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 ☐ **VEHICLE BUY BACK INSURANCE POLICY**

For Office use only **UIN:** IRDAN115RPMT0015V01202526

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

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

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.

I. 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

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 CKYC No

CIN PAN of POS

Voter ID Driving license

Passport No

DARPAN Portal Reg No.

Category/Nature of Business

Type of Customer: ☐ Non Resident Entity ☐ Foreign company registered in India ☐ Foreign LLP
☐ 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
☐ Other ☐ 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

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.

Invoice Price (in Rs.) Seating capacity

Current odometer reading

III. INSURANCE DETAILS:

A. Policy Period From D D M M Y Y Y Y To D D M M Y Y Y Y

B. Period of Insurance From D D M M Y Y Y Y To D D M M Y Y Y Y

C. Sum Insured Rs.

D. Deductible Rs.

E. Kilometers

F. Fixed Kilometers Flexible Kilometers

Note:

1. To prefer a claim under Vehicle Buy Back Insurance, insured shall not sell the insured vehicle without prior consent from insurer.
2. For better clarity on Fixed kilometers and Flexible Kilometers, kindly refer to the policy wordings for more details.

IV. PREVIOUS INSURANCE DETAILS

Please provide the details of past insurance

Sr. No.	Policy Period	Insurance Company	Premium Paid	Claims
1				
2				
3				
4				

V. PAYMENT DETAILS

(Please tick the appropriate option and fill amount details)

☐ Cash ☐ Cheque ☐ Credit Card

Premium Amount Rs. _ _ _

AGENT DECLARATION

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 Sale Person/ 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.

I hereby confirm to the best of my knowledge and belief that there is no inconsistency that may affect the underwriting of this proposal except as mentioned below:

_____(to be filled in, only in case there is some disclosure to be made)

Intermediary Name and Code

Place: _____

Date D D M M Y Y Y Y

Intermediary License / Registration No.

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 in respect of the Section I of 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

Place: _____

Date D D M M Y Y Y Y

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.