# PROPOSAL FORM FOR CREDIT/DEBIT/ATM CARD PACKAGE INSURANCE POLICY

**For Official Use Only** Business Sector: ☐ Urban ☐ Rural ☐ Social

Marketing Officer

Branch Address

Proposal Form No. Phone No.

Client ID Number Group ID Number

## GUIDELINES FOR COMPLETION OF THE FORM

1. Please answer all questions fully and correctly. Where any question does not apply, please m ention clearly that the same is not applicable.
2. Insurance is a contract of utmost good faith requiring the Insured not only to disclose all material f acts 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.
3. The Policy shall become voidable at the option of the Insurer, in the event of any untrue or i ncorrect statement, misrepresentation, non-description or non-disclosure in any material pa rticular in the proposal form/ personal statement, declaration and connected documents, or any m aterial information has been withheld by the proposer or any one acting on his behalf to obtain an y benefit under this policy.
4. Kindly contact the Company's Offices or the Agents for any doubts or clarifications on the proposal form.

**NOTE:**

The liability of the Company does not commence until this proposal has been accepted by the.

**SCOPE OF COVER**

The Insurance Policy broadly covers losses due to Personal Accident Cover, Medical Expenses For Bodily Injury Caused By And Arising Out Of Road/Rail Accident, Lost Card Liability, Credit Sheild Liability, Purchase Protection, Household Insurance, Baggage Insurance, Global Cover, Cash In Transit, Forgery/Counterfiet Cheques Cover, Fire And Allied Perils, Burglary.

**SIGNIFICANT EXCLUSIONS**

- Terrorism (except covered under Fire & Allied perils Section)
- First 5% of claim amount
- Loss or damage arising out of War and/or use of nuclear weapons.

**EXTENSIONS**

In addition, certain optional extensions are available, the details of which are available in the relevant section of this proposal form.

**NOTE:**

The foregoing is only a broad indication of the cover offered. For details, please refer to the Policy.

## A. CLIENT INFORMATION

1. Proposer's Name (please leave a space after each part of name)
2. Proposer's mailing address (please leave a space after each part of address)

City/Town/Village State Pin Code

Phone No. Fax No.

Email ID

3. Proposer's trade or business
4. Paid-up capital of the Proposer (in Rs. Million)

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 (Nature of relationship and position held by PEP): _____

**Politically Exposed Persons (PEPs) are individuals who have been entrusted with prominent public functions by a foreign country, including the heads of States or Government, senior politicians, senior government or judicial or military officers, senior executives of state-owned corporations and important political party officials.*

**Type of Proposer:** ☐ Individual ☐ MSME/SME ☐ Partnership firm ☐ Company ☐ Govt. ☐ Others _____

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

Nominee Name

Relationship with the Insured

Mobile No. 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: _____

## B. RISK DETAILS

**5. Period of Insurance:** From D D M M Y Y Y Y To Midnight D D M M Y Y Y Y

**6. Proposed Sum Insured (INR)**

| Section No. | Covers Available | Proposed Sum Insured |
|---|---|---|
| Section I | Personal Accident | |
| Section II | Medical Expenses For Bodily Injury Caused By And Arising Out Of Road / Rail Accident. | |
| Section III | Lost Card Liability | |
| | AoA | |
| | AoY | |
| Section IV | Credit Shield Liability | |
| Section V | Transit Liability | |
| | AoA | |
| | AoY | |
| Section VI | Household Insurance | |
| Section VII | Baggage Insurance | |
| | AoA | |
| | AoY | |
| Section VIII | Global Cover | |
| Section VIII(A) | Loss Of Checked Baggage | |
| Section VIII(B) | Delay Of Checked Baggage | |
| Section VIII© | Travel Insurance | |
| Section IX | Cash In Transit | |
| Section X | Forgery/Counterfiet Cheques Cover | |
| | **Total Proposed Sum Insured** | |

(Note: If cover under a particular section is not required, the Sum Insured against that section is not to be mentioned) (Please mention Nominee name and relationship as an annexure to proposal form along with card holder details).

**7. ENDORSEMENTS**

**i. Endorsement available for cover under Section III: Lost Card Liability**

Coverage of transactions through EDC terminals post reporting ☐ YES ☐ NO

No. of days of pre-reporting, in addition to 3 days : ☐☐☐☐☐☐☐

No. of days of post-reporting, in addition to 7 days : ☐☐☐☐☐☐☐

**ii. Endorsement available for cover under Section VI (A): Purchase Protection**

Earthquake Cover ☐ YES ☐ NO

Terrorism Cover ☐ YES ☐ NO

**iii. Endorsement available for cover under Section VII (B): Household Insurance**

Earthquake Cover ☐ YES ☐ NO

Terrorism Cover ☐ YES ☐ NO

**iv. Endorsement available for cover under Section VIII: Baggage Insurance**

Extension of Geographical Cover to Worldwide ☐ YES ☐ NO

**8. Has any insurance company**

a. Declined the proposal to insure any of the covers now proposed? ☐ Yes ☐ No

b. Required an increased premium or imposed special conditions? ☐ Yes ☐ No

c. Requested for repairs or made other special stipulations for risk improvement? ☐ Yes ☐ No

If yes to any of the above, please provide details.

**9. Please furnish the premium/ claim details for the past 36 months or for lesser period, as the case may be, excluding the expiring policy period.**

| Policy number | Insurer | Description of property | Date of loss | Amount of loss | Sum insured (Rs.) | Premium (Rs.) |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

10. Any other information

☐☐☐☐☐☐☐

## 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

| Signature of Proposer | Signature of Witness |
|---|---|
| | |

Place: _____ Date D D M M Y Y Y Y

Relationship with Proposer

Address of Witness

## DECLARATION

"I/We 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/We am/are authorized to propose on behalf of these other persons.

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.

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/proposal after the proposal has been submitted but before communication of the risk acceptance by the company. (This declaration will be applicable only for Personal Accident or any medical related cover).

I/We declare and consent to the company seeking medical information from any doctor or from a hospital who at any time has attended on the life to be insured/proposed 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. (This declaration will be applicable only for Personal Accident or any medical related cover).

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 Government and /or Regulatory authority." (This declaration will be applicable only for Personal Accident or any medical related cover).

I authorize the Company their agents to exchange, share or part with all the information relating to my personal and financial details and information to other ICICI Bank Group companies/ Banks/ Financial Institutions/ Credit Bureau/ Agencies/ Statutory Bodies as may be required and I will not hold the Company and all other group companies of ICICI Bank Group and their agents liable for use of this information.

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: _____ Name _____

Date D D M M Y Y Y Y Designation _____

Proposer's Signature

## STATUTORY WARNING

### 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.