

Serial No.: _____

INDUSIND WEATHER PROTECT POLICY (AGRI) - CORPORATE - PROPOSAL FORM

PROPOSER DETAILS (To be Filled in BLOCK LETTERS)

1. Proposer's Full Name	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs.	F I R S T	M I D D L E	L A S T
2. Season	<input type="checkbox"/> Kharif <input type="checkbox"/> Rabi	Year	YYYY	
3. Type of Business	<input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large			
4. Address of Residence				
Village				
Gram Panchayat				
Nyaya Panchayat				
Block/Mandal				
Tehsil				
District				
State				
Pin Code				
Country				
5. Mobile		6. Contact No.		
7. Source of Funds	<input type="checkbox"/> Business <input type="checkbox"/> Profession <input type="checkbox"/> Salary <input type="checkbox"/> Agricultural Income <input type="checkbox"/> Savings <input type="checkbox"/> Others			
8. Monthly Income	<input type="checkbox"/> Upto ₹ 25,000 <input type="checkbox"/> ₹ 25,001 to ₹ 50,000 <input type="checkbox"/> ₹ 50,001 to ₹ 1,00,000 <input type="checkbox"/> ₹ 1,00,001 and above			
9. PAN No.		(Mandatory) If not provided Form 60 required.		
10. Date of Birth	DD/MM/YYYY	(Mandatory)		
11. CKYC No.		(For Individual Customer)		
12. Reference Unit Area / Weather Station	_____			
13. Total Cultivated Land (In Hectares)	_____			
14. If the land has been insured by any other Insurance company, other than IndusInd General Insurance company Limited. (Please provide details)	_____			

NOMINEE DETAILS

1. Nominee Name	_____	2. Age	_____
3. Relationship	_____		
4. Address	_____		

LIST OF SELF ATTESTED DOCUMENTS TO BE SUBMITTED WITH PROPOSAL FORM

- Land Record Aadhar Card/Photo ID Proof Crop Sown Certificate
 Declaration from owner/Agreement in case land is on lease Bank passbook copy/cancelled cheque

indusindinsurance.com 022 4890 3009 (Paid) 74004 22200 (WhatsApp)



PROPOSER'S BANK DETAILS

Name of the Bank Account Holder Mr. Ms. Mrs. F I R S T M I D D L E L A S T

Bank Account No.: _____ Account: Saving 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 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.

PROPOSED CROPS DETAILS FOR INSURANCE

Crop	Area in Hectares	Land Record/Survey No.	Sum Insured (₹)	Premium Paid by Proposer. (₹)

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

DECLARATION

I hereby declare that before filling up the proposal form for IndusInd Weather Protect Policy (Agri) - Corporate the guidelines have been read and understood / have been explained to me in detail. I hereby declare that the above information is correct and true. I have not submitted / will not submit any other proposal for this season and for the above mentioned crops and area in this branch of the bank / primary agriculture co. op. soc. (PACS) / any other bank branch / Insurance by any intermediary for any crop insurance / agriculture insurance. I hereby also declare and admit that under this proposal and for the insured crop I have not taken any loan from any bank / nor been certified for any agricultural loan. The claims under the above crop insurance policy would be settled through the bank only.

Place: _____

Date: _____

Signature / Thumb Impression of Proposer

Note:- IndusInd General Insurance Company Limited shall not be liable and on risk till the time IndusInd General Insurance Company Limited has not accepted the proposal form and full premium has been received in advance from the Proposer

ACKNOWLEDGEMENT

		Serial No. _____	
Received ₹	/ - only towards consideration as Proposer's share of premium from		
Proposer's Full Name	_____		
Father / Spouse Name	_____		
UID Aadhar No.	Crop	_____	
Area in Hectares	<input type="checkbox"/> Kharif <input type="checkbox"/> Rabi	Year	YYYY
Vide Cash/DD/Cheque No.	Dated	DD/MM/YYYY	
Drawn on	Bank _____		

Sign and Stamp of Issuing person

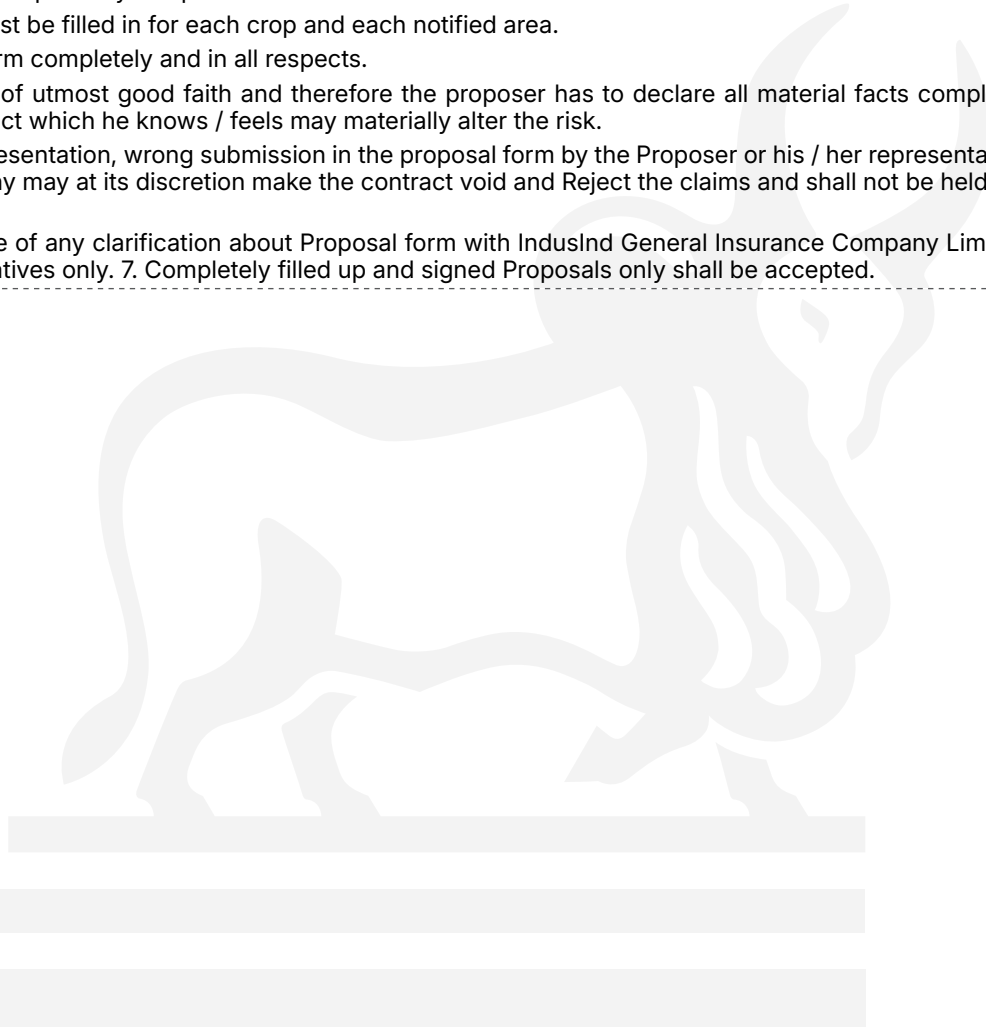


Prohibition of Rebates - Section 41 of the Insurance Act, 1938 as amended by Insurance Laws (Amendment) Act, 2015.

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.

INSTRUCTION OF FILLING THE FORM

1. The proposer has to compulsorily fill up this form.
2. Separate proposal must be filled in for each crop and each notified area.
3. Please fill Proposal form completely and in all respects.
4. Insurance contract is of utmost good faith and therefore the proposer has to declare all material facts completely and should not hide any fact which he knows / feels may materially alter the risk.
5. If there is any misrepresentation, wrong submission in the proposal form by the Proposer or his / her representative, then the insurance company may at its discretion make the contract void and Reject the claims and shall not be held liable for any risks associated.
6. Please contact in case of any clarification about Proposal form with IndusInd General Insurance Company Limited or its Authorized representatives only. 7. Completely filled up and signed Proposals only shall be accepted.



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IndusInd
Insurance App



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