PROPOSAL FORM FOR REMOTELY PILOTED AIRCRAFT INSURANCE (RETAIL)

For Official Use Only

Sales Officer: Agent/ Broker Name:

Marketing Officer

GUIDELINES FOR COMPLETION OF THE FORM

1. Insurance is a contract of utmost good faith requiring the Insured not only to disclose all material faces but also not to suppress any material facts in response to the question in the proposal form. If you think any facts is material, please disclose it.
2. 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 has been withheld by the proposer or any acting on his behalf to obtain any benefit under this policy.

CLIENT INFORMATION

Proposer's Name

Proposer's Mailing Address

City/Town State Pin Code

Contact No Fax No.

Email ID

Proposer's trade or business

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 riks with any other Insurance Company: _____

_____

_____

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 _____

Constitution of Business: ☐ Non Resident Entity ☐ Foreign company registered in India ☐ Foreign LLP ☐ Partnership ☐ Government Department ☐ Hindu Undivided Family ☐ LLP Partnership ☐ Local Authorities ☐ Private Limited Company ☐ Proprietorship ☐ Public Ltd Co ☐ Others _____

Customer Type: ☐ General ☐ EOU/STP/EHTP ☐ Government ☐ Overseas ☐ Related parties ☐ SEZ ☐ Others _____

Annual Income: (In Rupess):

Do you file income tax return? ☐ Yes ☐ No Do you own a bank account? ☐ Yes ☐ No

Date of Birth D D M M Y Y Y Y Country PAN No.

Paid-up capital of the firm (in ₹ million) Business Sector: Urban Rural

*Registered GST: Yes No (One Policy One Invoice)

If Yes, then please provide GSTIN

Address (Registered under GST)

One Policy Multiple Invoice: Yes No (If yes, it can be taken as an Annexure to Proposal Form as detailed below)

If Yes, then please provide

State-wise GSTIN	Address Registered under respective GSTIN

Note: In all above cases, complete address of the customer is required to be taken.

CONTACT DETAILS

Contact Person's Name

Mailing Address

City/Town State Pin Code

Contact Number (Landline-With STD Code) Mobile No.

Email ID

RISK DETAILS

Period of Insurance: From D D M M Y Y Y Y To D D M M Y Y Y Y

Remotely Piloted Aircraft (RPA) Details	
RPA Model/Make/Type	
Unique Identification Number/OAN/DAN	
Manufacturer Serial Number	
Year of Make	
Charge Capacity (In Hours)	
Maximum Take-off Weight of RPA	
Type of RPA (Fixed Wing and Rotar Wing)	
RPA Take-off and Landing feature	

Value of Remotely Piloted Aircraft (RPA)	
Year of Purchase of RPA	
Price paid to buy the RPA	
Present Value of RPA (A)	
Value of extra equipment and payload/ cameras (B)	
Total Value of RPA (A+B)	
Declared Value of RPA for Insurance	

Purpose for which RPA will be used	
Geographical limits within which RPA will be used	
By whom the maintenance is to be carried out	
Where will the RPA be usually kept	
Flown till date	
Expected number of Hours of utilization	
Does the RPA have GPS and Anti-Collision system?	
Please state the details of all accidents losses during last five years	
Loss date / Year Detail	

Details of pilot who would operate the RPA			
Name			
Age			
Type of RPAs flown			
Flying experience			
Total Flight			
In Rotar Wing			
In the Make and Model of the Aircraft			
Current license No.			
Date of expiry			

Details of Insurance Required	
Section II:	
Third Party Liability Limit required:	Yes/No
If yes, Limit of indemnity	
Irrespective of the number of claims made under this Policy, the total liability of the Insurer shall not exceed in the aggregate the sectional Sum Insured. Any payments the Insurer makes to the Insured under this Policy will reduce the sectional Sum Insured by an equivalent amount, for instance, Insurer shall not be liable to pay any amount over and above the sum insured of this cover irrespective of any judicial, quasi - judicial and/or regulatory order/ decree/ direction issued against the insured; and/or any interest, cost, damages whether compensatory, incidental, consequential, nominal, liquidated or punitive levied against the insured in any legal proceedings or otherwise. **Please Provide the Past Insurance History:** Name of Past Insurer Premium	

PAYMENT INFORMATION

MODE OF PAYMENT

Cheque/ DD Cheque No Demand Draft No.

Drawn No. Date D D M M Y Y Y Y

Bank A/C No. Amount in Figures

Amount in Words

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 BY PROPOSER

1. I hereby declare that to the best of my knowledge and belief, the particulars and answers herein are true and correct and that I have not knowingly withheld any information which would influence the decision of the underwriters in regard to this proposal.
2. It is understood and agreed that this proposal shall form the basis of the contract should this policy be issued.
3. 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.
4. 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.
5. I/We understand that the Company has right to call for documents to establish source of funds
6. 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: _____

Date D D M M Y Y Y Y

Client's Signature and Stamp

Common Seal :

INTERMEDIARY DECLARATION AND DETAILS/PRINCIPAL OFFICER DETAILS

I, _____<full name> in my capacity as an Insurance Advisor/ Specified Person of the Corporate Agent/ Insurance Sales Persons of Insurance Marketing Firm / Broker Qualified Person/ Point of Sales Person/ Designated Person/ Authorised Verifier or any other authorised salesperson/ Rural Authorized Person (RAP) and Village Level Entrepreneur – Ins (VLE-Ins) of Common Public Service Centre do hereby declare that I have explained all the contents of this Proposal Form, including the nature of the questions contained in this Proposal Form to the Proposer including statement(s), information and response(s) submitted by him/her in this Proposal Form to questions contained herein or any details sought herein will form the basis of the Contract of Insurance between the Company and the Proposer, if this Proposal is accepted by the Company for issuance of the Policy. I have further explained that if any untrue statement(s)/ information/response(s) is/are contained in this Proposal Form/including addendum(s), affidavits, statements, submissions, furnished/to be furnished, the Company shall have the right to cancel the policy at its discretion. Further, this declaration does not confirm issuance of policy or assumption of risk thereof.

_____ (to be filled in, only in case there is some disclosure to be made).

I hereby confirm to the best of my knowledge and belief that there is no inconsistency or adverse habits that may affect the underwriting of this proposal except as mentioned below:

Intermediary Name / Principal Officer Name: _____ Code/Functional Identity: _____

Contact No. of the branch: _____ Email ID of the branch: _____ Branch/Office: _____

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.

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Referred by ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Agent Code ☐☐☐☐☐☐☐☐

Agent Name ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

NEFT/EFT MANDATE FORM

(Payment through EFT Mechanism)

CORPORATE DETAILS

Group/ Network Name

Address

Landmark

City State

Pincode Pan Card No.**

PAN Card Holder's Name

ACCOUNT DETAILS

Bank Name

Branch Name

Payee Name

MIRC No. IFSC Code

Account Type Full Account No.

Name as per Bank Records

Cancel cheque No.**

(Please attach a blank cancelled cheque copy with payee name printed on the cheque and Pan Card Copy)

If customer name/ account no /IFSC code is not available on cancelled Cheque then NEFT mandate form with Bank Sign & seal and customer signature is mandatory.

I hereby declare that the particulars given above are correct and complete. If the transaction is delayed or not effected at all reasons of incomplete or incorrect information, I would not hold the user institution responsible.

Verified By

Signature & Stamp of the Payee

(Bank Official Stamp and Authorized Signature)

Terms and Conditions for Payments through RTGS/NEFT

1. The details provided by the Customers in the Mandate Form shall be considered as final and ICICI Lombard General Insurance Company Ltd. shall not be responsible for cross verification of any of the details provided therein.
2. The RTGS/ NEFT facility shall be effective for the respective Customer(s) within 15 days of the receipt of the Mandate Form by ICICI Lombard General Insurance Company Ltd. and/ or within such period as may be reasonably required by ICICI Lombard General Insurance Company Ltd. to activate the RTGS/ NEFT facility.
3. The Customer agrees that under the RTGS/ NEFT facility, there may be a risk of non-payment in the Account of Customer on the day of the credit of Payments due to change in the applicable regulations pertaining to RTGS/ NEFT facility or due to any other reasons without any fault/inaction/failure on part of ICICI Lombard General Insurance Company or any factor beyond the control of ICICI Lombard General Insurance Company Limited.
4. The Customer agrees to indemnify, without delay or demur, ICICI Lombard General Insurance Company Ltd. and its agents and keep ICICI Lombard General Insurance Company Ltd. and its agent indemnified

harmless at all times from and against any and all claims, damages, losses, costs, and expenses (including attorney's fees) which ICICI Lombard General Insurance Company Ltd. may suffer or incur, directly or indirectly, arising from or in connection with, amongst other things, either of the aforesaid reasons stated in above clauses.

5. The Customer agrees that transaction(s) through RTGS/ NEFT facility may attract inward RTGS/ NEFT charges, which if levied by the Customer's bank, shall be borne by the Customer
6. ICICI Lombard has the absolute discretion to amend or supplement any Terms and Conditions stated herein at any time and will endeavour to give prior notice of Ten days for such changes wherever feasible for the terms and conditions to be applicable. By using the new services, or at the completion of such period, whichever is earlier, the Customer shall be deemed to have accepted the changed terms and conditions.
7. Submission of documents or bank details or any other information does not in any way, shape or form, imply or express or suggest admission of liability by the company.
8. Notices under these terms and conditions may be given in writing by delivering them by hand or e-mail or on ICICI Lombard General Insurance Company Ltd. Website www.icicilombard.com or by sending them by post to the last address of the Customer.
9. These terms and conditions will be governed by the laws of India and any legal action or proceedings arising out of these Terms and Conditions shall be initiated in the courts or tribunals at Mumbai in India.
10. I / We further undertake to refund any excess amount whether demanded by ICICI Lombard General Insurance Company Ltd. or not, which has been credited in excess to my account at any time due to any reason within 7 days of such receipt of such communication from ICICI Lombard of such excess credit or such information of excess credit coming to the knowledge of the Customer through any other source.
11. I/ We agree that my/our claim payment will be credited from the date ICICI Lombard General Insurance Company Ltd. gets confirmation from its bankers, This facility will continue unless it is revoked by any party and any issuance of relevant credit instruction from ICICI Lombard General Insurance Company Ltd. to its bankers will be valid till such instruction is complete irrespective of the fact that the notice period has expired provided such a credit request has been made by ICICI Lombard General Insurance Company Ltd. before the expiry of the notice period of the Customer.
12. Please attach a blank cancelled cheque or photocopy of a cheque for verification of the particulars provided in this regard.

Signature and Stamp of Customer

ICICI Lombard General Insurance Company Limited

IRDA Reg. No. 115
Mailing Address:
601 / 602, 6th Floor, Interface Building No. 16,
New Link Road, Malad (West),
Mumbai - 400 064.

UIN: IRDAN115RP0014V01202122 (Retail)
CIN: L67200MH2000PLC129408
Registered Office Address:
ICICI Lombard House, 414, Veer Savarkar Marg,
Near Siddhivinayak Temple, Prabhadevi,
Mumbai 400 025.

PROPOSAL FORM FOR REMOTELY PILOTED AIRCRAFT INSURANCE (RETAIL)
Alternate no : 86552 22666 (Chargeable)
Website : www.iciclombard.com
E-mail : customersupport@icicilombard.com

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