

PROPOSAL FORM FOR PRAKRITIK VISHAMTA BIMA (Retail/Individual)

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. Please use additional sheets wherever space is not sufficient to fill up the details.
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, non-description or non-disclosure in any material particular in the proposal form/personal statement, declaration and connected documents or any material information having been withheld by the Proposer or any one 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 premium paid. The forgoing is only an indication of the cover offered. For details please refer to the Policy document.

1. Name of the Proposer				
2. Date of Birth				
3. Proposer communication Address	City		Pin code	
	Telephone No. (if any)		State	
4. Proposer Trade or Business				
5. Asset covered				
6. Risk Location address (If risk location address is different from proposer address)	Is Risk location address is same as above? (Y/N)		City/Village	
	Taluka/Tahsil		District	
	Pincode		State	
7. Perils Opted for (Y/N)	Cyclone /wind speed		Solar Irradiation	
	Flood/ Excess rainfall		Satellite based index	
	Earthquake			

ICICI Lombard General Insurance Company Limited

IRDA Reg. No. 115
Mailing Address:
 601 & 602, 6th Floor, Interface 16,
 New Linking Road, Malad (West)
 Mumbai - 400 064

CIN: L67200MH2000PLC129408
Registered Office Address:
 ICICI Lombard House, 414, Veer Savarkar Marg,
 Near Siddhi Vinayak Temple, Prabhadevi,
 Mumbai 400 025

UIN: IRDAN115CP0004V01202122 [4037/P]
Toll free no. : 1800 2666
Alternate no : 86552 22666 (chargeable)
E-mail: Customersupport@icicilombard.com
Website: www.icicilombard.com

8. Sum Insured (in Rs)			
9. Period of Insurance		From	
		To	
10. Has any insurance company declined your proposal or refused to renew any of your policies?			Yes/ No
11. Previous Insurer		12. Policy no	
13. Have you suffered any loss or damage due to Weather deviations in the past?			YES / NO
14. If yes, please provide the claims history for the preceding three years in format below:			
Particulars of Policy	Nature of Loss	Amount of Loss	

Any additional information relevant to the Policy

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

Are you or any of the proposed applicants a PEP* or Family member / Close relatives / Associates of PEP*?

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 Government, senior politicians, senior government or judicial or military officers, senior executives of state-owned corporations and important political party officials.*

DECLARATION BY PROPOSER

I/We authorise the Company and all other group companies of ICICI Bank Group and their agents to exchange, share or part with all the information relating to our personal and financial details and information, and the information provided by me/ us in respect of the proposed insured persons to other ICICI Bank Group companies/ Banks/ Financial Institutions/ Credit Bureau/ Agencies/ Statutory Bodies as may be required and I/We will not hold the Company and all other group companies of ICICI Bank Group and their agents liable for use of this information.

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I/We agree that the Policy shall become voidable at the option of the Company, in the event of any untrue or incorrect statement, misrepresentation, non-description or non-disclosure in any material particular in the proposal form/personal statement, declaration and connected documents, or any material information has been withheld by me/us or anyone acting on my/our behalf to obtain any benefit under this Policy.

I/We, the undersigned hereby declare and warrant that the above statements are true, accurate and complete.

I/We desire to effect an insurance as described herein with the Company and I/We agree that this proposal and declarations hereto shall be the basis of contract between me/us and the Company and I/We agree to accept a Policy subject to the conditions prescribed by the Company.

I/We agree that the issuance of Policy/Cover Note shall be subject to realisation of premium cheque.

I/We hereby agree and confirm that if the amount collected is less than the premium quoted or revised as per changes in sum proposed for insurance or scope of cover desired by me/us, the proposal shall be considered for acceptance for a reduced sum appropriate to the premium collected and the Policy shall be finalised accordingly.

I/We hereby give my/our consent to the Company to verify and obtain my/our identity/address proof 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:

Proposer's Signature/

Date:

Name: _____

Insurance is the subject matter of the solicitation

**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

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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 punishable with fine, which may extend to ten lakhs rupees.

PROPOSAL FORM FOR PRAKRITIK VISHAMTA BIMA (Group)

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NOTE

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2. Date of Birth				
3. Proposer communication Address	City		Pin code	
	Telephone No. (if any)		State	
4. Proposer Trade or				

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Business			
5. Asset covered			
6. Risk Location address (If risk location address is different from proposer address)	Is Risk location address is same as above? (Y/N)	City/Village	
	Taluka/Tahsil	District	
	Pincode	State	
7. Perils Opted for (Y/N)	Cyclone /wind speed	Solar Irradiation	
	Flood/ Excess rainfall	Satellite based index	
	Earthquake		
8. Sum Insured (in Rs)			
9. Period of Insurance		From	
		To	
10. Has any insurance company declined your proposal or refused to renew any of your policies?			Yes/ No
11. Previous Insurer		12. Policy no	
13. Have you suffered any loss or damage due to Weather deviations in the past?			YES / NO
14. If yes, please provide the claims history for the preceding three years in format below:			
Particulars of Policy	Nature of Loss	Amount of Loss	

Any additional information relevant to the Policy

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

Are you or any of the proposed applicants/beneficial owner a PEP* or a close relative of a PEP*?

Yes

☐

No

☐

If yes, please give details (Nature of relationship and position held by PEP):

.....

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**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.*

DECLARATION BY PROPOSER

I/We authorise the Company and all other group companies of ICICI Bank Group and their agents to exchange, share or part with all the information relating to our personal and financial details and information, and the information provided by me/ us in respect of the proposed insured persons to other ICICI Bank Group companies/ Banks/ Financial Institutions/ Credit Bureau/ Agencies/ Statutory Bodies as may be required and I/We will not hold the Company and all other group companies of ICICI Bank Group and their agents liable for use of this information.

I/We agree that the Policy shall become voidable at the option of the Company, in the event of any untrue or incorrect statement, misrepresentation, non-description or non-disclosure in any material particular in the proposal form/personal statement, declaration and connected documents, or any material information has been withheld by me/us or anyone acting on my/our behalf to obtain any benefit under this Policy.

I/We, the undersigned hereby declare and warrant that the above statements are true, accurate and complete.

I/We desire to effect an insurance as described herein with the Company and I/We agree that this proposal and declarations hereto shall be the basis of contract between me/us and the Company and I/We agree to accept a Policy subject to the conditions prescribed by the Company.

I/We agree that the issuance of Policy/Cover Note shall be subject to realisation of premium cheque.

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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 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.

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.

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Proposer's Signature/

Date:

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Insurance is the subject matter of the solicitation

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PROHIBITION OF REBATES.**

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