

SARAL SURAKSHA BIMA, INDUSIND GENERAL - PROPOSAL FORM

Proposal Form No: _____

Please note:

1. To be filled and signed by Proposer and all fields are mandatory to be filled.
2. This proposal shall be the basis of contract for Policy issuance.
3. IndusInd General Insurance Company Ltd. (the "Company") is under no obligation to accept any proposal for insurance. The liability of the Company does not commence until the proposal is accepted and underwritten by the Company and premium is received. If the Company accepts a proposal for insurance, it shall be subject to the Policy Terms and Conditions.

INTERMEDIARY DETAILS	
VLE ID	VLE Name
UIN	VLE Contact Number
Intermediary Code	Intermediary Name
Intermediary Contact No	VLE Contact Number
PROPOSER DETAILS (ALL THE DETAILS ARE MANDATORY)	
Name of the Proposer	
Permanent Address	
State	City
Communication Address	Pin Code
State	City
Contact Number	Pin Code
Seconday No	Primary No .
Date Of Birth	E-mail Id
Pan No.	Nationality
GST Registration No.	Aadhar No. (Please fill at least one) (if applicable)
The nominee as declared hereunder shall become eligible for payment under the Policy as per the terms and conditions of the Policy, in the event of the death of the Insured Person. 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	
NOMINEE DETAILS	
Name of Nominee	Name of Nominee
Relation with Insured	Relation with Insured
Date of Birth (DD/MM/YY)	Date of Birth (DD/MM/YY)
Address of Nominee	Address of Nominee
POLICY DETAILS (MENTION OR TICK THE REQUIRED OPTION)	
Cover Type	<input type="radio"/> Individual basis <input type="radio"/> Family basis
PROPOSER BANK DETAILS	
Name of Bank Account Holder	Name of Nominee

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Bank Name	Account Type		<input type="radio"/> Saving	<input type="radio"/> Current
Bank Account Number	Branch			
IFSC Code (11-character code appearing on your cheque leaf)				
MICR Code (9-digit MICR code number of the bank and branch appearing on the cheque issued by bank):				
<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.				
DETAILS OF PERSON(S) PROPOSED TO BE INSURED				
SECTION A: PERSONAL DETAILS				
	MEMBER 1	MEMBER 2	MEMBER 3	MEMBER 4
Name of the Insured Person				
Gender (M/F/Others)				
Date of Birth (DD/MM/YYYY)				
Relationship with Policyholder				
Nationality				
Whether Insured employed in any Armed Forces/Police Forces/ Paramilitary Forces /Coastal Guards?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Occupation Category* (Tick the appropriate option) *(See Annexure II for categories)	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4
Annual Income				
If any, Existing Disability				
Since				
Sum Insured (in lakhs)				
Optional cover Temporary Total Disablement	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Hospitalization Expenses due to Accident	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Education Grant	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
*For Occupation Category- Refer Annexure-II				



DETAILS OF PERSON(S) PROPOSED TO BE INSURED

SECTION A: PERSONAL DETAILS

	MEMBER 1	MEMBER 2	MEMBER 3	MEMBER 4
Name of the Insured Person				
Gender (M/F/Others)				
Date of Birth (DD/MM/YYYY)				
Relationship with Policyholder				
Nationality				
Whether Insured employed in any Armed Forces/Police Forces/ Paramilitary Forces /Coastal Guards?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Occupation Category* (Tick the appropriate option) *(See Annexure II for categories)	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4
Annual Income				
If any, Existing Disability				
Since				
Sum Insured (in lakhs)				
Optional cover Temporary Total Disablement	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Hospitalization Expenses due to Accident	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Education Grant	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
*For Occupation Category- Refer Annexure-I				
PREMIUM PAYMENT DETAILS				
Payment by	(Tick whichever is applicable)			
	<input type="radio"/> Cheque <input type="radio"/> DD <input type="radio"/> Credit Card <input type="radio"/> Debit Card <input type="radio"/> NEFT <input type="radio"/> Net Banking			
Cheque or DD Amount : in figures				
Amount in words				
Bank Name				
Cheque No./DD No./Card No			Cheque / DD Date	
Name of the Premium Payer			Branch	



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IRDAI Registration No. 103. IndusInd General Insurance Company Limited (Formerly known as Reliance General Insurance). 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. Saral Suraksha Bima, IndusInd General UIN: RELPAIP21641V012021. IGI/MCOM/CO/SSBIGI-PF/Ver. 1.0/160821



IndusInd
Insurance App



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Note - In case the payment is made through Cheque/DD then please issue an a/c payee instrument in favour of " IndusInd General Insurance Company Limited"

In case the payment is made through Credit/Debit Card the Card needs to be in the name of Proposer

STANDARD DECLARATIONS & WARRANTY ON BEHALF OF ALL PERSONS PROPOSED TO BE INSURED

- i. I hereby declare, on my behalf and on behalf of all persons proposed to be insured, 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 authorized to propose on behalf of these other persons.
- 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 insurer and that the policy will come into force only after full payment of the premium chargeable.
- iii. I further declare that I 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 declare and consent to the company seeking medical information from any doctor or hospital who/which 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 insured / proposer and seeking information from any insurer to whom an application for insurance on the person to be insured/ proposer has been made for the purpose of underwriting the proposal and / or claim settlement.
- v. I authorize the company to share information pertaining to my proposal including the medical records of the insured/proposer for the sole purpose of underwriting and / or claims settlement and with any Governmental and / or Regulatory authority

Signature: _____ Date: _____ Place: _____

OTHER DECLARATIONS & WARRANTY ON BEHALF OF ALL PERSONS PROPOSED TO BE INSURED

- i. I consent to receive information from the Company through physical, electronic or telecommunication means from time to time
- ii. I hereby state that the above-mentioned address shall be taken as address on record for the purpose of GST.
- iii. I hereby confirm that the contents of the proposal form and connected documents have been fully explained to me/us and I have fully understood the significance of the proposed contract.



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- iv. I understand that the Policy shall become void at the Company's option, in the event of misrepresentation, mis-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 me or anyone acting on my behalf.
- v. I 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
- vi. 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
- vii. I agree and undertake to convey to the Company any change/alterations carried out in the risk proposed for insurance after submission of this Proposal form.

Signature: _____ Date: _____ Place: _____

AML GUIDELINES

- i. 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.
- ii. I Understand that the Company has the right to call for document to established sources of funds
- iii. 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 INTERMEDIARY AND PROPOSER

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 of Proposer: _____

PROHIBITION OF REBATES - SECTION 41 OF THE INSURANCE ACT, 1938 AS AMENDED BY 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.

ACKNOWLEDGEMENT FOR PROPOSAL

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

Proposal Form no.	Date
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 General 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 the Employee Company Seal & Stamp

**ANNEXURE - II
ATTACHED TO THE PROPOSAL FORM**

Name	Saral Suraksha Bima, IndusInd General
Product Type	Individual
Category of Cover	All the covers are benefit based except the optional cover "Hospitalisation Expenses due to Accident" which is indemnity based.
Sum insured	On Individual basis – SI shall apply to each individual family member
Policy Period	1 year
Base covers	i. Death ii. Permanent total disablement iii. Permanent partial disablement
Optional covers	i. Temporary total disablement ii. Hospitalisation Expenses due to Accident iii. Education grant
Cumulative bonus	Sum insured (excluding CB) shall be increased by 5% in respect of each claim free policy year, provided the policy is renewed without a break subject to maximum of 50% of the sum insured.

**ANNEXURE - II
OCCUPATION CATEGORY**

Categories	Description	Profession Example
1	Office workers not engaged in field work or exposed to working with Mechanical machines/hazardous chemicals	Teachers, Doctors, Accountants, Office Executives, Housewives, Software Engineers, Financial Professionals, etc.
2	Supervisor' /Manager's of Workers involved in handling Mechanical machines, Substantial travels, onsite construction work, occupations with substantial field work	Reporters, Photographers, 'feet on street' sales, Onsite Construction Engineers, etc.
3	Workers involved in handling or operating Mechanical machines, Substantial travels, onsite construction work	Onsite Construction Workers, Security guards (Unarmed), Delivery Agents, Garage Mechanic, Farmer, Collection Agents, Fitters, Welders, Plumbers, etc.
4	Employees engaged in Armed Forces/Paramilitary Forces/ Coastal Guards Armed Police Forces and Others	

