ICICI Lombard Consumer Payment Protection Package Policy Proposal Form

Policy Issuing Office Address & Code		
Intermediary/Agent Name & Code (if any)		

GUIDELINES FOR COMPLETION OF THE FORM

1. Please answer all 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 the Insurer, in the event of established fraud 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 one acting on his behalf to obtain any benefit under this policy.

4. Kindly contact the Company's Offices or the 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.

SCOPE OF COVER

The Insurance Policy broadly covers losses due to Unauthorised transaction cover, lost card liability cover, mobile wallet protection, cash in transit, identity theft, Personal Accident and medical related covers, baggage covers, travel protection, purchase protection, key replacement and assistance services.

SIGNIFICANT EXCLUSIONS

- Intentionally commited a crime or engaged in illegal or criminal act.
- Damage caused by depreciation or wear and tear
- Loss or damage arising out of War and/or use of nuclear weapons.

IRDA Reg. No. 115 **CIN**: L67200MH2000PLC129408 **UIN : IRDAN115RPMS0014V01202526**

Mailing Address: 601 & 602, 6th Floor, Interface 16, Linking Road, Malad (West) 400 064

Registered Office Address: ICICI Lombard House, 414, Veer Savarkar Marg, Near Siddhi Vinayak Temple, Prabhadevi, Mumbai 400 025

Toll free no : 1800 2666 **Alternate no** : 86552 22666 (chargeable) **E-mail** : customersupport@icicilombard.com **Website** : www.icicilombard.com New Mumbai -

EXTENSIONS:

In addition, certain optional extensions are available, the details of which are available in the relevant section of this proposal form.

ICICI Lombard General Insurance Company Limited Consumer

1	**Details of Insured**		
(a)	Name of Insured		
(b)	Address of Insured		
(c)	Contact No.		
(d)	Email		
(e)	Contact person details: a) Name & Designation		
	CKYC No		
	Occupational Details (In case of an Entity / Business)	Non Resident Entity Foreign company registered in India Foreign LLP Government Department Hindu Undivided Family LLP Partnership Local Authorities Partnership Private Limited Company Proprietorship Public Ltd Co others Unincorporated Association or Body Of Individuals Trust / Foundation NGO / NPO	

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(i)	Period of Insurance (7 Days / 30 days / 60 days / 90 days / 180 days / 240 days / 1 year) Please specify the tenure & ention the start and end date	Please specify the number of days / months :_____ Start Date : End Date :
(j)	*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;"*	

Details:

Proposed Sum Insured:

Sr. no.	Section/Cover Name	Sum Insured
Section I	**Card Liability Cover**	
Cover I	UNAUTHORIZED TRANSACTION COVER/ EMAIL SPOOFING & PHISHING/ /SIM HIJACKING/CLONING/ONLINE SHOPPING THROUGH CARDS	
Cover II	UNAUTHORIZED TRANSACTION COVER - OTHER THAN CARDS	
Cover III	Lost Card Liability No. of days Pre-reporting : _____ No. of Days Post-Reporting :	
Cover IV	Mobile Wallet Protection	
Cover V	Cash In Transit	
Cover VI	Identity Theft	
Section II	**PA & Medical Related Cover**	

Cover I	Personal Accident - Death/PTD/PPD/TTD	
Cover II	Accidental Death And Disablement (AIR)	
Cover III	Medical Expenses For Bodily Injury Caused By And Arising Out Of Road And/Or Rail Accident	
Cover IV	Credit Shield Liability	
Section III	**Baggage Covers**	
Section IV	**Travel Protection**	

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Cover I	Hijack Distress Compensation	
Cover II	Missed connecting common carrier / public carrier	
Cover III	Common carrier / Public carrier delay	

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Cover IV	Trip cancellation	
Cover V	Repatriation Of Remains	
Cover VI	Medical Evacuation	
Cover VII	Emergency Medical Treatment (Reimbursement Basis Only)	
Section V	**Miscellaneous Covers**	
Cover I	Purchase Protection (The insured can only opt One cover between Purchase Protection and Home protection while Insured Person is away)	
Cover II	Key Replacement	
Cover III	Home protection while Insured Person is away (The insured can only opt One cover between Purchase Protection and Home protection while Insured Person is away)	
	Assistance Services	
Assistance Services	Inclusion Of Spouse With Floating Sum Insured	
Assistance Services	Emergency Hotel,Travel and Cash Assistance	

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Assistance Services	Assistance For Blocking Sim Card	

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Assistance Services	Valuable Document Registration & Replacement	

Note :

1. If cover under a particular section is not required, the Sum Insured against that section shall not require to be mentioned.
2. The policy can be availed by insured by opting atleast two covers out of which either Cover I or Cover II of Section I is mandatory

(Please mention Nominee name and relationship as an annexure to proposal form along with card holder details).

Extentions:

(i) Extensions available for cover under Section I: Cover I and cover II - Unauthorised transaction cover/Email Spoofing/Phishing/Sim Hijacking/Cloning/Online Shopping with cards and without cards

Payment made to mirror sites YES ☐ NO☐
Increased SI for Midnight Transactions YES ☐ ☐NO
Breach of Second Level Authorizations YES ☐ NO ☐
Vishing YES ☐ NO ☐

(ii) Extensions available for cover under Section I: Cover II- Lost Card Liability Pre Delivery Fraud
YES ☐ NO ☐

Extensions available for cover under Section II: Cover I- Personal Accident

Declaration by Insured

Child Benefit Cover YES ☐ NO ☐
Child Education Grant YES ☐ NO ☐
Daughter Marriage Expenses YES ☐ NO ☐

Other Information

1. Has any insurance company,

a) Declined the proposal to insure any of the covers now proposed? Yes ☐
No ☐

b) Required an increased premium or imposed special conditions? Yes ☐

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No ☐

c) Requested for repairs or made other special stipulations for risk improvement? Yes ☐
No ☐

If yes to any of the above, please provide details.

2. Please furnish the premium/ claim details for the past 36 months or for lesser period, as the case may be, excluding the expiring policy period.

Policy number	Insurer	Description of property	Date of loss	Amount of loss	Sum insured (Rs.)	Premium (Rs.)

10. Any other information

- If any additions or alterations are carried out in the risk proposed after the submission of this proposal form then the same should 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 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.

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- 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.

- 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.

Date:

Place: Signature of the Insured

INTERMEDIARY DECLARATION AND DETAILS/PRINCIPAL OFFICER DETAILS

I, _____(Name)_____<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:

INSURANCE ACT 1938 SECTION 41- Prohibition of Rebates

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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 a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectus or tables of the insurer.

ANY PERSON MAKING DEFAULT IN COMPLYING WITH THE PROVISIONS OF THIS SECTION SHALL BE PUNISHABLE WITH FINE WHICH MAY EXTEND TO TEN LAKHS RUPEES.

Declaration when the proposal form is filled by a person other than the proposer/ the proposer signs in a vernacular language/ proposer is illiterate or disabled

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 given 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: Signature of Witness:

Signature of Proposer: Signature of Witness:
Date: Place:

Relationship with Proposer:

Address of Witness:

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