For Buy/ Renew/ Service/ Claim related queries Log on to www.icicilombard.com or call 1800 2666

ICICI Lombard
Nibhaye Vaade

Annexure 7

RIDE SAFE TRAVEL INSURANCE - PROPOSAL FORM

FOR OFFICIAL USE ONLY

URN No.: PF/4167/01

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 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 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.

PART A: CUSTOMER INFORMATION

The application form is to be filled in **CAPITAL LETTERS** by the Proposer/Group Administrator. Please answer all questions fully and correctly. Where any question does not apply, please mention clearly the question is not applicable.

Name of the Proposer/Group Administrator (organization/institute/association):

F I R S T M I D D L E L A S T

(Please leave a space after each part of name)

Address of Proposer/Group Administrator:

City/Town State Pin Code

ABHA No. CKYC no. *(Please leave a space after each line of address)*

Nature of Group: Contact No.:

Email ID

Type of Business: PAN

GSTIN No.: Aadhar No.

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) _____

Occupation : Income per annum:

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

PART B: RISK DETAILS

Number of Insured Persons in the Group:

(Please mention details of ALL the persons proposed to be insured under the policy)

Sr. No	Name	Date of Birth	Residential Address and Contact Number	Passport No / PAN No. / National ID No (As	ABHA NO.
1					
2					
3					
4					
5					
6					

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

For generating ABHA no please visit ABHA number (ndhm.gov.in) Post generation of the ABHA no please share the same with us.

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

CIN: L67200MH2000PLC129408

Note: 1) **Please attach a separate sheet if space available is not sufficient for filling in complete details.**
2) **Names of the dependants should be mentioned immediately below the name of each employee**

Do all the members proposed to be insured form part of One Group or Association or Corporate Body? Yes ☐ **No** ☐

Travel Details:

a. Geographical Scope of cover: _____

b. Mode of Travel/Common carrier opted for trip: _____

NOMINEE DETAILS

	1st Nominee	2nd Nominee	3rd Nominee	4th Nominee
Name of Nominee				
Date of Birth of Nominee	DD/MM/YYYY	DD/MM/YYYY	DD/MM/YYYY	DD/MM/YYYY
Percentage of Nomination	_____%	_____%	_____%	_____%
Relation of the Nominee with the Insured				
Mobile No.				
Eamil ID				
Present Address				
Permanent Address				

DETAILS OF APPOINTEE (Details to be filled only if nominee is a minor)

	1st Appointee	2nd Appointee	3rd Appointee	4th Appointee
Name of Appointee				
Date of Birth of Appointee	DD/MM/YYYY	DD/MM/YYYY	DD/MM/YYYY	DD/MM/YYYY
Percentage of Nomination	_____%	_____%	_____%	_____%
Relation of the Appointee with the Insured				
Mobile No.				
Eamil ID				
Present Address				
Permanent Address				

PART C - SCOPE OF COVER

The policy offers coverage against unfortunate events that occur during domestic travel through any common carrier including Personal accident, Hospitalization expenses, Missed flight covers, as opted by the proposer. For Complete details on coverage, please refer to the policy wordings.

PART D - TABLE OF BENEFITS

Sr. No	Benefits	Sum Insured	Deductible/Franchise
1	Accidental Medical Expenses		
1.a	Mobility cover (Extension)		
2	Hospital Daily Allowance (Max 7 days)		Franchise 24 hours
3	OPD Treatment		
4	Ambulance and Emergency Evacuation		

Sr. No	Benefits	Sum Insured	Deductible/Franchise
5.A	Accidental Death		
5.B	Permanent Total Disability		
5.C	Permanent Partial Disability		
5.D	Temporary Total Disability		
5.E	Cost of Clothing Damage		
5.	Modification Expenses (Extension)		
6	Repatriation of Remains		
7	Missed Flight		
8	Loss of Baggage & Personal Effects		
8.A	Electronic equipment cover (Extension)		
9	Financial Emergency and Emergency Hotel Requirement		
10	Loss of Home contents		
11	Operator Driven Cancellation		

Any additional information relevant to coverage(s) in the policy

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			

PART E - PREMIUM DETAILS

(Applicable only for non-contributory policy)

Premium Amount:₹ DD / Cheque Amount:₹

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

Issuing Bank Name:

DD / Cheque Date: D D / M M / Y Y Y Y

Premium Payment Frequency: Lump sum ☐ Yearly ☐ Half-Yearly ☐ Quarterly ☐ Monthly ☐

Account Holder Name:

MICR IFSC* 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

PART F - CLAIM EXPERIENCE / PREVIOUS POLICY DETAILS

Please mention if you have lodged any claim in the past under Ride Safe Travel Insurance with us or any similar policy with us or any other insurer in the past. If yes, please provide details of last 3 policies:

Policy Period (From and to)	Name and address of insurer	Product name	Date of issuance of First Policy	Policy number	Premium paid	Total claim amount(₹)	Claim Details
From D D / M M / Y Y Y Y To D D / M M / Y Y Y Y							
From D D / M M / Y Y Y Y To D D / M M / Y Y Y Y							
From D D / M M / Y Y Y Y To D D / M M / Y Y Y Y							

Note: Please attach a separate sheet if space available is not sufficient for filling in complete details.

Any additional information material to assumption of risk

PART G - DECLARATIONS

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 and/or Regulatory authority.

Additional Declarations:

6. I have been provided with the detailed terms of the policy. I have read, understood and am 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 andI have fully understood the significanceof the proposed contract.
8. I hereby give consent for receiving proposal form and policy copy in electronic form only. The provision for physical copy of the proposal form would be as per the relevant IRDA guidelines.
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 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.
11. I/We understand that the Company has right to call for documents to establish source of funds
12. 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.
13. I/We hereby agree and ensure to maintain details of all the beneficiaries covered under the policy and shall share the same with Company as and when required.

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.

Name

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

Designation 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:

STATUTORY WARNING

PROHIBITION OF REBATES

(Under Section 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.

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: