

INDUSIND – TRAVEL CANCELLATION POLICY (GROUP) PROPOSAL FORM – (GROUP MASTER POLICY HOLDER)

- To be filled and signed by Proposer and all fields are mandatory to be filled.
- This Proposal shall be the basis of contract for Policy issuance and the information declared in this form shall be used by the Company as the basis of underwriting the Policy.
- IndusInd General Insurance Company Limited (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 Policy Terms and Conditions.

INTERMEDIARY DETAILS

Intermediary Name	Code
IMD Branch Name	Code
Employee Code	

PROPOSER DETAILS (All the details are mandatory)

Name	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs.		
CIN Number (For Corporate Customer)		GSTIN	
Entity Details			
Mobile No.		Email ID	
Alternative Mobile No.		Alternative Email ID	
Permanent Address:			
City		Pinode	
State			
Communication Address:			
City		Pinode	
State			
Business of Proposer			
Annual Turnover		Number of Years in business	
Business Type (New/Renewal)			
Previous Policy Details, incase of Renewal		Previous Policy Number:	

MANDATORY BANK DETAILS

Bank Name:	
Bank Account Number:	

IFSC Code (11-character code appearing on your cheque leaf)	
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POLICY DETAILS (Tick/Fill the required option) (All fields are mandatory)	
Type of Travel Event	
Mode of Transport Booking	<input type="checkbox"/> Air <input type="checkbox"/> Train <input type="checkbox"/> Bus <input type="checkbox"/> Cruise ship
Mode of Event Booking	<input type="checkbox"/> Online <input type="checkbox"/> Offline
Type of Relationship:	<input type="checkbox"/> Non-Employer-Employee Relationship (NEE) <input type="checkbox"/> Employer-Employee Relationship (EE)
Period of Insurance:	From: DD/MM/YYYY To: DD/MM/YYYY
Current Customer Base:	
Potential Group Size:	Premium Potential of Group Size:
Average numbers of bookings/persons travel in India and abroad:	
Required Cut Off-Time (In Hrs):	HH:MM Deductible required:
Co-payment required:	Maximum number of people covered in a single transaction

COVER DETAILS:						
Cover No.	Name of Covers	PLAN 1	PLAN 2	PLAN 3	PLAN 4	PLAN 5
Cover 1	Basic Cover (Cancellation Cover)	Mandatory	Mandatory	Mandatory	Mandatory	Mandatory
Cover 2	Package Cover	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cover 3	Convenience Fees Cover	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cover 4	Event Reschedule Cover	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cover 5	Travel Delay Cover	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

ORGANIZER'S/ SUPPLIER'S CANCELLATION POLICY DETAILS:		
Event Name	Organizer/ Supplier Name	Organizer/ Supplier's Cancellation Policy

PREVIOUS INSURANCE DETAILS (To be filled in case of rollover /renewal proposal)

Past 3 year Insurance Details	Name of the Expiring Insurer	Tickets Sold	Policies with Cancellation Protection	Average Cost of Cancellation Protection	No. of Claims under Cancellation Protection	Amount Paid under Cancellation Protection
Year 1 MM/YYYY TO MM/YYYY						
Year 2 MM/YYYY TO MM/YYYY						
Year 3 MM/YYYY TO MM/YYYY						

DECLARATION & WARRANTY ON BEHALF OF MASTER POLICYHOLDER

1. I/We hereby declare, on behalf of Master Policyholder, 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/We am/are authorized to propose on behalf of these other persons.
2. I understand that the information provided by me 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 payment of the premium chargeable.
3. I/We further declare that I/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. I/We declare and consent to the company seeking medical information from any doctor or hospital who 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 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 underwriting the proposal and / or claim settlement.
5. 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.
6. I hereby authorize IndusInd Insurance Company Limited to collect the information provided by me. The Company may deal with this information for the purposes as detailed under the Company's Privacy Policy [Link to the policy] and the Terms of Use [Link to terms of use] which I acknowledge to have been understood by me and shall be bound by the same. I shall have the right to withdraw such consent at any given time by intimating as such to the Company in writing.
7. I have read & understood the full texts, features, disclosures, terms, conditions & exclusions under the product(s)

Place: _____

Date: _____

Signature of Proposer**AGENT / INTERMEDIARY'S DECLARATION**

- I, (Full Name) _____ in my capacity as an Insurance Advisor/ Specified Person of the Corporate Agent/Insurance Web Aggregator/Authorized employee of the Broker/ IndusInd Insurance Company Limited, 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 Insurance Company Limited and the Proposer, if this Proposal is accepted by IndusInd 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 Insurance Company Limited as null and void and all premiums paid under the Policy may be forfeited to IndusInd Health. 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.:			
License Validity	From: DD/MM/YYYY	To: DD/MM/YYYY	
Date: _____		_____	
[Display 'Confirmed' when ticked]		Signature of Agent / Intermediary	

GENERAL DECLARATION

I understand that as per the new AML/CFT Guidelines issued IndusInd 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 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.

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 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) are individuals who are or have been entrusted with prominent public functions in a foreign country, e.g., Heads of States/Governments, senior politicians, senior government/judicial/military officers, senior executives of state-owned corporations, important political party officials, etc (As per sub clause (xii) of 3(b) of Chapter I of Master Direction – Know Your Customer (KYC) Direction, 2016 issued by Reserve Bank of India (RBI).

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: _____

Signature of Proposer

VERNACULAR DECLARATION (For all Persons Proposed to be Insured)

The contents of this Proposal form have been read over and fully explained to me in _____ language. I further confirm and declare that the contents read over and explained to me have been understood by me.

Place: _____

Date: _____

Signature/Thumb impression of Proposer

PROHIBITION OF REBATES- SECTION 41 OF THE INSURANCE LAWS (AMENDMENT) ACT, 2015:

- 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.
- 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.

ACKNOWLEDGEMENT FOR PROPOSAL

Please retain this counterfoil for your records (on behalf of IndusInd Insurance Company Limited)

Date: _____

Proposal No.: _____

We acknowledge the receipt of payment of Rs _____ vide cheque / DD no. _____ from Mr./Mrs./Ms. _____ Please note that this is only an acknowledgement receipt and does not amount to acceptance of risk or commencement of Policy. IndusInd Insurance Company Limited is not liable for any claim between the time the proposal amount is received and Policy Start Date. The validity of receipt is subject to realization of proposal amount. Acceptance of proposal and issuance of policy shall be subject to receipt of completed proposal for premium payment, medical reports (wherever applicable) and underwriting decision of the Company.

Name of the Employee: _____

Signature of Employee: _____

Company Seal and Stamp