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.**
Insurance underwritten by ICICI Lombard General Insurance Company Limited. Insurance is the subject matter of solicitation. CIN: L67200MH2000PLC129408. **IRDA Reg. No. 115**

PLEASE WRITE IN BLOCK LETTERS

RYDRAKSHA INSURANCE POLICY PROPOSAL FORM

For Office use only

UIN: IRDAN115RPMT0019V01202627

Issuing Branch		Payment Ref No.	
Phone No.		Rural ☐ Urban ☐	
Agent Reference		Proposal Form No.	
Policy No.		Customer ID No.	

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 the insurer, in the event of any untrue or incorrect statement, misrepresentation, established fraud or non-disclosure in any material fact in the proposal form/ personal statement, declaration and connected documents or any material information having been withheld by the proposer or any 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 the requisite premium paid.

1. DETAILS OF PROPOSER/ POLICY HOLDER:

GSTIN (If customer is registered for GST):

PAN No.

Proposer's Name

Correspondence Address

City | Pin Code | State

Country | Phone No. | Mobile No.

Email ID | Fax No.

Permanent Address

City | Pin Code | State

Country | Phone No. | Mobile No.

Email ID | Fax No.

Date of Incorporation (D D M M Y Y Y Y) | Place of Incorporation

Date of Birth (D D M M Y Y Y Y) | Sex: ☐ Male ☐ Female ☐ Third Gender

CIN | PAN of POS

Voter ID | Driving license

Passport No | CKYC No

DARPAN Portal Reg No.

Category/Nature of Business

Type of Customer:

☐ Non Resident Entity ☐ Foreign LLP ☐ Foreign company registered in India
☐ Government Department ☐ Hindu Undivided Family ☐ LLP/ Partnership ☐ Local Authorities
☐ Private Limited Company ☐ Proprietorship ☐ Public Ltd Co ☐ Trust/ Foundation
☐ NGO/NPO (Provide DARPAN Portal Registration number above) ☐ Unincorporated Association or Body of Individuals
☐ For individual-Salaried ☐ Self Employed/ Business ☐ Others _____ (Please Specify)

For Non-individual – Other Details (Authorised Signatory)

Name

Current Residential Address

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 (PEP) 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.

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

NOMINEE DETAILS

Nominee Name and Relationship	1	2	3	4
Date of Birth of Nominee	D D M M Y Y Y Y	D D M M Y Y Y Y	D D M M Y Y Y Y	D D M M Y Y Y Y
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.

Appointee Name and Relationship	1	2	3	4
Date of Birth of Appointee	D D M M Y Y Y Y	D D M M Y Y Y Y	D D M M Y Y Y Y	D D M M Y Y Y Y
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				

II. DETAILS OF THE INSURED ASSET:

Type of Asset to be insured

☐ Private Car ☐ Two Wheeler ☐ Commercial Vehicle

Invoice Date / Purchase Date: D D M M Y Y Y Y Model / Variant

Manufacturer Year of Manufacturing D D M M Y Y Y Y

Date of Registration D D M M Y Y Y Y Registration No.

Registering Authority

Engine No.

Chassis No.

Seating capacity Current odometer reading

III. INSURANCE DETAILS:

Policy Period From D D M M Y Y Y Y To D D M M Y Y Y Y

(a) Insurance Details – Cyber Risk Cover - Mandatory Cover

Sum Insured : Rs.

(b) Insurance Details - Optional Covers

1. Do you wish to include cover for Motor Sahayak: ☐ Yes ☐ No

   If yes, please indicate the Sum Insured Rs. _____

2. Do you wish to include cover for Loss of Personal belongings: ☐ Yes ☐ No

   If yes, please indicate the plan chosen _____ Sum Insured Rs. _____

3. Do you wish to include cover for Key Protect add on : ☐ Yes ☐ No

   If yes, please indicate the Sum Insured Rs. _____

III. INSURANCE DETAILS (CONTD.):

4.	Do you wish to include Cover for Emergency Medical Expenses: If yes, please mention below details: Accidental Hospitalization Sum Insured Rs. _____. Ambulance Cover Sum Insured Rs. _____ Hospital Daily Cash: 1) No of occupants to be covered . 2) Per Day Sum Insured Rs. _____ Tele Consultation No. of service	☐ Yes	☐ No
5.	Do you wish to include Cover for Emergency Driver Assist: If yes, please indicate the Sum Insured Rs. _____	☐ Yes	☐ No
6.	IL Smart Road Side Assistance (Please tick the cover(s) mentioned below that you wish to avail)		
i.	Do you wish to include Cover for Travel Inconvenience: If yes, please indicate the Sum Insured Rs. _____	☐ Yes	☐ No
ii.	Do you wish to include Cover for Convenience Service: If yes, please indicate the Sum Insured Rs. _____	☐ Yes	☐ No
iii.	Do you wish to include Cover for Wallet Assistance: If yes, please indicate the Sum Insured Rs. _____	☐ Yes	☐ No
iv.	Do you wish to include Cover for Loss of DL/ RC: If yes, please indicate the Sum Insured Rs. _____	☐ Yes	☐ No
v.	Do you wish to include Cover for Arrangement of PUC document: If yes, please indicate the Sum Insured Rs. _____	☐ Yes	☐ No
vi.	Do you wish to include Cover for Sports Equipment Cover: If yes, please indicate the Sum Insured Rs. _____	☐ Yes	☐ No
vii.	Do you wish to include Cover for Location and Delivery of Spare Parts: If yes, please indicate the Sum Insured Rs. _____	☐ Yes	☐ No
viii.	Do you wish to include Cover for Pet Cover: If yes, please indicate the Sum Insured Rs. _____	☐ Yes	☐ No
ix.	Do you wish to include Cover for Battery Support Charging for EVs: If yes, please indicate the Sum Insured Rs. _____	☐ Yes	☐ No
x.	Do you wish to include Cover for Vehicle Breakdown Cover:	☐ Yes	☐ No
xi.	Do you wish to include Cover for Towng on Breakdown / Accident:		
xii.	Do you wish to include Cover for Breakdown support over phone:	☐ Yes	☐ No
xiii.	Do you wish to include Cover for Arrangement/ Supply of fuel: If yes, please indicate the Sum Insured Rs. _____	☐ Yes	☐ No
xiv	Do you wish to include Cover for Emptying of fuel tank: If yes, please indicate the Sum Insured Rs. _____	☐ Yes	☐ No
xv.	Do you wish to include Cover for Arrangement of Keys: If yes, please indicate the Sum Insured Rs. _____	☐ Yes	☐ No
xvi.	Do you wish to include Cover for Battery Jump Start:	☐ Yes	☐ No
xvii.	Do you wish to include Cover for Message Relay:	☐ Yes	☐ No
xviii	Do you wish to include Cover for Flat Tyre: If yes, please indicate the Sum Insured Rs. _____	☐ Yes	☐ No

III. INSURANCE DETAILS (CONTD.):

xix.	Do you wish to include Cover for Minor Repairs: If yes, please indicate the Sum Insured Rs. _____	☐ Yes	☐ No
xx.	Do you wish to include Cover for Arrangement of rental vehicle: If yes, please indicate the Sum Insured Rs. _____	☐ Yes	☐ No
xxi.	Do you wish to include Cover for Arrangement of Accommodation: If yes, please indicate the Sum Insured Rs. _____	☐ Yes	☐ No
xxii	Do you wish to include Cover for Referring a Legal Advisor:	☐ Yes	☐ No
xxiii	Do you wish to include Cover for Referring a Hospital:	☐ Yes	☐ No
xxiv	Do you wish to include Cover for Referring a Taxi Benefits: If yes, please indicate the Sum Insured Rs. _____	☐ Yes	☐ No
xxv	Do you wish to include Cover for Accomodation Benefits: If yes, please indicate the Sum Insured Rs. _____	☐ Yes	☐ No
xxvi	Do you wish to include Cover for Service Assure: If yes, please indicate the Sum Insured Rs. _____	☐ Yes	☐ No

IV. Motor Policy Details

Base Motor Policy

Details of Insurance

Policy Number	Company Name	Period Of Insurance	Policy Type
		D D M M Y Y Y Y	

Third Party Motor Policy

Details of Insurance

Policy Number	Company Name	Period Of Insurance	Policy Type
		D D M M Y Y Y Y	

V. PAYMENT DETAILS *(Please tick the appropriate option and fill amount details)*

Any additional Information relevant to the Policy applied for:

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☐ Cash ☐ Cheque ☐ Credit Card

Premium Amount Rs. ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Cheque No. / Credit Card No. ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Cheque Date D D M M Y Y Y Y

Branch (if cheque) ☐☐☐☐☐☐☐☐☐☐☐☐

Bank Name / Credit Card Name ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

If Credit Card (Please tick whether) ☐ Master ☐ Visa ☐ Amex ☐ Others

Credit Card CVV No. ☐☐☐

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

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:

Name:

Code:

Contact No:

Email ID of the branch:

Branch/ Office

Date D D M M Y Y Y Y

DECLARATION

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 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.
- 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.

(Designation) _____

Date D D M M Y Y Y Y

Signature of the Proposer / Policy Holder

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 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

Name of the Witness

Signature of Proposer

Signature of Witness

Date D D M M Y Y Y Y Place:

Relationship with Proposer

Address of Witness

Proposer's Name

Place: _____

Date D D M M Y Y Y Y

Proposer's Signature

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.