Consumer Payment Protection Policy – Commercial 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.

IRDA Reg. No. 115 **CIN**: L67200MH2000PLC129408 **UIN : IRDAN115CPMS0009V01202526**

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 -

SCOPE OF COVER

The Insurance Policy broadly covers losses due to unauthorized transaction cover/ email spoofing & phishing/ /sim hijacking/cloning/online shopping through cards or other than cards

SIGNIFICANT EXCLUSIONS

This policy does not cover claims directly or indirectly caused by or arising from:

1. The commission by Beneficiaries of any dishonest, criminal or malicious; acts or their participation in, or direction of, or knowledge of such acts or Loss directly or indirectly created or endorsed by them.
2. Facts or circumstances, known to Beneficiary or which Beneficiary could have reasonably foreseen, which existed prior to the inception of this Policy, and which might be expected to be the basis of a claim.
3. Any legal proceedings which commenced prior to inception of this Policy.
4. Beneficiary's business activities (including but not limited to e-trading and blogging where Beneficiary receive remuneration or benefits in any form), Occupation or political affiliations.
5. Beneficiary's failure to take precautions to safeguard their Personal Information, /or Credit/Debit Cards information and internet communication.
6. Any unexplained loss or mysterious disappearance.
7. Consequential loss or damage of any kind including loss suffered by any Third Party.
8. Matters uninsurable under law.
9. Losses arising from the theft, disappearance, loss of value or inaccessibility of any crypto currency.
10. Any loss or damage directly or in-directly resulting from physical loss or theft of Beneficiary's computer system or mobile device any loss of use thereof, including any unauthorized / fraudulent use of insured's, credit/debit cards

EXTENSIONS:

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

NOTE:

The foregoing is only a broad indication of the cover offered. For details, please refer to the Policy.

1	**Details of Insured**	
(a)	Name of Insured	
(b)	Address of Insured	

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New Mumbai -

(c)	Contact No.	
(d)	Email	
(e)	Contact person details: a) Name & Designation	
(f)	CKYC No	
	Policy to be Issued in favour of (list out all the parties who have insurable interest) including the financial institutions	
(g)	Period of Insurance (1 year only) Please specify the start date	Please specify the Policy Start Date :_____
(h)	Bank Account Details	Bank Branch MICR IFSC* Account Number Account Type:branch

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(i)	*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.	Cover Name	Sum Insured
	Card Liability Cover	

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Cover I	UNAUTHORIZED TRANSACTION COVER/ EMAIL SPOOFING & PHISHING/ /SIM HIJACKING/CLONING/ONLINE SHOPPING THROUGH CARDS	
Cover II	UNAUTHORIZED TRANSACTION COVER (Other than cards)	

(Note:

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The policy can be availed by opting atleast one cover. Insured also have an option to opt both the covers.

Extensions:

(i) Extensions available for Cover - Unauthorised transaction cover/Email Spoofing /Phishing /Sim Hijacking /Cloning /Online Shopping through 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☐
Pre Delivery Fraud YES ☐ NO ☐

(ii) Extensions available for Cover II - UNAUTHORIZED TRANSACTION COVER (Other than 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 ☐

Do you wish to avail policy documents in physical form:

__ 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 ☐
No ☐

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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 Policy	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.
- I/We understand that the Company has right to call for documents to establish source of funds

ICICI Lombard General Insurance Company Limited Consumer Payment Protection Policy – Commercial

- 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, _____<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:

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INSURANCE ACT 1938 SECTION 41- Prohibition of Rebates

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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