

COMPULSORY PERSONAL ACCIDENT (OWNER-DRIVER) UNDER MOTOR INSURANCE POLICIES - PROPOSAL FORM
Note:

- 1) Policy wording are available on request.
- 2) Please complete all sections in capitals & tick boxes wherever applicable.
- 3) Failure to disclose facts material to assessment of the risk or providing misleading information shall render the contract void.
- 4) Geographical Area of operation: INDIA.

Type of Cover: Compulsory PA Cover- Motor

For Office Use Only			
Policy Number		Date	DD / MM / YYYY
Savvion Reference No		Inspection Lead No.	

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

Details (To be filled in BLOCK LETTERS)			
1. This Proposal is for	<input type="checkbox"/> A new Policy <input type="checkbox"/> Renewal of Policy		
2a. Proposer's Full Name	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.		
2b. Address	Address for Communication	Address where Vehicle is Normally Kept and Used	
Flat/Building/Door/Block No.			
Road/Street/Sector			
Nearest Landmark			
Area			
City			
Pin Code			
State			
Country			
Phone		Mobile	
Emergency Contact No.		Blood Group	
Email		Fax	
Fast Tag Id			
3. Age of Owner Driver/ Insured & Date of Birth:	DD / MM / YYYY		
4. Marital Status:	<input type="checkbox"/> Single <input type="checkbox"/> Married		
5. Occupation of the Insured:	<input type="checkbox"/> Salaried <input type="checkbox"/> Self Employed <input type="checkbox"/> Professional		
6. 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 _____		
7. 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		
8. Any other KYC		9. PAN No.	
10. Do you have a GST Registration Number:	<input type="checkbox"/> Yes <input type="checkbox"/> No		



If Yes please specify	
11. Related Party	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Period of Insurance	From Hrs of DD / MM / YYYY To Mid Night of DD / MM / YYYY
(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.)	
13. Do you have a valid driving license?	<input type="checkbox"/> Yes <input type="checkbox"/> No
14. Do you have any PA Cover, covering Death & Permanent Disability (Total & Partial) of atleast 15 lacs or more	<input type="checkbox"/> Yes <input type="checkbox"/> No
15. If Yes, do you wish to wish to Buy the same with Us	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Are you an existing IndusInd General Insurance customer: If Yes Please provide, Policy Number	

CKYC Details – Section I	
Date of Birth	DD / MM / YYYY
PAN No. Available	<input type="checkbox"/> Yes <input type="checkbox"/> No
If PAN No. Not available (Only Applicable for individuals)	If Yes, Please Provide PAN No.: Please attach Form 60 duly signed & attested.

Insured's CKYC Details – Section II (Individuals)	
CKYC No.: Available	<input type="checkbox"/> Yes <input type="checkbox"/> No
If CKYC Number is not available:	If Yes, Please Provide CKYC No.: Please attach any one of the following documents with self-attestation. Please tick on the document that you are attaching: 1. <input type="checkbox"/> Driving License 2. <input type="checkbox"/> Passport 3. <input type="checkbox"/> Voter ID

Insured's CKYC Details – Section III (Other than Individuals)	
CKYC No.: Available	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date of Incorporation	DD / MM / YYYY
If CKYC Number is not available:	If Yes, Please Provide CKYC No.: Please attach any one of the following documents with self-attestation. Please tick on the document that is being attached: 1. <input type="checkbox"/> Certificate of Incorporation 2. <input type="checkbox"/> Memorandum and Articles of Association 3. <input type="checkbox"/> Registration Certificate (Partnership Firms) 4. <input type="checkbox"/> Partnership Deed (Partnership Firms) 5. <input type="checkbox"/> 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)	

Risk Inclusions	
17. Personal Accident cover for Owner-Driver. Please give details of nomination.	
Name	
Name of Nominee	
Age of Nominee	
Name of Appointee	



Relationship			
Address			
Note:			
1. Personal Accident cover for owner driver is compulsory for Sum Insured of ₹ 1,500,000/- for Private Car.			
2. Compulsory PA cover for 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			
18. Any other material facts relevant for this insurance?			
19. 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			
20. Details of Drivers:			
a) Age of the driver:			
b) Does the insured/ driver suffer from defective vision or hearing or any physical infirmity? if "Yes" Please give details			
c) Has the driver ever been involved/ convicted for causing any accident or loss? If yes please give details as under including the pending prosecution if any.			
Driver's Name	Date of Accident	Circumstances of Accident/ Claim	Loss/ Cost ₹.
d) Driving Experience:		Years	

Applicant Bank Details			
1. Name of the Bank Account Holder	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	F I R S T	M I D D L E L A S T
2. Bank Account No.:		3. Account:	<input type="checkbox"/> Saving <input type="checkbox"/> Current
4. Name of the Bank			
5. Branch			
6. MICR Code (9 digit MICR code number of the bank and branch appearing on the cheque issued by the bank)			
7. IFSC Code (11 character code appearing on your cheque leaf)			
<input type="checkbox"/> 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.			

Premium Payment Details			
Payment by: Cheque*/DD*/ Credit Card#/Debit Card # (Tick whichever is applicable)		<input type="checkbox"/> Cheque <input type="checkbox"/> DD <input type="checkbox"/> Credit Card <input type="checkbox"/> Debit Card	
Cheque or DD Amount		Amount in words	
Bank Name			
Cheque No./DD No		Cheque/DD Date	DD / MM / YYYY
Cash		Credit Card	
Others			
Name of the Premium payer	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	F I R S T	M I D D L E L A S T
*In case of payment made through cheque /DD /then please issue an A/c 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 Insured			



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".

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].


[indusindinsurance.com](https://www.indusindinsurance.com)


022 4890 3009 (Paid)



74004 22200 (WhatsApp)

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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: D D / M M / Y Y Y Y _____

[Display 'Confirmed' when ticked]

Signature of Agent / Intermediary _____

Declaration by Proposer

I declare that the above answers are true to the best of my knowledge and belief, that I have disclosed all particulars affecting the assessment of the risk, I agree that this proposal and declaration shall be the basis of the contract between me and the company IndusInd General Insurance Company Limited, If after the insurance is effected, it is found that any of the statements, answers or particulars are incorrect or untrue in any

respect, the company shall have no liability under this insurance.

I also declare that, if any additions or alterations are carried out after the submission of this proposal form, would be conveyed to the Company

immediately and in such event it shall be at the discretion of the Company as to whether to continue with the cover as may be granted. I/ We hereby

states that the above mentioned address shall be taken as address on record for the purpose of GST.

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 or 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 punishable with fine which may extend to Rs. 10 Lacs.

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 _____



indusindinsurance.com



022 4890 3009 (Paid)



74004 22200 (WhatsApp)

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. IndusInd Compulsory Personal Accident (Owner-Driver) under Motor Insurance Policies. UIN: IRDAN103RP0065V02201819.

IGI/MCOM/CO/MOT-02/ICPACM/PF/Ver.1.0/290126.



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