the policy to be extended to the following countries ?

Please tick relevant boxes Bangladesh Bhutan Nepal Pakistan Sri Lanka Maldives

Note: Presently the territory covered is geographical area of India. Extension of geographical area cover can be availed by use of this endorsement

Details of Previous History

39. Date of purchase of the vehicle by the Proposer: _____ D D / M M / Y Y Y Y

40. Whether the vehicle was new or second hand at the time of purchase New Second Hand

41. Will the vehicle be used exclusively for:

- i) Private, Social, Domestic, Pleasure & Professional Purpose? Yes No
- ii) Carriage of goods other than samples or personal language? Yes No

42. Is the vehicle in good condition? Yes No

If 'No' please give details

43. Name of the previous insurer _____ M/s.

44. Address of previous insurer

Flat Building _____ Road/Street/Sector _____
 Area _____ City _____



Pin Code		State	
Country		Phone	
Mobile		Fax	
Email			
45. Previous Policy Number			
46. Period of Insurance	From	DD / MM / YYYY	To DD / MM / YYYY
47. Claim lodged during the preceding 3 years			
	Year	No. of claims	Claim Amount (₹)
48. Type of Cover Liability (Only Cover/Package Cover/ Other (Specify)			
49. Has any insurance company ever			
<input type="checkbox"/> Declined Your Proposal	<input type="checkbox"/> Required an increase in premium		
<input type="checkbox"/> Cancelled or Refused your Renewal	<input type="checkbox"/> Imposed Special Conditions or Excess		
Driver Details			
50. Date of Birth of the Owner:	DD / MM / YYYY	Age	
51. Date of Birth of the Driver:	DD / MM / YYYY	Age	
52. Does the driver suffer from defective vision or hearing or any physical infirmity?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If 'Yes', please give details of such infirmity			
53. Has the Driver ever been involved/convicted for causing any accident of loss?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If 'Yes', give details as under including the pending prosecutions:			
Driver's Name:			
Date of Accident:	DD / MM / YYYY	Loss / Cost (₹)	
Circumstances of Accident / Loss:			
54. Any other relevant Information			



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Details of Hire Purchase / Hypothecation / Lease

55. Please state if the vehicle is under

-
- Hire purchase
-
- Lease Agreement
-
-
- Hypothecation Agreement

If so, give name and address of concerned party/parties.

Full Name

M/s

Address

Pincode

(Note: Copies of R.C.Book, Permit & Fitness Certificate should be submitted along with the Proposal Form)**Payment Details**

-
- Cheque
-
- DD

Cheque or DD Amount

Amount in words

Bank Name

Cheque/DD No.

Cheque/DD Date

D D / M M / Y Y Y Y

Proposer's Bank Details

56. Name of the Bank Account Holder

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

57. Bank Account No.:

58. Account:

-
- Saving
-
- Current

59. Name of the Bank

60. Branch

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

62. 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.

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".

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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.

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.

PROPOSER'S SIGNATURE *	Date	Place	Time
Verified by providing OTP number sent to registered mobile no. (9xxxxxxx33) at (HH:MM:SS) on DD-MM-YYYY and confirmed at (HH:MM:SS) on DD-MM-YYYY			

*Signature authentication: A One Time Password (OTP) authentication number has been sent on Your registered mobile number. By feeding in the said OTP number in the system, You hereby unconditionally and absolutely acknowledge and accept the declarations as stated above in its entirety, and the same would create a legally binding agreement between You and the Company.

AGENT / INTERMEDIARY'S DECLARATION [IN CASE BUSINESS IS SOURCED THROUGH AN AGENT / INTERMEDIARY]

[Agent / Intermediary confirmed using a tick box provided for recording following consent].

I, (Full Name) _____ in my capacity as an Insurance Advisor/ Specified Person of the Corporate Agent/Insurance Web Aggregator/Authorized employee of the Broker/Relationship Officer, do hereby declare that I have explained all the contents of this Proposal Form, including the nature of the questions contained in this Proposal Form to the Proposer including statement(s), information and response(s) submitted by him/her in this Proposal Form to questions contained herein or any details sought herein will form the basis of the Contract of Insurance between IndusInd General Insurance Company Limited and the Proposer, if this Proposal is accepted by IndusInd General Insurance Company Limited for issuance of the Policy. I have further explained that if any untrue statement(s)/ information/response(s) is/are contained in this Proposal Form/including addendum(s), affidavits, statements, submissions, furnished/to be furnished and furthermore if there has been a non-disclosure of any material fact, the policy issued to his/her favor pursuant to this Proposal may be treated by IndusInd General Insurance Company Limited as null and void and all premiums paid under the Policy may be forfeited to IndusInd General Insurance Company Limited. The content of this form and its particulars have been explained by me in vernacular to the proposer who has understood and confirmed the same. I confirm that to the best of my knowledge all the material facts about the prospect and the insured relevant to insurance underwriting, including any adverse habits or income inconsistency has been disclosed herewith.

Agent / Intermediary Name

Agent / Intermediary Code

License No.

Place: _____ Date: DD / MM / YYYY

[Display 'Confirmed' when ticked]

Signature of Agent / Intermediary

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 E-Insurance account.

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



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Declaration

I/We hereby declare 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. I/We also declare that, if any additions or alterations are carried out after the submission of this proposal form, then the same would be conveyed to the insurers immediately. I/We hereby declare that the contents of the form and documents have been fully explained to me/us and that I/We have fully understood the significance of the proposed contract. I/We agree to accept a policy subject to the condition prescribed by the company. • I/We declare that the rate of NCB stated above by me/us is correct and that no claim has arisen in the expiring policy (copy of the policy enclosed). I/We further undertake that, if this declaration is found to be incorrect, all benefits under the policy in respect of section I of the policy will stand forfeited. • I/We further understand and agree that IndusInd General Insurance will seek confirmation of above stated details from my/our previous insurers. Pending receipt of necessary confirmation, I/We agree that, though coverage under the policy will be available to me/us, IndusInd General Insurance will be liable to release the payment towards any claims under section I of the policy only after a confirmation in this regard is received. In the event this declaration is found to be incorrect, any and all coverage available under section I of the policy from the date of commencement of the policy shall stand automatically forfeited. Further, any survey arranged/allowed by IndusInd General Insurance of the motor vehicle, pending confirmation of the declaration from my/our previous insurers, shall be without prejudice to any of the rights and remedies available to IndusInd General Insurance as contained herein and under the relevant laws and regulations. • I/We acknowledge and agree that, Pending receipt of confirmation of the declaration from my/our previous insurers, the "cash-less repair facility" provided by IndusInd General Insurance shall stand suspended. • I/We also shall endeavour to procure the renewal notice and pass on the same to IndusInd General Insurance immediately upon the receipt of such renewal notice. Mode of Payment: Secure your payment by cheque/DD favouring IndusInd General Insurance CO.Ltd. This policy shall be voidable at the option of the Company in the event of mis-representation, misdescription of non-disclosure of any material particulars by the Proposer. Any person who, knowingly and with intent to defraud the Insurance Company or other persons, files a proposal for insurance containing any false information, or conceals for the purpose of misleading, information, information concerning any fact material thereto, commits a fraudulent act which will render the policy voidable at the company's sole discretion and result in a denial of insurance benefits. I 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.

Date: D D / M M / Y Y Y Y

Place: _____

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.

Note: Denial of "Third Party Liability Only Cover" by Insurer, for reasons other than fraud/misrepresentation by Proposer, will entail Regulatory action.

Supporting Confirmation of Agent/Broker/SM/CSO

I confirm the above signature to be of the registered owner of the vehicle proposed for insurance

Name of IRDAI Agent/Broker Mr. Mrs. Ms. F I R S T M I D D L E L A S T

Date: D D / M M / Y Y Y Y

Place: _____

(In case of Direct Business, Name & Signature of CSO / SM to be taken)

Signature of IRDAI Agent/Broker



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Important Notice

1. In the event of a claim, please immediately call our 24 hour call centre only. Improper intimation or delay in intimating claim to call centre can lead to delay in settlement/denial of claim.
2. For preferred cashless garage list, please logon to our website or speak to customer care executive. RGICL cannot provide cashless claim settlement at garages other than those in our network list*.
3. Please intimate us your mobile number and we shall keep you updated of the status of the claim by way of SMS periodically . You can download our claim form and claim procedure.
4. The policy does not cover liability for death, bodily injury or damage as excluded under Section 150 (2) (ii) and (iii): b and C of the Motor Vehicles Act 1988 (Inserted Vide GSR No. 164 (f) dated 25.02.2022 w.e.f 01.4.2022).

Also view claim status on our website.

Insurance is the subject matter of solicitation.

* conditions apply.

Declaration for Data Sharing and Analytical Review

I, [Policyholder's Name], holder of Policy Number XXXXXXXXXXXXXXXXXXXX, hereby acknowledge and agree that [Insurance Company Name] may collect, store, process, and share my personal and policy-related information, including but not limited to my name, contact details, vehicle details, claim history, and driving behaviour, for the purpose of data analysis, risk assessment, fraud prevention, and service enhancement.

I understand that:

My information may be shared with third-party agencies, reinsurers, and regulatory authorities as required by law and for legitimate business purposes.

The data will be used for analytics, premium calculation, and improving insurance products and services.

The insurance company will implement reasonable security measures to protect my data against unauthorized access.

My consent is voluntary, and I have the right to withdraw it at any time by providing written notice, subject to applicable laws and regulations.

By signing below, I confirm that I have read and understood this declaration and give my consent for the use of my information as described above.

Policyholder's Name:: _____

Date: _____

Signature _____

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