

INDUSIND CRITICAL ILLNESS POLICY - PROPOSAL FORM

- To be filled and signed by proposer.
- This proposal shall be the basis of contract for Policy issuance.
- 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 Policy Terms and Conditions.

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	o Mr. o Ms. o Mrs.		
2. Address for Communication			
Flat/Building			
Road/Street/Sector			
Area			
Taluka/Village/District/City		Pinode	
State		Country	
Phone		Mobile	
Date of Birth (Mandatory)	(DD.MM.YYYY)	Email Id	
UID Aadhaar No.		PAN No. (Mandatory) if not provided Form 60 required.	
CKYC No. (for Individual customer)			
3. Do you have a GST Registration Number	o Yes o No		
If Yes, please specify			
Nationality		Business Type	
Source of Funds	o Business o Profession o Salary o Agricultural Income o Savings o Others		
Monthly Income	o Upto ₹20,000 o ₹20,001 to ₹50,000 o ₹50,001 to ₹1,00,000 o ₹1,00,001 and above		
Plan/Policy Details of Insured			
a. Sum Insured	o 5,00,000 o 7,00,000 o 10,00,000 o 15,00,000 o 20,00,000 Lakhs		
b. No. of members to be covered	Members		
c. Policy Tenure	o 1 Year o 3 Years		



Nomination Details of Insured

The nominee as declared hereunder shall become eligible for claim payment under the Policy as per the terms and conditions of the Policy, in the event of the death of the Policyholder. The receipt of proceeds by the nominee would be sufficient discharge to the Company. Nominee for all other person(s) proposed shall be the proposer himself/herself.

Name of Nominee	D.O.B (DD.MM.YYYY)	Relationship with Proposer	Address of Nominee

Details of person(s) proposed to be insured

Section A : Personal Details		Member	
Name	First name		
	Last name		
D.O.B	(DD.MM.YYYY)	Gender	
Nationality		Marital Status	
Relationship with Proposer		Occupation	
Height (in cms.)		Weight (in kgs.)	

Has any person to be insured been diagnosed/hospitalized/under any treatment for any illness / disease or injury during any time in the past? If yes please select the disease / injury as mentioned below. If others, please specify

A. Diabetes	<input type="radio"/> Yes <input type="radio"/> M <input type="radio"/> M / Y Y Y Y	B. Hypertension	<input type="radio"/> Yes <input type="radio"/> M <input type="radio"/> M / Y Y Y Y
C. Respiratory disorder(s)	<input type="radio"/> Yes <input type="radio"/> M <input type="radio"/> M / Y Y Y Y	D. HIV/AIDS/STD	<input type="radio"/> Yes <input type="radio"/> M <input type="radio"/> M / Y Y Y Y
E. Liver disease(s)	<input type="radio"/> Yes <input type="radio"/> M <input type="radio"/> M / Y Y Y Y	F. Cancer/Tumor	<input type="radio"/> Yes <input type="radio"/> M <input type="radio"/> M / Y Y Y Y
G. Heart Disease(s)	<input type="radio"/> Yes <input type="radio"/> M <input type="radio"/> M / Y Y Y Y	H. Kidney Disease(s)	<input type="radio"/> Yes <input type="radio"/> M <input type="radio"/> M / Y Y Y Y
I. Paralysis/Stroke	<input type="radio"/> Yes <input type="radio"/> M <input type="radio"/> M / Y Y Y Y	J. Congenital Disease(s)	<input type="radio"/> Yes <input type="radio"/> M <input type="radio"/> M / Y Y Y Y

K. Others (Please Specify) Name of Disease / Injury

Since M M / Y Y Y Y

Does any person proposed to be insured smoke or consume tobacco or alcohol? If yes, please indicate

Section B: Current/Previous Health (Including Critical Illness) - Insurance details

Details		Member 1	
Name of Insurer			
Policy no.			
Policy period	From (DD.MM.YYYY)	To (DD.MM.YYYY)	
Sum Insured (₹)			
Type of Cover	<input type="radio"/> IND	<input type="radio"/> FLOATER	
Have any of the persons to be insured ever filed a claim with their current / previous insurer? If yes, please provide details on a separate sheet	<input type="radio"/> Yes	<input type="radio"/> No	



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Has any proposal of life, critical illness or health insurance been declined, cancelled or charged a higher premium?	<input type="radio"/> Yes <input type="radio"/> No		
Attending Physician's Details			
Name of Family Physician:	<input type="radio"/> Mr. <input type="radio"/> Ms. <input type="radio"/> Mrs.		
Email Id		Contact Number	
Premium Payment Details			
Payment by: Cheque*/DD*/Credit Card#/Debit Card # (Tick whichever is applicable)	<input type="radio"/> Cheque <input type="radio"/> DD <input type="radio"/> Credit Card <input type="radio"/> Debit Card		
Cheque or DD Amount	/-		
Amount in words			
Bank Name			
Cheque No./DD No./Card No.		Cheque/DD Date	(DD.MM.YYYY)
Name of the Premium Payer			
*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 Proposer			
Proposer's Bank Details			
Name of the Bank Account Holder	<input type="radio"/> Mr. <input type="radio"/> Ms. <input type="radio"/> Mrs.		
Bank Account No.:		Account:	<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)			
FSC 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.			



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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.



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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 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 receipt of the premium chargeable.
- iii. 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.
- iv. I/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 underwriting the proposal and / or claim settlement.
- v. 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.
- vi. Receipt of the Proposal form by the Company shall not be construed as acceptance of proposal. 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 individual underwriting by the Company. The Company at its sole discretion reserves the right to accept or reject or load any proposal without assigning any reason thereof.
- vii. I/We understand that the Policy shall become void at the Company's option, in the event of any untrue or incorrect statement, misrepresentation, nondescription 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 me or anyone acting on my behalf.
- viii. I/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. I/ We consent to provide a valid age proof and identity proof at the time of claims or any other time when required by the Company.
- x. I/We consent to receive information from the Company through physical, electronic or telecommunication means from time to time.
- xi. I/We hereby declare on my behalf & on behalf of all persons proposed to be insured that the above statements, answers and/or particulars given by me in this proposal form 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.
- xii. I/We here by state that the above mentioned address shall be taken as address on record for the purpose of GST.
- xiii. 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

Signature: _____ Date: _____ Place: _____

Acknowledgement for Proposal

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

NOT VALID AGAINST CASH

Proposal Form No. _____

Date: (DD.MM.YYYY)

We acknowledge the receipt of payment of ₹ _____ vide cheque/DD _____ 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 General Insurance Company Limited is not liable for any claim between the time that 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 form, premium payment, medical reports (wherever applicable) and underwriting decision of the Company.

Name of the Employee: _____

Signature of the Employee: _____ Company Seal & Stamp _____



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.

Signature/Thumb Impression of the Proposer:

Identified by Name & Signature:

Date

(DD.MM.YYYY)

Place:

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.

Registered & Corporate Office Address

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

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 Critical Illness Policy UIN:RELHLGP08003V010708



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