

ICICI LOMBARD GENERAL INSURANCE COMPANY LTD

Registered Office Address: ICICI Lombard General Insurance Company Limited, ICICI Lombard House, 414, Veer Savarkar Marg, Near Siddhi Vinayak Temple, Prabhadevi, Mumbai 400 025.
Visit us at www.icicilombard.com • Mail us at customersupport@icicilombard.com • Our toll free number is **1800 2666** • Alternate no : **86552 22666 (chargeable)**
Insurance underwritten by ICICI Lombard General Insurance Company Limited. Insurance is the subject matter of solicitation. IRDA Reg. No. 115. CIN: L67200MH2000PLC129408

PLEASE WRITE IN BLOCK LETTERS

COMPULSORY PERSONAL ACCIDENT (OWNER-DRIVER) UNDER MOTOR INSURANCE POLICIES PROPOSAL FORM

UIN: IRDAN115RP0034V02201819

COVERAGE

Personal Accident Cover

The insurance provides compulsory personal accident cover for individual owner driver of the vehicle while traveling in, mounting or dismounting from the vehicle.

Significant Exclusions

This Policy does not cover losses arising out of Suicide / Attempted Suicide, Self-Injury, Venereal Diseases, War and Nuclear Perils and Pregnancy. For a detailed set of exclusions, kindly refer the policy document.

Note: The foregoing is only an indication of the cover offered. For details please refer to the policy.

GUIDELINES FOR COMPLETION OF THE FORM

1. Please answer all the questions fully and correctly. Where any question does not apply, please mention 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 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.
3. The Policy shall become voidable at the option of 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.
4. Kindly contact the Company's Offices or 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 Company and premium paid.

PERSONAL DETAILS

Insured Name Mr. / Mrs. / Ms. _____
Gender ☐ Male ☐ Female Date of Birth / / Marital status ☐ Single ☐ Married Sex :M ☐ F ☐ T ☐

Correspondence/ Present Address

Room No./ Block No./ House No. _____ Building Name/Wing/Plot/ Sector No. Floor No. _____
Road No./ Street Name _____ Land Mark _____
City/Town _____ State _____ Pin code _____
*Mobile No. _____ *Email ID. _____

Professional Qualification _____

GSTIN (If customer is registered for GST): _____ PAN No. _____

Date of Incorporation / / Place of Incorporation _____

CKYC No _____ CIN _____ PAN of POS _____

Voter ID _____ Passport no _____ Driving license _____

Type of Disability ☐ Blind ☐ Handicapped ☐ Mentally challenged ☐ Others (Please specify) _____

Percentage of Disability _____

DARPAN Portal Reg No. _____

Permanent Address: _____

For Non-individual – Other Details (Authorised Signatory)

Name: _____

Any officially valid document containing photographs of Authorized Signatory: _____

For Non-individual – Details Of Beneficial Owner

Mention the details of individual persons who has/have the Beneficial Ownership in the captioned entity:

Full Name	Date of birth	Nationality	Address	% share holding	PAN	Politically Exposed Person (PED) Declaration
						☐ PEP ☐ Family member/ Close relatives/ Associates to PEP
						☐ No
						☐ PEP ☐ Family member/ Close relatives/ Associates to PEP
						☐ No

Are you or any of the proposed applicants 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 Governments, senior politicians, senior government or judicial or military officers, senior executives of state-owned corporations and important political party officials.

Occupation Details

Category/Nature of Business: _____

Type of Customer: Non Resident Entity ☐ Foreign company registered in India ☐ Foreign LLP ☐ Government Department ☐ Hindu Undivided Family

☐ LLP/Partnership ☐ Local Authorities ☐ Private Limited Company ☐ Proprietorship ☐ Public Ltd Co ☐ Trust/ Foundation

☐ Unincorporated Association or Body of Individuals ☐ NGO/NPO (Provide DARPAN Portal Registration number above) ☐ Other _____

Nominee Details

	1st Nominee	2nd Nominee	3rd Nominee	4th Nominee
Nominee Name and Relationship				
Date of birth of nominee	DD/MM/YY	DD/MM/YY	DD/MM/YY	DD/MM/YY
Percentage of nomination	(%)	(%)	(%)	(%)
Mobile no. of nominee				
Email id of nominee				
Present and Permanent address of Nominee				
Bank Account Details:				
Beneficiary Name:				
Bank Name:				
Bank Account Number:				
IFSC CODE				
MICR NUMBER				
BRANCH				

Appointee details: Please write the Appointee name also in case the nominee is a minor . * Please provide the details of the guardian in case of nominee is a minor

	1st Appointee	2nd Appointee	3rd Appointee	4th Appointee
Appointee Name and Relationship				
Date of birth of Appointee	DD/MM/YY	DD/MM/YY	DD/MM/YY	DD/MM/YY
Mobile no. of Appointee				
Email id of Appointee				
Present and Permanent address of Appointee				
Bank Account Details:				
Beneficiary Name:				
Bank Name:				
Bank Account Number:				
IFSC CODE				
MICR NUMBER				
BRANCH				

VEHICLE'S DETAILS

No of Motor vehicle Owned Insured

Type of vehicle

Make of vehicle

Model

Reg no

Engine no

Chasis no

INSURANCE DETAILS

Period of Insurance: From / / To / /

Sum Insured for Complusory Personal Accident cover

The Personal Accident (PA) Sum Insured is Rs. 15 lakhs. For any enhanced Sum Insured same will be subject to additional premium and will be in multiples of Rs. 1 lakh.

Vehicles' Insurance History

Name and Address of Previous Insurer

Previous Policy No.

Period of Insurance : From / / To / /

PAYMENT DETAILS

☐ Cheque

Cheque Number

Drawn On

Date / /

Bank

Branch

(In favour of ICICI Lombard General Insurance Co. Ltd.)

☐ Credit Card

Total Premium

Amount in Words Rs.

DECLARATIONS

I/We hereby agree that this declaration shall form the basis of the contract between me/us and "ICICI Lombard General Insurance Co. Ltd." I/We also declare that if any additions or alterations are carried out after the submission of this proposal form, then the same would be conveyed to the insurers immediately. I/We desire to effect an insurance as described herein with the Company and I/We agree that this proposal and declarations shall be the basis of contract between me/us and the Company. I/We agree to accept a policy subject to the conditions prescribed by the Company. I/We further undertake that if this declaration is found to be incorrect, all benefits under the policy in respect of the Section I of the Policy will stand forfeited. The policy may however be continued at the sole discretion of ICICI Lombard, subject to payment of the amount payable as determined by the ICICI Lombard, resulting from the difference in the bonus / malus status. I affirm and undertake that I have read and understood the policy wordings, terms, conditions and exclusions governing the cover and agree to abide by them.

I/We hereby give my/our consent to the Company to verify and obtain my/our identity/address proof 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 and not later than 30 days.

DECLARATIONS

- In case any of the above information is found to be false or untrue or misleading or misrepresenting, I/We am/are aware that I/We may be held liable for it. Further, the Company has a right to cancel the insurance contract in case, I am/have been found guilty by any competent court of law under any statutes, directly or indirectly governing the prevention of money laundering.

I hold a valid and effective PUC and/or fitness certificate, as applicable, for the vehicle mentioned herein and undertake to renew the same during the policy period.

☐ I wish to get policy related communications on My WhatsApp number.

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: _____

Branch Contact Details: _____

Branch Email Address: _____

Branch / Office Location: _____

Date: / /

I/We hereby declare and warrant that the above statements are true, accurate and complete. I/We desire to effect an insurance as described herein with the Company and I/We agree that this proposal and declarations shall be the basis of contract between me/us and the Company and I/We agree to accept a policy subject to the conditions prescribed by the Company.

I/we authorize the Company and their agents to exchange, share or part with all the information relating to my/ our personal and financial details with Government bodies / Regulatory Authorities/ Statutory bodies or under court orders as may be required and I/ we will not hold the Company and its agents liable for use of this information.

Subject to realization of Cheque

Place _____

Date / /

Signature of Proposer _____

STATUTORY WARNING

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.