

Group Personal Accident Policy Application / Enrolment Form UIN - RELPAGP01001V010001.

Please note:

1. To be filled and signed by Applicant
2. This Application form shall be the basis of contract for Cover.

Customer Information			
1. Account No.			Customer ID:
2. Applicant's Full Name . Mr. /Mrs./Ms./Dr	FIRST	MIDDLE	LAST
3. Applicant's Address			
Country :	Pin Code:	State:	
Phone No. :	Email Id:		
4. Gender	<input type="radio"/> Male <input type="radio"/> Female		
5. Age			
6. Occupation			
Type of Occupation(Refer to Annexure 1)	<input type="radio"/> Risk Class I <input type="radio"/> Risk Class II <input type="radio"/> Risk Class III		
7. PAN No	Aadhar No.:		
8. Sum Insured Rs.			
9. Do you have a GST Registration Number	<input type="radio"/> Yes <input type="radio"/> No		
If yes, please specify _____			
10. Group Personal Accident Policy Number			
11. Policy Period: Policy Start Date	DD MM YYYY	to Policy End Date:	DD MM YYYY
12. Cover Tenure :	<input type="radio"/> 1 year (within the above policy period)		
13. Details of existing physical defect or infirmity, if any of the person/s proposed for insurance:			
Nomination Details			
Name of Nominee	D.O.B	Relationship with Proposer	Address of Nominee
	DD MM YYYY		
Bank Details			
1. Name of the Bank Account Holder	<input type="radio"/> Mr. <input type="radio"/> Mrs. <input type="radio"/> Ms.	FIRST	MIDDLE LAST
2. Bank Account No.:	3. Account: <input type="radio"/> Saving <input type="radio"/> 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)			

I understand that any refund due on the premium payment / any payment /claims will be directly credited to my aforesaid Bank Account.*
*As per IRDAI, It's mandatory that all payments made to the insured only through electronic mode.



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

- i. I have read and understood the brochure, prospectus, sales literature & Policy wordings and confirm to abide by the same.
- ii. I agree and understand that this application is part of group personal accident policy no. _____ and Issued to _____ for _____
- iii. I understand and agree that the company will make an auto debit from my bank account at the time of renewal of the group personal accident policy .
- iv. I understand that the information provided by me will form the basis of the insurance cover and is subject to the Board approved underwriting group personal accident policy of the insurance company and that the policy will come into force only after full receipt of the premium chargeable.
- v. I further declare that I 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
- vi. I declare that I consent to the company seeking medical information from any doctor or hospital who/which at any time has attended on the person to be insured/proposer or from any past or present employer concerning anything which affects the physical or mental health of the person to be insured/proposer and seeking information from any insurer to whom an application for insurance on the person to be insured /proposer has been made for the purpose of underwriting the proposal and/or claim settlement.
- vii. I authorize the company to share information pertaining to my application including the medical records for the sole purpose of proposal underwriting and/or claims settlement and with any Governmental and /or Regulatory Authority.
- viii. I understand that the group personal accident policy shall become void at the option of the company, in the event of any untrue or incorrect statement, misrepresentation, non-description or non-disclosure of any material fact in the Application form/personal statement, declaration and connected documents or any material information having been withheld by me or anyone acting on my behalf.
- ix. Receipt of the Application by the Company shall not be construed as acceptance of my application. I hereby agree that the insurance coverage shall commence only on realization of full premium and on receipt of complete medical reports (wherever applicable) and subject to underwriting by the Company. The Company at its sole discretion reserves the right to accept or reject any application form without assigning any reason thereof.
- x. I hereby declare that the person(s) proposed to be Insured would submit to medical examinations, before the nominated doctors of the Company, or undergo diagnostic or other medical tests, as suggested by the Company for its underwriting.
- xi. I consent to provide a valid age proof and identity proof at the time of claims or any other time when required by the Company.
- xii. I consent to receive information from the Company through physical, electronic or telecommunication means from time to time
- xiii. I 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 authorised to propose on behalf of these other persons.
- xiv I/We here by state that the above mentioned address shall be taken as address on record for the purpose of GST
- xv 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

Place: _____

Date: _____

Applicants Signature: _____



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IRDAI Registration No. 103. IndusInd General Insurance Company Limited.

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.

IGI/MCOM/CO/INDUSIND-GROUP PERSONAL ACCIDENT POLICY/VER. 1.0/290621.



ANNEXURE 1

RISK CLASSIFICATION:

Risk Class	Person engaged in administrative, managerial and similar functions like bankers, teachers etc
Risk Class II	Builder, contractor & engineers engaged in superintending functions only, paid drivers of light motor vehicle, cash carrying employees, garage & motor mechanics, machine operators & persons engaged in occupations of similar hazard.
Risk Class III	Person engaged in hazardous occupations like working in underground mines, explosives, magazines, electrical installation with high tension supply and those engaged in occupations/activities of similar hazard.



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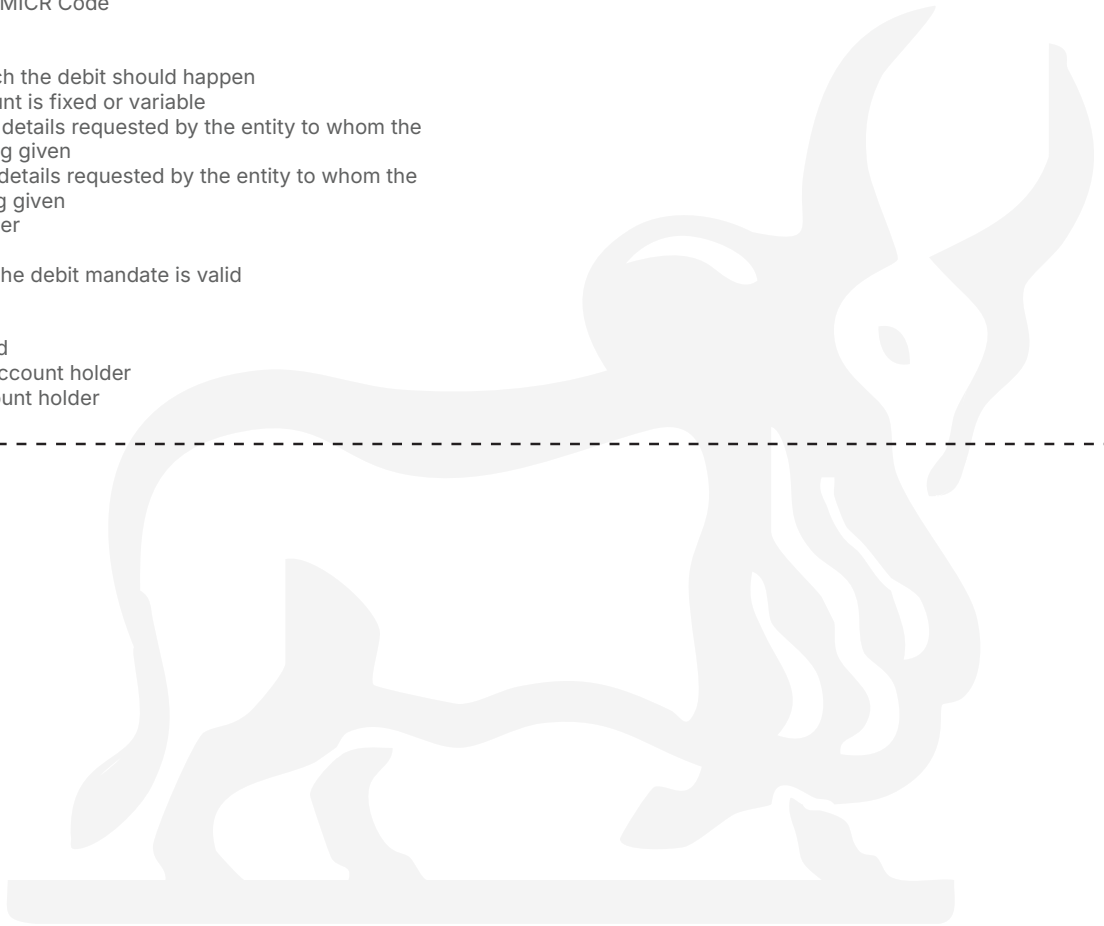
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MANDATORY INSTRUCTIONS TO BE FILLED

1. UMRN – To be left blank.
2. Date in DD/MM/YYYY format.
3. Sponsor Bank IFSC code - YESB0000001 - already printed.
4. Utility Code: Unique code of the entity to whom mandate is being given- To be provided by the entity. - To 16. Reference - 1: Any details requested by the entity to whom the mand be provided by the entity.
5. Name of the entity to whom the mandate is being given
6. Account type - CA/SA/CC/others
7. Tick- Select your appropriate Action
 - a. Create - For New Mandate
 - b. Modify - For Changes/Amendment on existing mandate
 - c. Cancel - For cancelling the existing registered Mandate
8. Your Bank Account Number for debiting the amount
9. Name of your bank and branch
10. Your Bank branch IFSC code OR
11. Your Bank Branch MICR Code
12. Amount in words
13. Amount in figures
14. Frequency at which the debit should happen
15. Whether the amount is fixed or variable
16. Reference 1- Any details requested by the entity to whom the mandatory is being given
17. Reference 2- Any details requested by the entity to whom the mandatory is being given
18. Your Phone Number
19. Your Email Id
20. Period for which the debit mandate is valid
 - a. Start date
 - b. End date
 - c. Or until cancelled
21. Signature of the account holder
22. Name of the account holder



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