

BENEFIT COVER DETAILS

Benefit Details	Coverage	Sum Insured (Rs)
Section A	Section A - Accidental Death & Permanent Total Disability	XXXXXXXXXXXXXXXXXXXXXXXXXX
Section B	Section B - Critical Illness	XXXXXXXXXXXXXXXXXXXXXXXXXX
Section C	Section C - Loss of Employment	XXXXXXXXXXXXXXXXXXXXXXXXXX
Section D	Section D - Child Care	XXXXXXXXXXXXXXXXXXXXXXXXXX

WARRANTIES AND SPECIAL CONDITIONS

- Insurance coverage shall commence not earlier than the date of disbursal of loan
 - No benefit under the policy shall be payable for any Critical illness or surgical procedures which results due to any pre-existing disease / illness or symptom or which is diagnosed within 90 days of Start Date of Period of Insurance
 - In the event of Claim, the payable amount will be made in favor of Financial Institution and the balance Sum Insured, if any, will be paid to Insured or his / her legal representative(s) as the case may be
 - The Company's total liability for an Individual in aggregate shall not exceed Rs. 50 Lakhs, subject to Sum Insured irrespective of no. of policies / Certificates he or she is covered
 - In case of any claim made under the policy no premium shall be refunded on cancellation of the policy.
- Risk Start Date (RSD) of policy will be Cheque Date/disbursement date (whichever is later), if actual loan is disbursed within 45 days of Cheque Date / Disbursement date (whichever is later), then the policy period will be Cheque Date/disbursement date (whichever is later) with issuance of policy date being Cheque Date/disbursement date (whichever is later). In case of Accident related losses in such interim, it will trigger provided that financial institution's interest towards principal amount / interest triggers

PREMIUM DETAILS

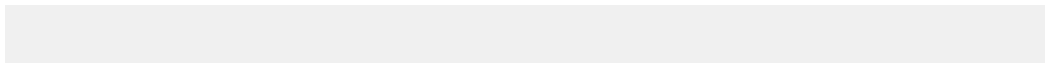
Net Premium:	XXXXXXXXXXXXXXXXXXXXXXXXXX
CGST (@ X.X%)	XXXXXXXXXXXXXXXXXXXXXXXXXX
SGST/UTGST(@X.X%)	XXXXXXXXXXXXXXXXXXXXXXXXXX
Total Premium including taxes and levies	XXXXXXXXXXXXXXXXXXXXXXXXXX
GSTIN:	XXXXXXXXXXXXXXXXXXXXXXXXXX SAC: XXXXXXXXXXXXXXXXXXXXXXXX

Description of Services: Other non-life insurance services (excluding reinsurance services)

Consolidated Stamp duty Paid vide Letter of Authorization No. CSD/242/2021/542 dated 12/02/2021 at General Stamp Office, Mumbai.

** Not Applicable for the State of Jammu & Kashmir.

In case of a renewal, the benefits provided under the policy and/or terms and conditions of the policy including premium rate may be subject to change.



Grievance Clause:

For resolution of any query or grievance, Insured may contact the respective branch office of the Company or may call at 022 4890 3009 (Paid) or may write an email at services@indusindinsurance.com. In case the insured is not satisfied with the response of the office, insured may contact the Nodal Grievance Officer of the Company at grievances@indusindinsurance.com. In the event of unsatisfactory response from the Nodal Grievance Officer, insured may email to Head Grievance Officer at headgrievances@indusindinsurance.com. In the event of unsatisfactory response from the Head Grievance Officer, he/she may, subject to vested jurisdiction, approach the Insurance Ombudsman for the redressal of grievance. Details of the offices of the Insurance Ombudsman are available at IRDAI website www.irdai.gov.in or on company website indusindinsurance.com or on <https://cioins.co.in>. The insured may also contact the following office of the Insurance Ombudsman within whose territorial jurisdiction the branch or office of the Company is located. Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, Ahmedabad – 380 001. Tel.: 079 - 25501201/02/05/06. Email: bimalokpal.ahmedabad@gbic.co.in

For IndusInd General Insurance Co. Ltd.

Authorised Signatory

The Policy has been issued based on the information provided by you / your representative and the policy is not valid if any of the information provided is incorrect.

Note: The policy wording with detailed terms, conditions and exclusions are available on our website www.indusindinsurance.com

This document shall be treated as a Tax Invoice as per Rule 46 of the Central Goods and Services Tax Rules 2017.

In case of any assistance with claims, please contact us on (022)4890 3009 or email us at services@indusindinsurance.com



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INDUSIND AUTO LOAN CARE INSURANCE POLICY - PROPOSAL FORM
Please note:

- To be filled and signed by Proposer
- This Proposal form shall be the basis of contract for Policy
- 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 terms and conditions of the policy.

INTERMEDIARY DETAILS (To be filled in BLOCK LETTERS)

Intermediary Name		Code:	
Branch Name		Code:	
Sales Manager Name		Code:	

CUSTOMER INFORMATION (To be filled in BLOCK LETTERS)

1. Loan Account No. (LAN)		Customer ID	
2. Proposer's Full Name (IN CAPITAL LETTERS)	o Mr. o Ms. o Mrs.	F I R S T M I D D L E L A S T	
3. Proposer's Address			
Flat / Building:		City:	
Pin Code:		State:	
Email ID			
4. Gender	o Male o Female	5. Date of Birth	DD / MM / YYYY
6. Pan No.		7. UID Aadhaar No.	
8. Do you have a GST Registration Number	o Yes o No If yes please specify _____		
9. Status of Proposer	o Main Applicant o Co-applicant	10. Occupation	o Salaried o Self-employed
11. Loan Tenure	_____ years	12. Sanction Date/Amount	
13. Disbursal Date/Amount		14. Policy Tenure	_____ years
15. Vehicle Details			
16. Sum Insured	_____ (Sum Insured cannot exceed Sanctioned Amount)		
17. Name of the Bank / Financial Institution			

NOMINEE DETAILS (To be filled in BLOCK LETTERS)

1. Nominee Name	o Mr. o Ms. o Mrs.	F I R S T M I D D L E L A S T	
2. Gender	o Male o Female	3. Date of Birth	DD / MM / YYYY
4. Relationship with applicant			



PAYMENT DETAILS (WHEREVER APPLICABLE)			
1. Payment by	<input type="radio"/> Cheque* <input type="radio"/> DD* (Tick whichever is applicable)		
2. Cheque or DD amount	₹ _____/- amount in words		
3. Bank Name			
4. Cheque / DD No .		5. Cheque Date	DD / MM / YYYY
*In case of payment made through Cheque / DD, please issue an A/c payee instrument in favour of "IndusInd General Insurance Company Limited"			
PROPOSER'S BANK DETAILS (IN CASE OF REFUND)			
Name of the Bank Account Holder	<input type="radio"/> Mr. <input type="radio"/> Ms. <input type="radio"/> Mrs. F I R S T M I D D L E L A S T		
Bank Account No.:		Account Type:	<input type="radio"/> Saving <input type="radio"/> 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 Wish: <input type="radio"/> 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.			
TABLE OF BENEFITS			
Coverage	Sum Insured Basis**		
Section A - Accidental Death & Permanent Total Disability	XXXXXXXXXXXXXXXXXXXX		
Section B - Critical illness	XXXXXXXXXXXXXXXXXXXX		
Section C - Loss of Employment	XXXXXXXXXXXXXXXXXXXX		
Section D - Child Care Allowance	XXXXXXXXXXXXXXXXXXXX		
PEP DECLARATION:			
Are you a Politically Exposed Person (PEP)?	<input type="radio"/> Yes <input type="radio"/> No		
If yes, please mention the position held			
Is any of your close relation or family member a PEP?	<input type="radio"/> Yes <input type="radio"/> 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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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: _____

Time: _____

Proposer's Signature*

*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.

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.

DECLARATION & WARRANTY BY THE APPLICANT

- i. I have read and understood the brochure, prospectus, sales literature & Policy wordings and confirm to abide by the same.
- ii. I agree that this application is part of group policy no. 9202962931000117 issued to 09 Jun 2021 for covering their Auto Loan customer and renewal thereafter.
- iii. I agree that the cover shall become voidable at the option of the company, in the event of any untrue or incorrect statement, misrepresentation, nondescription or non-disclosure in any material particular in the application form/personal statement, declaration and connected documents or any material information has been withheld by me or anyone acting on my behalf to obtain any benefit under this cover.
- 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 policy of the insurance company and that the policy will come into force only after full receipt of the premium chargeable.
- v. I further consent and authorize IndusInd General Insurance Company and/or any of their authorized representatives to seek medical information from any Hospital / Medical Practitioner /Insurer /any of the related entity that I have attended or may attend in future concerning any disease/illness/injury.
- vi. 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.
- vii. I understand and agree that the insurance coverage shall commence not earlier than the date of disbursement of loan as referred overleaf or after full premium is received by IndusInd General Insurance Co Ltd. (hereinafter referred to as the 'Company') whichever later subject to underwriting approval by the Company. Receipt of application form by the Company shall not be construed as an acceptance of my application. The company in its sole discretion reserves the right to accept or reject any Application without any assigning any reason thereof.
- viii. I hereby declare that I 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/claim.
- ix. I also confirm and declare that I am the applicant of the loan whose details have been mentioned in the application form.
- x. I understand and agree that the cover tenure will be less or equivalent to loan tenure. Also cover is valid till I am a Loan customer.
- xi. I have read and understood that the cover is available for loan tenure or the full pre-payment of the loan whichever is earlier but not beyond end date of Cover Period of Insurance.
- xii. In case of any claim made under the policy, No premium shall be refunded on cancellation of the policy.
- xiii. 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.
- xiv. I consent to receive information from the Company through physical, electronic or telecommunication means from time to time.
- xv. I/We here by state that the above mentioned address shall be taken as address on record for the purpose of GST.



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xvi. 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: _____

Applicant's Signature

PREMIUM CERTIFICATE

Premium Certificate for the purpose of deduction under Section 80 D of Income Tax Act,1961.

This is to certify that IndusInd General Insurance Company Limited has received an amount of xxxxxxxxxxxx from xxxxxxxxxxxxxxxx towards payment of health insurance premium as per details mentioned above. The premium paid for this policy is eligible for applicable tax benefits under section 80D of the Income Tax Act,1961 and amendments thereof.

Note: Any amount paid in cash toward the premium would not qualify for tax benefits as mentioned above.

Name of the Policyholder: _____

Coorespondence Address: _____

Policy Number: _____

Issue Date: _____

Place: _____

For IndusInd General Insurance Co. Ltd.

Aut horised Signatory

PROHIBITION OF REBATES - SECTION 41 OF 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.



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