EXTENDED WARRANTY INSURANCE

PROPOSAL FORM
FOR
EXTENDED WARRANTY INSURANCE

Form No. ----------

GUIDELINES FOR COMPLETION OF THE FORM

Please answer all questions fully and correctly. Where any question does not apply, please mention clearly that the same is not applicable.

Insurance is a contract of Utmost Good Faith requiring the proposer not only to disclose all material facts but also not to suppress any material facts in response to the questions in the proposal form. If you think any fact is material, please disclose it.

The Policy shall become voidable at the option of the Insurer, in the event of any untrue or incorrect statement, misrepresentation, non-description or non-disclosure in any material particular in the proposal form/personal statement, declaration and connected documents, or any material information having been withheld by the proposer or any one acting on his behalf.

Kindly contact the Company's offices or the Agents for any doubts or clarifications on the proposal form.

SCOPE OF COVERAGE
The Policy indemnifies for the direct, physical damage to the Insured Asset on account of mechanical or electrical or electronic Breakdown

For this purpose it is clarified herewith that the Policy Period starts on the date of purchase of the Insured Asset and is inclusive of the manufacturer's warranty period, however the risk under this Policy commences only after completion of the manufacturer's warranty.

ENDORSEMENTS/ EXTENSIONS
Certain optional endorsements/ extensions are available, the details of which, are provided in the relevant section of this proposal form.

SIGNIFICANT EXCLUSIONS
This Policy does not cover:

- Any costs recoverable under Manufacturer's warranty shall not be covered.
- We will not pay for breakdown caused by not following manufacturer's instructions
- Breakdown due to willful act, abuse, negligence
- The cost of general maintenance, adjustments, resetting of controls, tuning, cleaning and the like
- Any loss arising out of normal wear and tear of the Insured Asset or its parts.

For complete details, please refer Policy Wordings

NOTE: The foregoing is only an indication of the cover offered. For complete details, please refer to the Policy document.

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DETAILS: Put a (✔) mark wherever applicable

A.1 DETAILS OF THE POLICY HOLDER

Policyholder's name:

_____

_____

Correspondence Address:

_____

_____

_____

_____

_____

_____

City: _____ Pin Code: _____

State: _____ Country: _____

Phone Number: _____ Mobile Number: _____

Fax Number: _____ __ Others (Specify): _____

Email ID _____

A.2 DETAILS OF THE INSURED (Eligibility required : minimum 18 years of age)

Insured's name:

_____

_____

Correspondence Address:

_____

_____

_____

_____

_____

_____

_____

City: _____ Pin Code: _____ DOB: _____

Age: _____

State: _____ Country: _____

Phone Number: _____ Mobile Number: _____

Fax Number: _____ __ Others (Specify): _____

Do you wish to avail policy documents in physical form Yes ☐ No ☐

Nominee Name _____

Relationship with the Insured _____

Mobile No. _____

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Email ID _____

Present & Permanent Address _____

_____

Authorized person for Minor Nominee _____

Bank Details _____

Details of Multiple/Other insurance covering same risks with any other Insurance Company

Type of Proposer Individual ☐ MSME/SME ☐ Company ☐

Govt. ☐ Others _____

Are you or any of the proposed applicants/beneficial owner a PEP* or Family member/Close relatives/Associates of PEPs*? ☐ Yes ☐ No

If yes, please give details: ……..

**Politically Exposed Persons (PEPs) are individuals who have been entrusted with prominent public functions by a foreign country, including 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.*

B. DETAILS OF THE ASSET TO BE INSURED

Unique Identity Number]:

_____ _

Manufacturer: _____

Model: _____

Purchase price of the asset:

_____

NOTE: The purchase price should not be regarded as the agreed amount payable in the event of total loss.

C RISK DETAILS

(i) Policy Period: (DDMMYYYY)

From: ☐☐☐☐☐☐☐☐ To: Midnight ☐☐☐☐☐☐☐☐

(ii) Number of persons to be insured (Only for Group Policies). ☐☐☐☐☐☐☐☐

(iii) Sum Insured: _____

D ADD-ONS

(i) If You want to avail of clause' Reinstatement Clause' by payment of additional premium, please specify:

Yes ☐ No ☐

(ii) If You want to avail of clause' Agreed Bank Clause', please specify:

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Yes ☐ No ☐

(iii) If You want to avail of extension '' Cover for lost/ stolen', please specify:

Yes ☐ No ☐

(iv) If You want to avail of extension '' Cover for Accidental damage', please specify:

Yes ☐ No ☐

S.No	Add-ons	Premium	Deductible (as applicable)
1	Clause 1Reinstatement Value Clause		
2	Extension 2 Cover for lost/ stolen		
3	Extension 3 Cover for Accidental damage		

E EXISTING WARRANTY DETAILS

a) Nature of standard warranty: manufacturer/ others (pls provide a copy of the same)

b) Please specify for different parts (wherever applicable):

Warranty inception date: _____

Warranty end date: _____

c) Deductible, if any: _____

d) Please provide details of the routine maintenance servicing and any other servicing/ repair that have been conducted during the existing warranty period: _____

Any additional information relevant to the policy applied for:

Note: Please use additional sheets if space is not sufficient to complete details

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STATUTORY WARNING PROHIBITION OF REBATES
(Under Section 41 of Insurance Act, 1938)
(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:

[Provided that acceptance by an insurance agent of commission in connection with a policy of any class of insurance business taken out by himself in relation to risks associated with his own life, health or property shall not be deemed to be acceptance of a rebate of premium within the meaning of this sub-section if at the time of such acceptance the insurance agent satisfies the prescribed conditions establishing that he is a bona fide insurance agent employed by 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.

DECLARATION WHEN THE PROPOSAL FORM IS FILLED BY A PERSON OTHER THAN THE PROPOSER/ THE PROPOSER SIGNS IN A VERNACULAR LANGUAGE/ PROPOSER IS ILLITERATE

I hereby declare that I have read out and explained the content of this proposal form and all other connected documents incidental to availing the insurance policy from ICICI Lombard GIC ltd. to the proposer and that he/she confirmed that he/she has understood the same and he/she agrees to abide by all terms and conditions of the same.

I hereby declare that I have fully explained to the proposer the answers to the questions that form the basis of the contract of insurance have also explained the contents in this form to the proposer in _____ language, that I have truly correctly recorded the answers given by the proposer and that the proposer has fixed his/her thumb impression on the proposal form in my presence, after fully understanding the contents thereof. Further, this declaration does not confirm issuance of policy or assumption of risk thereof.

I hereby state that the contents of the form and documents have been fully explained to me and that I have fully understood the significance of the proposed contract.

Name of the Proposer
Name of the Witness
Relationship with Proposer
Address of Witness

Date:

Place: Signature of the Proposer Signature of the Witness

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Declaration

I/ We have read and understood the terms and conditions of the Policy and confirm to abide by the same. I/We hereby agree that the insurance coverage under the Policy will commence only on realization of full premium. Receipt of proposal form by the Company shall not be construed as acceptance of proposal. Company in its sole discretion reserves the right to accept or reject any proposal without assigning any reasons thereof.

I/We, the undersigned hereby declare that the above statements and particulars are true, accurate and complete and I/We declare and agree that this declaration and the answers given above shall be held to be promissory and shall be the basis of the contract between me/us and the Insurer.

I/we agree that the Policy shall become void at the option of the Insurer, in the event of any untrue or incorrect statement, misrepresentation, non-description or non-disclosure in any material fact* in the Proposal form/personal statement, declaration and connected documents, or any material information has been withheld by me/us or anyone acting on my/our behalf to obtain any benefit under this policy.

* A material fact will mean and include all important, essential and relevant information pertaining to the questions raised above herein that is likely to influence the Company's acceptance or assessment of the proposal.

I/We declare that the contents of this proposal form and other documents have been fully explained to me/us and I/We have fully understood the significance of the proposed contract

I/We hereby give my/our consent to the Company to verify and obtain my/our identity/address proof as well as the identity /address proof of the insured through Central KYC Registry or UIDAI or through any other modes for the purpose of undertaking KYC.

I/We hereby declare and confirm that the premium has been paid out of legally acquired sources of income and the subsequent premiums if any, will continue to be paid out of legally declared and assessed source of income.

I/We understand that the Company has right to call for documents to establish source of funds.

I/We hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I/we undertake to inform you of any changes therein, immediately, not later than 30 days.

In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am/we are aware that I/we may be held liable for it.

Place: I__I__I__I__I__I__I__I__I__I

Name of the Policy Holder: _____

Date : I__I__I/__I__I/__I__I__I__I

Signature of the Policy Holder:_____

(On behalf of all the persons to be insured under the Policy)

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PROHIBITION OF REBATES.
(Under Section 41 of Insurance Act 1938)

(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:

[Provided that acceptance by an insurance agent of commission in connection with a policy of any class of insurance business taken out by himself in relation to risks associated with his own life, health or property shall not be deemed to be acceptance of a rebate of premium within the meaning of this sub-section if at the time of such acceptance the insurance agent satisfies the prescribed conditions establishing that he is a bona fide insurance agent employed by 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.

PAYMENT INFORMATION:

MODE OF PAYMENT: Cheque ☐ DD ☐ any other mode ☐

Cheque No: I__I__I__I__I__I__I__I Demand Draft No: I__I__I__I__I__I__I__I
Others: _____

Drawn On:
I__I__I__I__I__I__I__

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REFUND OF PREMIUM (Policyholder/Proposer)

Account Holder Name

|__|__|__