

FOR INDUSIND MASHAK RAKSHAK - GROUP - PLAN B - PROPOSAL FORM

The policy does not commence until the proposal is accepted by the Company and full premium is received.

INTERMEDIARY DETAILS (To be filled in BLOCK LETTERS)

Intermediary Name		Code	
Branch Name		Code	
Sales Manager Name		Code	

PROPOSER'S DETAILS (To be filled in BLOCK LETTERS)

1. Name of the Proposer	<input type="radio"/> Mr. <input type="radio"/> Ms. <input type="radio"/> Mrs.		
2. Customer ID			
3. Address for Communication			
Flat/Building			
Road/Street/Sector/Area			
Taluka/Village/District/City	Pinode		
State	Country		
Phone	Mobile		
Email	Fax		
4. UID Aadhaar No	5. PAN No.:		
6. Do you have a GST Registration Number	<input type="radio"/> Yes <input type="radio"/> No		
If Yes, please specify			
7. Source of Funds	<input type="radio"/> Business <input type="radio"/> Profession <input type="radio"/> Salary <input type="radio"/> Agricultural Income <input type="radio"/> Savings <input type="radio"/> Others		
8. Monthly Income	<input type="radio"/> Upto ₹ 20,000 <input type="radio"/> ₹ 20,001 to ₹ 50,000 <input type="radio"/> ₹ 50,001 to ₹ 1,00,000 <input type="radio"/> ₹ 1,00,001 and above		
9. Name of Contact Person	<input type="radio"/> Mr. <input type="radio"/> Ms. <input type="radio"/> Mrs.		
Phone			
10. Business of the Proposer			
11. Whether all eligible employees/members of group/association/institution/Corporate Body are proposed for insurance	<input type="radio"/> Yes <input type="radio"/> No		
12. Policy period:	Start Date	DD / MM / YYYY	End Date DD / MM / YYYY
13. Is this insurance is taken first time?	<input type="radio"/> Yes <input type="radio"/> No		
If no, Please mention no. of renewal year			
14. Type of Cover:	<input type="radio"/> Individual <input type="radio"/> Floater		
15. Sum Insured:			

16. Details of the persons proposed for insurance (Please attached separate list in following format)

17. Whether the Group is - Voluntary/Subsidized/Null

INSURED DETAILS

Cadre/ Grade/ Subgroup	Name of Insured Persons	Gender	Date of Birth (dd/mm/yyyy)	Age	Relationship with the Policy/ Certificate holder	Employee Id of the Policy/ Certificate holder	DOJ (dd/mm/yyyy)	Grade/ Designation of Policy/ Certificate holder	Date of addition to Policy	Sum Insured	Nominee Details
	XXXXXXX	XXXX	XXXXX	XXX	Self	XXXX	XXX		XXXX	XXXX	XXXX
	XXXXXXX	XXXX	XXXXX	XXX	Spouse						XXXX
	XXXXXXX	XXXX	XXXXX	XXX	Son						XXXX
	XXXXXXX	XXXX	XXXXX	XXX	Daughter						XXXX
					Parents						
					Parents in law						
	XXXXXXX	XXXX	XXXXX	XXX	XXXXXXXX	XXXX	XXX		XXX	XXX	XXXX

Medical Questions	Member 1	Member 2	Member 3	Member 4	Member 5	Member 6	Member 7	Member 8
If any Pre-exist- ing Disease/ Past Claims/ Treatment History If Yes, Name of Disease/ Treatment	O Y O N	O Y O N	O Y O N	O Y O N	O Y O N	O Y O N	O Y O N	O Y O N
Wheth- er any Insured Person is currently suffering from/on treatment/ has ever undertaken treatment or claimed for Filaria (Lymphatic Filariasis)	O Y O N	O Y O N	O Y O N	O Y O N	O Y O N	O Y O N	O Y O N	O Y O N

THE COVERAGE'S UNDER INDUSIND "MASHAKRAKSHAK" - GROUPARE LISTED BELOW:

Benefits	Short Description
Hospitalization Benefit	Lump sum benefit equal to 100% of the Sum Insured (excluding the amount paid under diagnosis cover, if any) shall be payable on positive diagnosis (through laboratory examination and confirmed by the medical practitioner) of any of the following vector borne disease (s) if insured is hospitalized for a minimum period of seventy-two (72) consecutive hours. <ul style="list-style-type: none"> • Dengue fever • Malaria • Filaria (Lymphatic Filariasis) • Kala-azar • Chikungunya • Japanese Encephalitis • Zika Virus
Diagnosis Cover	2% of the sum insured shall be payable on positive diagnosis (through laboratory examination and confirmed by the medical practitioner) of every covered vector borne disease on the first diagnosis during the Cover Period, subject to policy terms and conditions. The Policyholder is entitled for payments under "diagnosis cover" for each disease only once in each of the policy years.
Sub-Limits	Diagnosis cover: 2% of sum insured

Note: Please refer the Policy Wordings for complete description, exclusions, terms and conditions relating to the Covers listed above



PREVIOUS INSURANCE DETAILS

18. Previous Policy Details (Standalone Vector Borne Insurance or any Health Insurance Policy)

Details

Previous Policy Number

Previous Policy Start Date

Previous Policy end Date

Sum Insured

19. Do you have any existing Mashak Rakshak policy from IndusInd General Insurance? if yes, then please provide the Policy Number

20. Details of previous / expiring insurance policy for last 3 years?

1st Year

2nd Year

3rd Year

No of lives covered at inception

No. of lives at expiry

Incurred Claims Paid + O/s (Count & Amount)

Premium before service tax

Name of the insurance company

Name of the TPA

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

PAN No.

PROPOSER'S BANK DETAILS21. Name of the Bank Account Holder Mr. Ms. Mrs.

F I R S T M I D D L E L A S T

22. Bank Account No.

23. Account:

 Saving Current

24. Name of the Bank

25. Branch

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

27. 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.

indusindinsurance.com

022 4890 3009 (Paid)



74004 22200 (WhatsApp)

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.

IndusInd Mashak Rakshak - Group. UIN No.: RELHLGP21619V012021.



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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: _____

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 AND UNDERTAKING BY THE PROPOSER

1. We have read and under stood the brochure,prospectus,sales literature & Policy wordings and confirm to abide by the same.
2. We understand that the information provided by us will form the basis of the insurance policy, 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.
3. We further declare that we 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.
4. We declare and consent to the Company seeking medical information from any Doctor or from a hospital who at anytime has attended on the life to be insured /proposer or from any past or present employer concerning anything which affects the physical or mental health of the life to be assured /proposer and seeking information from any insurance company to which an application for insurance on the life to be assured /proposer has been made for the purpose of under writing the proposal and/or claim settlement.



indusindinsurance.com



022 4890 3009 (Paid)



74004 22200 (WhatsApp)

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.

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BEST BRANDS CONCLAVE

5. We authorize the company to share information pertaining to our proposal including the medical records for the sole purpose of proposal underwriting and/or claims settlement and with any Governmental and /or Regulatory Authority.
6. Receipt of the Proposal form by the Company shall not be construed as acceptance of proposal. We here by 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 or load any proposal with out assigning any reason there of.
7. We understand that the Policy shall become void at the Company's option, in the event of any untrue or incorrect statement, misrepresentation, non-description or non- disclosure of any material fact in the Proposal form/ personal statement, declaration and connected documents or any material information having been withheld by us or anyone acting on our behalf.
8. We 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.
9. We consent to provide a valid age proof and identity proof of insured or insured person/beneficiary covered under the policy at the time of claims or any other time when required by the Company.
10. We consent to receive information from the Company through physical, electronic or telecommunication means from time to time.
11. We here by declare and warrant on our behalf & on behalf of all persons proposed to be insured that the above statements, answers and/or particulars given by us in this proposal for are true and complete in all respects to the best of my knowledge and that I/We am/are authorized to propose on behalf of these other persons.
12. I/We hereby state that the above mentioned address shall be taken as address on record for the purpose of GST.
13. I/We here by 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: _____ Signature of Proposer & Seal of Company

VERNACULAR DECLARATION

Vernacular Declaration stating that the contents of this proposal form have been read over & fully explained to me in _____ language. I further confirm & declare that contents read over & explained to me have been understood by me.

Place: _____

Date: _____

_____ Signature/Thumb impression of (Proposer)

_____ Identified by Name & Signature

Explained By Intermediary (Name): Mr. Ms. Mrs. F I R S T M I D D L E L A S T

Date: _____ DD/MM/YYYY _____ Place: _____

Place: _____

Date: _____

_____ Signature of Intermediary

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.