ICICI Lombard
Nibhaye Vaade

Proposal Form No. (For Official Use Only): _____

Annexure 6

GROUP DOMESTIC TRAVELLER INSURANCE

URN NO. BhartiAXAGI/GTA/2020-21/V01

MO EMP ID _____ Business sector: Urban ☐ Rural ☐

GUIDELINES FOR COMPLETION OF THE FORM (To be filled by the Proposer/Group Administrator)

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 proposer to disclose all material facts in response to the questions in the proposal form. This obligation continues until the policy is issued and does not end with the submission of this proposal form. If therefore, there is any change in the information given herein or new information comes to light before the policy expires, then you must inform us of the same in writing without delay.
3. The Policy shall become void at the option of the insurer, in the event of misrepresentation, or established fraud or non-disclosure by the Insured or anyone acting on his behalf to obtain any benefit under this Policy.
4. Kindly contact the Our offices or Agents for any doubts or clarifications on the proposal form.

NOTE: Our liability does not commence until the premium is duly received and proposal has been accepted by Us.

Details of Proposer/ Policy Holder:

Proposer's Name (First) (Middle) (Last)

Mr./ Ms./ Dr.:

Date of Birth: D D / M M / Y Y Y Y Sex: Male ☐ Female ☐ Third Gender ☐ Marital Status: Married ☐ Unmarried ☐

Status (please tick any one): Private Limited Co. ☐ Public Ltd. Co. ☐ Unincorporated Association ☐ or Body of Individuals ☐ Partnership/LLP ☐

Trust/ Foundation ☐ NGO/NPO ☐ Government ☐ Others (please specify) ☐ CKYC no.

CKYC/Driving License/Aadhaar/Election Card/Passport/MNREGA Card No.

Correspondence Address:

City: State:

Pin code: ABHA No.

Telephone Number (with STD Code): Fax (with STD Code):

Mobile Number: Email:

Details of Insured Person(s)

Number of Insured Persons/beneficiaries in the Group: (Please mention details of ALL the persons proposed to be insured under the policy)

Particulars	Details
Name of the Insured	
Gender of the Insured	M ☐ F ☐ T ☐
Date of birth of the Insured	
Age as on Policy Start Date	
Relationship of Insured with Proposer	
Mailing address of the Insured	
Occupation	
Income per annum	
Mobile Number	
Email ID	
Resident Status	
PAN Number / National ID No.	
ABHA No.	
Pre-Existing Disease (if any):	
For Student Travel policies, i. Name of Educational Institute in which Insured is enrolled ii. Name of the educational course in which Insured in enrolled	

Particulars	1st Nominee	2nd Nominee	3rd Nominee	4th Nominee
Name of Nominee				
Relationship of Nominee with Insured				
Nominee %age				
DOB of nominee				
Mobile no. of nominee				
Email id of nominee				
Present and Permanent address of Nominee				

Particulars	1st Appointee	2nd Appointee	3rd Appointee	4th Appointee
Details to be filled only if nominee is a minor-Appointee name				
Relationship of Appointee with insured				
Date of birth of Appointee				
Percentage of nomination				
Mobile no. of Appointee				
Email id of Appointee				
Present and Permanent address of Appointee				

I agree to share my medical records with ICICI Lombard / TPA through ABHA : Yes ☐ No ☐

For generating ABHA no please visit website (ndhm.gov.in) Post generation of the ABHA no

Are you or any of the proposed applicants/beneficial owner a PEP* or a Family member/ Close relatives/Associates of PEPs? Yes ☐ No. ☐

If yes, explain nature of relationship and position held by PEP _____

*Politically Exposed Persons (PEPs) are individuals who are or have been entrusted with prominent public functions in a foreign country, e.g., Heads of States/Governments, senior politicians, senior government/judicial/military officers, senior executives of state-owned corporations, important political party officials, etc.

Do you wish to avail a physical copy of your policy documents? Yes ☐ No ☐

3. Travel Details:

a. Purpose of visit: Business / Leisure / Student / Religious / Others (Please specify) _____

b. Geographical Scope of Cover:

c. Type of Trip: Single-trip / Round-trip / Multi-trip

d. Mode of travel (Please mention mode of travel for all parts of the trip): _____

e. Common Carrier opted for Trip:_____

f. Please provide the details of past travel insurance policies:

Sr. No	Policy Period	Insurance Company	Product name	Date of issuance of First Policy	Premium s Paid	Claims
1						
2						
3						
4						
5						
6						

COVERAGE TABLE

Section and Coverage	Sum Insured	Indemnity / Benefit	Deductible, if any	Franchise, if any	Co-Pay, if any	Cover-specific Condition, if any
EMERGENCY MEDICAL EXPENSES						
EMERGENCY MEDICAL EVACUATION						
REPATRIATION OF MORTAL REMAINS						
PERSONAL ACCIDENT (Death+PTD+PPD)						
ACCIDENTAL DEATH AND PERMANENT TOTAL DISABLEMENT- COMMON CARRIER						
PERSONAL LIABILITY						
ACCIDENTAL DENTAL TREATMENT						
DAILY ALLOWANCE IN CASE OF HOSPITALIZATION						
TOTAL LOSS OF CHECKED IN BAGGAGE						
DELAY OF CHECKED IN BAGGAGE						
COMPASSIONATE VISIT						
TRIP CANCELLATION/ OR INTERRUPTION						
TRAVEL INCONVENIENCE						
HOME FIRE INSURANCE (CONTENTS)						
HOME BURGLARY INSURANCE (CONTENTS)						
LOSS OF DEPOSIT OR CANCELLATION (HOTEL & AIRLINE)						
TRIP DELAY						

COVERAGE TABLE

Section and Coverage	Sum Insured	Indemnity / Benefit	Deductible, if any	Franchise, if any	Co-Pay, if any	Cover-specific Condition, if any
EMERGENCY ACCOMODATION DUE TO TRIP DELAY						
BAIL BOND						
MISSED CONNECTION						
HIJACK DISTRESS ALLOWANCE						
LOSS OF BAGGAGE & PERSONAL EFFECTS						
FINANCIAL EMERGENCY ASSISTANCE						
OVER BOOKED FLIGHT						
LEGAL EXPENSES						
PET CARE (In INR)						
MISSED DEPARTURE						
ALTERNATIVE EMPLOYEE EXPENSE						
BUSINESS EQUIPMENT						

Period of Insurance

For Single-trip:
Journey Start Date D D / M M / Y Y Journey End Date D D / M M / Y Y Total number of days ___

For Round-trip:
Journey Start Date D D / M M / Y Y Journey End Date D D / M M / Y Y Total number of days ___

For Multi-trip:
Date of Commencement of Insurance D D / M M / Y Y Date of Expiry of Insurance D D / M M / Y Y

Bank Account Details

	Bank Details of insured	Bank Details of Nominee	Bank Details of Appointee
Beneficiary Name			
Bank Name			
Bank Account Number			
IFSC CODE			
MICR NUMBER			
BRANCH			

Payment Details

(Please tick the appropriate option and fill the amount details)

Cash ☐ Cheque ☐ Credit Card ☐ Premium Amount Rs. _____

Cheque No. / Credit Card No. _____ Cheque Date D D / M M / Y Y Branch (if cheque) _____

Bank Name / Credit Card Name _____

Name of Bank Account Holder / Credit Card Holder _____

MICR _____ IFSC Code* _____

Account Number _____ Account type ☐ Savings ☐ Current ☐ Cash Credit ☐ Overdraft

*Please enclose cancelled cheque along with the Proposal Form for direct payment in the account. In case the cheque doesn't bear a/c holder name or branch IFSC code or both, kindly fill the NEFT mandate form

Any additional information relevant to the policy applied for

Note: Please use additional sheets if space is not sufficient to complete details

Declaration

1. I 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 am authorised to propose on behalf of these other persons.
2. 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 insurer and that the policy will come into force only after full payment of the premium chargeable.
3. I further declare that I will notify in writing any change occurring in the occupation or general health of the life to be insured/proposer after the proposal has been submitted but before communication of the risk acceptance by the company.
4. I declare that I consent to the company seeking medical information from any doctor or hospital who/which at any time has attended on the person to be insured/proposer or from any past or present employer concerning anything which affects the physical or mental health of the person to be insured/proposer and seeking information from any insurer to whom an application for insurance on the person to be insured /proposer has been made for the purpose of underwriting the proposal and/or claim settlement.
5. I authorize the company to share information pertaining to my proposal including the medical records of the insured/proposer for the sole purpose of underwriting the proposal and/or claims settlement and with any Governmental, Judicial and/or Regulatory authority.

Additional Declarations:

6. I have been provided with the detailed terms of the policy. I have read, understood and aware of the detailed terms of the policy.
7. I declare that the contents of this proposal form and other documents have been fully explained to me and I have fully understood the significance of the proposed contract.
8. I hereby confirm that I have insurable interest in the policy and the premium is not borne by any third party entity or person.
9. 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 for the purpose of undertaking KYC.
10. I/We understand that the Company has right to call for documents to establish source of funds
11. 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.
12. I 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.

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. Further, I/We understand that 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.

Proposer's Name: (First) (Middle) (Last)

Date: D D / M M / Y Y Y Y Place: Proposer's Signature _____

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 that he/ she agrees to abide by all the terms & 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 and correctly recorded the answers give by the proposer and that the proposer has affixed 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 Proposer: Name of Witness:

Signature of Proposer: Signature of Witness:

Date: D D / M M / Y Y Y Y Place:

Relationship with Proposer:

Address of Witness:

INTERMEDIARY DECLARATION AND DETAIL/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) Ware 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 Sec 41 of Insurance Act,1938) (Amendment Act 2015)

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.

2) Any person making default in complying with the provisions of this section shall be liable for a penalty, which may extend to ten lakhs.