PROPOSAL FORM FOR GADGET INSURANCE POLICY

Note:
1. Please tick the boxes wherever applicable.
2. Failure to disclose material facts FULLY AND ACCURATELY to the assessment of the risk or providing misleading information may render the policy void.
3. All the items proposed must be free of any defects and must be in perfect condition at the time of inception of the insurance cover.
4. Commencement of risk cover under the policy is subject to receipt of premium in full by ICICI Lombard General Insurance Company Limited
5. Products must be manufactured in India
6. Fields marked* are mandatory
7. If space is not sufficient in any of the column, please attach separate sheet (s).

1. PROPOSER DETAILS (IN BLOCK LETTERS) – APPLICABLE FOR BOTH, INDIVIDUALS AND GROUP

Name of the Proposer /Organization M/s

Communication Address:

City/Town: District: State:

Pin Code: Mobile:

Tele No/ Alternate Mobile: Email ID: _____

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: _____

_____

_____

Type of Proposer ☐ Individual ☐ MSME/SME ☐ Partnership firm ☐ 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 (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.*

PAN Card No.: Period of Insurance D D M M Y Y Y Y to D D M M Y Y Y Y

2. DETAILS OF THE INSURED (INDIVIDUAL)

	Name of the Insured Person	Age	Gender*	Plan Opted for	Nominee

INSURED GADGET DETAILS

Insured Gadget Type	Brand/ Model	Date of Purchase	Serial Number	IMEI No.	Excess	Sum insured	Country of manufacture

BANK DETAILS

Refund of Premium (Policyholder/Proposer)

Account Holder Name

Bank Name

Account No. IFSC Code

3. DETAILS OF THE INSURED (GROUP)

Policy issued to Individuals / Group (pl tick)	☐ Individuals through Retail selling (If Yes, details to be entered in Pt2.) ☐ Pre-underwritten plans meant for individuals (If Yes, details to be captured in Pt. 2) ☐ Group (pl enter details below)
Definition of group (such as Telecom service provider, Bank, NBFC, Repair Network Providers, Dealers, Manufacturer or Distributor of the products, E-Commerce companies, Program Managers, Others) Please provide complete description of group, entities, channels, selling methodology	☐ OEMs and pre-paid Telecom Operators ☐ eCommerce sites ☐ Postpaid customers of Telecom Operators ☐ Organized Retail ☐ Retail stores ☐ Others
Group Size in numbers	☐ <100 ☐ >100 <1000 ☐ > 1000 < 5000 ☐ 5000 to 10000 ☐ > 10000
Any selection within group (Yes/ No)	☐ Yes ☐ No
Age Band of users (<20, >20 <40, >40, mix of all)	☐ 12 to 18 ☐ 19 to 25 ☐ 26 to 30 ☐ 31 to 40 ☐ Above 40 Mix of all
Age of Insured Gadget in Year (first owner)	☐ new ☐ less than 1 yr ☐ >1 upto 2 year ☐ > 2 upto 4 year ☐ greater than 4 yr
Age of Insured Gadget in Year (pre-owned)	☐ less than 1 yr ☐ >1 upto 2 year ☐ > 2 upto 4 year ☐ greater than 4 yr
Device cost band (In '000)	☐ less than 10 ☐ 10 to 25 ☐ 25 - 50 ☐ greater than 50
Model Age (less than 3m, 3 to 6 m, 6 to 12m,More than 12month)	☐ less than 3m ☐ 3m to 6m ☐ 6 to 12m ☐ more than 12 m
Percentage of devices which are pre-owned	
Policy required on monthly / Yearly basis (Duration of Policy)	☐ 1 month ☐ 3months ☐ 6 months ☐ 12 months
Mix of Gender	
Depreciation scale opted	
Excess opted / Compulsory Deductible	
Whether contributory or non-contributory	

No of claims permissible in the policy (Default is 1)	☐ Default ☐ 2 ☐ 3 ☐ 4 ☐ more than 5
Add on covers opted	☐ Reduction of scope of cover: Exclusion of Liquid damage ☐ Theft cover ☐ Extended warranty cover ☐ Restriction of Insured asset to provide cover only for Screen damage excluding Liquid damage ☐ Restriction of Insured asset to provide cover only for Screen damage including Liquid damage ☐ Sim blockage ☐ Replacement handsets ☐ Pickup and drop services ☐ Anti-Virus

4. PAYMENT DETAILS

Name of the Premium Payor:			
Premium Amount (in Rs.) in Figures			
Premium Amount (in Rs.) in Words			
Relationship to proposer			
Instrument type:	☐ cash	☐ Cheque/DD	☐ Payment Gateway
	☐ Online Banking	☐ (IMPS/NEFT/RTGS)	☐ Others
Cheque/DD No / Date			
Bank Name & Branch			

5. BANK DETAILS

As per the Regulatory requirements, we can effect payment of refund / claims only through Electronic Clearing System (ECS) / National Electronic Funds Transfer (NEFT) / Real Time Gross Settlement (RTGS) / Interbank Mobile Payment Service (IMPS). For this purpose please submit the following details of the insured's bank account *

Name of the Account Holder: _____

Name of the Bank _____

Branch: _____

Type of Account : SB Account - ___ Current Account - ___ Others (please specify) - ___

Account Number: _____

IFSC Code of Bank : _____

If the premium cheque is not paid from the above mentioned account then a cancelled cheque leaf of the above mentioned account is to be attached. *mandatory if annualized premium is more than Rs.25,000

Note: If premium paid through payment gateway, refunds will be credited back to same account from which customer made the payment to us

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.

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 offence listed in prevention of Money Laundering Act, 2002.
2. I understand that the Company has the right to call for documents to establish sources of funds.
3. The insurance company has right to cancel the insurance contract in case I am/have been found guilty by any competent court of law under any of the statutes, directly or indirectly governing the prevention of money laundering in India.

- Nationality : ☐ Indian ☐ Non-Indian
  If Non-Indian, please specify Country: _____
- Type of Organization
  ☐ Corporation ☐ Government ☐ Non-profit Corporation ☐ Society
  ☐ Trust ☐ Partnership ☐ International Organization
  ☐ Cooperative ☐ Sole Proprietorship ☐ Joint Venture

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 that the statements made by me / us in this Proposal Form are true to the best of my / our knowledge and belief and I/We hereby agree that this declaration shall form the basis of the contract between me / us and ICICI Lombard General Insurance Company Limited If any additions/alterations are carried out in the risk proposed after the submission of this proposal form then the same shall be conveyed to the Insurers immediately.

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.

Date: D D M M Y Y Y Y

Place:

Signature of Proposer

ACKNOWLEDGEMENT

Application No / Proposal No. _____

Name of Proposer: _____

We acknowledge with thanks the receipt of your application and amount by cash/cheque/demand draft/others_____ of amount of Rs._____

Place: _____

Date: D D M M Y Y Y Y

Signature and Seal : _____

Neither the submission to us of a completed proposal for insurance nor any payment for any Policy sought obliges us to agree to issue a Policy, which decision is and always shall be in our sole and absolute discretion. If we accept a proposal for Insurance, it shall be subject to the Policy terms and conditions and we shall have no liability to make any payment if premium is not received by us in full and in time (in case of cheque, if the instrument is not realized). If we do not accept the proposal, we will inform you and refund the payment received from you within next 15 days subject to extant regulatory provisions in this regard.

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.