EMI SURAKSHA

Proposal form: EMI Suraksha

For official use only

1. Intermediary/Specified Person Details:

- Intermediary/Specified Person Name
- Intermediary/Specified Person Code
- Intermediary/Specified Person Contact No
- Intermediary/Specified Person Email ID of the branch

GUIDELINES FOR COMPLETION OF THE FORM (To be filled by the Customer)

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 Policyholder to disclose all material facts in response to the questions in the proposal form. This obligation continues until the policy is expired 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 any untrue or incorrect statement, misrepresentation, non-description or non-disclosure of any material fact, particularly in the proposal form/personal statement, declaration and connected documents or any material information having been withheld by the proposer or anyone acting on his behalf.
4. Kindly contact our offices or Agents for any doubts or clarifications on the proposal form.
5. It is loan-linked product and can be sold only if the policy holder has active Loan.

Proposer/Insured Person's Information

Name (Mr/Mrs/Ms/Dr)	First Name Middle Name Last Name	
Date of Birth / Date of Commencement(DD/MM/YY)		Gender ☐ Male ☐ Female ☐ Others
Occupation	☐ **Salaried** ☐ **Self-employed** ☐ **Others**	

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Address for communication			
District		**City**	
State		**Pin Code**	
Tel (O)		**Mobile Number**	
Email ID			
GSTIN No (if applicable)			
PAN		**Aadhaar No**	

Occupation Details

Salaried (name, designation & address of employer)	
Self-employed (name, office address and nature of business)	

Do you wish to avail policy documents in physical form Yes No

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Loan Details (Mandatory as it is loan linked product)

Type of Loan		**EMI Amount**	
Name of Financier			
Loan Account Number			
Loan Start Date (DD/MM/YY)		**Loan End Date (DD/MM/YY)**	

Family Member Details (for Family Emergency Cover)

Sr. No.	Name of the Family Member	Relationship with Applicant	Date of Birth (MM/DD/YY)	Gender
1				
2				
3				
4				
5				
6				
7				
8				

Bank Details (Required for refund/claims)

Name of the Bank		Branch	
Account No.			
Bank IFSC code			
Account Type	Savings Bank Account ☐ Current Account ☐		
	Others (Please Specify): _____		

NOMINEE DETAILS

Nominee Name	Relationship with Insured	Percentage	Date of Birth

ICICI Lombard General Insurance Company Limited
EMI SURAKSHA

IRDA Reg. No. 115 CIN: L67200MH2000PLC12940 UIN: IRDAN115RPMS0020V01202627

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

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

Toll free no : 1800 2666

E-mail: customersupport@icicilombard.com

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In the event of the death of the Insured Person any payment due under the Policy shall become payable to the nominee in accordance with the Policy terms and conditions. The nominee must be an immediate relative of the Insured Person.			

PEP Declaration

☐ **Politically Exposed Person (PEP) Rela☐ to a Politically Exposed Person No

Any other information: _____

"Politically Exposed Persons (PEPs)" are individuals who are or 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, etc

Risk details

Policy Period: Annual Policy ☐ Long Term Policy** ☐

Note: **The duration is more than 12 months

Please select policy tenure (Only in case of long term policy) _____

1. One year: ____
2. Two years: ____
3. Three years: ____
4. Four years: ____
5. Five years: ____

Policy Period (DD/MM/YYYY): From ____ /____ /_____ to ____ /____ /_____

EMI Amount _____

No. of EMIs to be Covered _____

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Table of benefits:

	Category	Sub sections	Conditions, if any	Cover type	Type	Covers Opted (Yes / No)
Section A	Loss of job	Involuntary unemployment		Benefit	*#Base	
Section B	Cyber frauds	Unauthorized transactions: Bank account, credit/debit cards, e- wallets	Min Loss amount: 10k / 25k /50k / 100k (Tick the option)	Benefit	Optional	
Section C	Home Protect*	Home building and Household assets	Min. Loss amount: 50k / 100k / 150k (Tick the option)	Benefit	Optional	
Section D	Business shutdown	Loss of business in case of shutdown	Min no of days of business shutdown: 3/ 5 / 7 / 10 / 15 / 30 days (Tick the option)	Benefit	#Base	
Section E	Family emergency *	Accidental death	Self/Immediate family members			

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			(Spouse/Children/Parents/ Parents-in-law)	Benefit	Optional	
		Permanent disablement	Self/Immediate family members (Spouse/Children/Parents/ Parents-in-law)			
		Illness/Injury resulting in hospitalization	Self/Immediate family members (Spouse/Children/Parents/ Parents-in-law)			
			Min no of days of Hospitalization days: 1 / 2 / 3 / 5 / 7 / 10 (Tick the option)			
Section F	Trip cancellation*	Travel booking cancellation cover		Indemnity	Optional	
Section G	Event cancellation *	Event cancellation cover	Named family members covered would be	Indemnity	Optional	

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Section H	Broken Bones Benefits *	Accidental Injury that solely, directly and immediately results in a fracture		Benefit	Optional	

#Loss of Job or Business shutdown either of one is mandatory / base cover
* These covers can be opted with Section A only

*Registered GST Yes __ No __ (One Policy One Invoice) If

Yes, then please provide GSTIN
Address (Registered under GST)

Premium details:

Premium Amount: Rs. _____

DD /Cheque Amount: Rs. _____

DD/Cheque No. / In case of NEFT please specify NEFT details: _____

Issuing Bank Name: _____

DD/Cheque Date: _____/_____/_____

BANK DETAILS

Refund of Premium (Policyholder/Proposer)

Account Holder Name Bank Name

Account No. IFSC Code

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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:

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 thereofI 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.

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DECLARATION BY PROPOSER

I/We, the undersigned hereby declare that the above statements and particulars are true, accurate and complete and I/We declare and agree that this declaration and the answers given above shall be held to be promissory and shall be the basis of the contract between me/us and the Company.

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 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

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.

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.

Place: _____

D D M M Y Y Y Y

Proposer's Signature and Stamp

STATUTORY WARNING

PROHIBITION OF REBATES.

(1)No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to 2 [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.]

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