

STAND-ALONE MOTOR COMPULSORY PERSONAL ACCIDENT COVER FOR OWNER DRIVER – PROPOSAL FORM

IMPORTANT GUIDELINES: 1. Insurance is the contract of utmost good faith requiring of the Proposer and 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. 2. This form can be used to apply for FUTURE STAND-ALONE MOTOR COMPULSORY PERSONAL ACCIDENT COVER FOR OWNER DRIVER Policy. 3. It is important to fill all questions in full. If you have insufficient space to complete any of your answers, please attach a separate signed and dated sheet and identify the question number concerned. 4. Cover shall commence not earlier than the date and the time of acceptance and subsequent to receipt of the premium.

NOTE: This form is to be completed by Insured Person. The Company will not be at risk until the Proposal has been accepted by Company and the full premium paid.

FOR OFFICE USE:

Intermediary Name: _____

Intermediary Code: _____

Business Channel: Agency Banca Corporate/Broking Direct

RM/SP Name: _____

RM/SP Code: _____ RM/SP Contact No: _____

GSTN: If applicable _____

POSP PAN (if applicable) _____

Period of Insurance: From:

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 To:

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PROPOSER DETAILS

Name of the Proposer (in full): - Mr. Ms.

Communication Address:

City _____ State _____ Pin code _____

Telephone no _____ Mobile No _____

Email ID

I want Private Car Insurance Policy and related information in:

e-Format (electronic)

Physical Format e-IA number (e-Insurance Account number)

Choose Insurance Repository (for those selecting e-format):

NSDL Data Management Ltd CDSL Insurance Repository Ltd
 Karvy Insurance Repository Ltd CAMS Repository Services Ltd.

CKYC No (Central Know Your Customer Registry No) (if available): _____

(If not available request you to kindly download the form from our website and request you to kindly submit along with this proposal form)

GSTIN: If applicable _____ (If more than one GSTIN, kindly attach an annexure with details)

VEHICLE DETAILS

Number of Vehicle Own / Registered in the name of the Proposer

Make	Model	Class of Registration	Year of Manufacturing	Registration Number	Policy Number

POLICY DETAILS

Any other Personal Accident Insurance Policy in force. If Yes, please share the details

Name of Insurance Company	Sum Insured	Benefit Covered	Period of Insurance From: _____ To: _____	Nominee Details & Relationship

NOMINEE DETAILS:

Name of the Nominee: _____

Address of the Nominee: _____

Age of the Nominee: Yrs. Relationship with Proposer: _____ If

Nominee is minor, please provide detail of guardian: _____

PAYMENT DETAILS:

Mode of Payment	
Payment Details	

Amount in (₹)	
Date of Payment (DD/MM/YY)	
PAN (If premium is 1 Lac and Above.)	
GSTIN (If more than one GSTIN, kindly attach an annexure with details)	

Please fill up the request for authorization form attached with this proposal form to receive claim/refund payments if any, directly into your bank account through NEFT if the premium amount is more than Rs.10,000/-

Note: The Company reserves the right to reject the said proposal or to terminate the insurance contract unilaterally and/or freeze the funds if the customer, or persons associated with him/her found to be named in any recognized blacklist.

DECLARATIONS:

i. I/We hereby declare and warrant that the above statements are true and complete in all respects and that there is no other information which is relevant to my application for insurance that has not been disclosed to you. I agree that this proposal and the declaration shall be the basis of the contract between me and FUTURE GENERALI INDIA INSURANCE CO LTD (FGIICL) and I/We agree to accept a policy, subject to the conditions prescribed by FGIICL.

ii. I understand that, if any information/statement given in the proposal is found to be untrue by FGIICL, the corresponding insurance policy, that may be issued, shall be treated as void ab initio and the premium paid shall be forfeited to FGIICL.

iii. "I/We, hereby, declare that the premium amount, corresponding to this proposal, is paid out of the legally declared and assessed sources of my/our income and not out of proceeds of crime related to any offence under the Prevention of Money Laundering Act, 2002 and rules framed thereunder. I/We understand that FGIICL reserves the right to call for documents and information to establish the source of funds, as also the right to reject the said proposal or to terminate the insurance contract unilaterally and/or forfeit the premium amount, if I/We am/are found to be named in any recognized sanction list/happen to have violated any provisions of law." OR

"I/We hereby confirm that the premium payment has been paid by _____ who is having an insurable interest in my/our policy under this application form. In case of any refund, please process the same in below mentioned proposer's bank account."

iv. I/we am/are (please tick all that are applicable)

- | | | |
|--|---|---|
| <input type="checkbox"/> High Net Worth Individual/s | <input type="checkbox"/> Non-Resident Indian/s | <input type="checkbox"/> Politically Exposed Person/s |
| <input type="checkbox"/> Jeweller/s | <input type="checkbox"/> Non-Governmental Organization Firm | |
| <input type="checkbox"/> Actor/s | <input type="checkbox"/> Producer/s | |

v. I agree to receive service-related information from FGIICL and its service providers from time to time, through electronic and telecom modes, including WhatsApp, and understand that no unsolicited information will be sent to me.

vi. I am aware and agree that the information/data provided by me, through this application, to FGIICL and/ or FGIICL authorized person/ agency, shall be stored by FGIICL, throughout the currency of my relationship with FGIICL, and used for the purposes relating to my proposal for insurance cover and/or servicing policies issued in my favour, whether by FGIICL or its authorized partners. I also understand that the said storage is necessary for my consumption of the services and consent to not hold FGIICL and/or its authorized partners/ agency/ person liable for legitimate utilization of the submitted information/data.

vii. I consent to the fact that FGII may download my/proposer's CKYC record from the Central KYC Records Registry, in relation to the verification of my/proposer's KYC records as part of this proposal.

I understand that acceptable officially valid documents shall be relied upon for the said verification of KYC records. I also consent to receive information from the Central KYC Registry through SMS/email on the abovementioned mobile phone number/email address. It is, also, confirmed that the KYC records available in the CKYC Registry are current and valid, as on the date of this proposal, and can be used by FGII hereafter. In case of any modification, the applicable information will be provided to FGII for updating the CKYC Registry Records.

Proposer's Signature: _____ **Place:** _____ **Date:** _____

True to our Go Green initiative, we will send a link to your e-mail address and/or mobile number, as you've mentioned in this proposal, and you may download and save the digitally signed and authenticated policy document therefrom. If you still wish for a physical copy, you may tick on this box

FOR INTERMEDIARY USE ONLY

I, _____, in my capacity as an Insurance Agent/POSP/Specified Person of the Corporate Agent/Authorized Person of the Broker/IMF, declare that I have explained the product features, including its suitability, and the contents of this proposal form, including the nature of the questions and the responses submitted thereto, to the proposer. It has been, further, informed to the proposer that the details provided herein shall form the basis of the contract of insurance between FGIICL and the proposer. It has, also, been explained that if any untrue response(s) is/are contained in this proposal form or there has been any non-disclosure of material facts, the policy issued thereon shall, at the option of FGIICL, be treated as null and void and the premium amount against the policy may be forfeited by FGIICL.

Name of Insurance Agent/POSP/Specified Person of the Corporate Agent/Authorized Person of the Broker/IMF:

Intermediary's _____

Code:

_____ Intermediary's Signature: _____

ANTI MONEY LAUNDERING

FGIICL adheres to anti-financial crime practices, including anti-money laundering, counterfinancing of terrorism and anti-bribery and anti-corruption, which ensure to not allow use of FGIICL as a tool/platform for financial crimes. The policyholder, beneficiary, claimant, or nominee are, therefore, required to assist FGIICL with relevant records/information/assistance, as may be necessary to address the anti-financial crime practices.

SECTION 41. OF INSURANCE ACT, 1938-PROHIBITION OF REBATES:

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 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 Lakh Rupees.

