PROPOSAL FORM SMART WALLET SECURE INSURANCE POLICY

1. PROPOSER DETAILS (IN BLOCK LETTERS)

Name of the Proposer /Organization M/s

Address:

City/Town: District: State:

Pin Code: Mobile:

Tele No. 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. PROPOSAL DETAILS

Proposed Policy Period (must be on or later than instrument date / premium payment date)

From D D M M Y Y Y Y To D D M M Y Y Y Y

Segment of Card Holders

BIN Series (if applicable)

Section	Mandatory Benefits	Sum Insured	Deductible	Geographical Limits	Pre Reporting Period	Post Reporting Period
Section I	Lost Card Liability and Assistance for Blocking of Cards					
Section II	Personal Accident					
Endorsement	Optional Benefits Benefits	Sum Insured	Deductible	Geographical Limits	Pre Reporting Period	Post Reporting Period
Endorsement I	Personal Liability					
Endorsement II	Credit Secure					
Endorsement III	Loss of Wallet					

Endorsement IV	ATM cash in transit					
Endorsement V	Loss on the cards due to Unauthorised usage / Skimming / Counterfeit / Phishing / Compromised cards					
Endorsement VI	Inclusion of Spouse with Floating Sum Insured					
Endorsement VII	Mobile Wallet Protection					
Endorsement VIII	Emergency Hotel and Travel Assistance					
Endorsement IX	Emergency cash Assistance					
Endorsement X	Assistance for Blocking SIM					
Endorsement XI	Valuable Document Registration & Replacement					
Endorsement XII	PAN Card Replacement					

3. DETAILS OF THE PERSON PROPOSED TO BE THE INSURED

	Name of the Insured	Relationship with Primary	Card Number	Account Number	Account Type	Gender*	Plan Opted For	Nominee
1.						M F		
2.						M F		
3.						M F		
4.						M F		

Nominee Mobile No. Email ID

Present & Permanent Address

Authorized Person for Minor Nominee

BANK DETAILS

Refund of Premium (Policyholder/Proposer)

Account Holder Name

Bank Name

Account No. IFSC Code

*Gender Code M(Male), F(Female)

If the Nominee is Minor, Name and Address of Guardian and Relationship with minor:

Guardian Name	Relationship	Address of the guardian

4. EXISTING/ PREVIOUS INSURANCE DETAILS*

Is the proposer of the persons proposed, already insured under a plan with ICICI Lombard General Insurance Company Limited or any other Insurance Company? If Yes, please indicate below the policy / application number(s) (Please mention application number in case of pending proposal.)

Policy / Application No.	Insurer	Period of Insurance		Sum Insured (Rs.)	Claims Lodged	Type of Claims
		From(DD/MM/YYY)	To(DD/MM/YYY)			

5. 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 D D M M Y Y Y Y

Bank Name Branch

6. BANK DETAILS

As per the regulatory requirements, we can effect payment of refund/ claims only through Electronic Clearing System (ECS) / National Electronics 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, 2022.
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 ☐☐☐

ACKNOWLEDGEMENT

Name of the Proposer

Application No/Proposal No.

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 of Proposer

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 an 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 you and refund the payment received from you within next 15 days subject to extant regulatory provisions in this regards.

INSURANCE IS THE SUBJECT MATTER OF SOLICITATION

For more details on risk factors, terms and conditions, please read sales brochure carefully, before concluding a sale.