



Proposal Form No.: _____

PROPOSAL FORM FOR MONEY INSURANCE

For Official Use Only

Agent/ Broker Name: _____ Marketing Officer: _____

Marketing Officer : _____ Branch Address : _____

Phone No. : _____ Group I. D. No. : _____ Client I. D. No. : _____

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.
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 the 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.

SCOPE OF COVER

The Insurance Policy broadly covers loss of Monew¹ in transit by the Insured or Insured's authorized employee(s) occasioned by robbery, theft or any other fortuitous cause. The policy also covers loss by Burglary, robbery or Hold Up whilst money is retained at the Insured's premises in safe(s) or strong room.

SIGNIFICANT EXCLUSIONS

The Insurance Policy does not cover losses and/or damages due to floods, cyclones, earthquakes and other convulsions of nature, war and war like operations, civil commotion, riots and strikes and terrorist activities, shortage due to error, omission, by use of keys to safe(s) or strong room (unless such keys are obtained by force or threat), whilst being carried under contract of affreightment, due to theft from unattended vehicle and consequential loss.

EXTENSIONS

Certain optional extensions are available, the details of which are provided in the relevant section of this proposal form

NOTE: The forgoing is only a broad indication of the cover offered. For details please refer to the policy.

CLIENT INFORMATION

Proposer's Name: _____

Proposer's Mailing Address: _____

City/Town: _____ State: _____ Pin Code: _____

Contact No: _____ Fax No. _____ Email ID: _____

Proposer's trade or business: _____

Particulars of Work: _____

Type of Proposer: Individual ☐ Partnership firm ☐ Company ☐ Govt. ☐ Others ☐ _____Constitution of Business: Non Resident Entity ☐ Foreign company registered in India ☐ Foreign LLP ☐ Government Department ☐ Hindu Undivided Family ☐LLP Partnership ☐ Local Authorities ☐ Partnership ☐ Private Limited Company ☐ Proprietorship ☐ Public Ltd Co ☐ others ☐ _____Customer Type: General ☐ EOU/STP/EHTP ☐ Government ☐ Overseas ☐ Related parties ☐ SEZ ☐ Others ☐ _____Annual Income: (In Rupees): _____ Do you file income tax return? Yes ☐ No ☐ Do you own a bank account? Yes ☐ No ☐

Country: _____ PAN Number: _____

Paid-up capital of the firm (in ₹ million) : _____ Business Sector: Urban ☐ Rural ☐*Registered GST : Yes ☐ No ☐ (One Policy One Invoice)

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

One Policy Multiple Invoice: Yes ☐ No ☐ [If yes, it can be taken as an Annexure to Proposal Form as detailed below]

If Yes, then please provide: _____

State-wise GSTIN	Address Registered under respective GSTIN

Note: In all above cases, complete address of the customer is required to be taken.

[illegible]

vii) Are the premises guarded? Yes ☐ No ☐

[illegible]

If yes, please provide details in the following format (attach sheet if required) :

Policy Number	Name of Insurance Company	Commencement of Cover	Expiry of Cover	Sum Insured (EAT + Item II Value (Rs.))	Premium
		<input type="text" value="DD"/> <input type="text" value="MM"/> / <input type="text" value="MM"/> <input type="text" value="MM"/> / <input type="text" value="YY"/> <input type="text" value="YY"/> <input type="text" value="YY"/> <input type="text" value="YY"/>	<input type="text" value="DD"/> <input type="text" value="MM"/> / <input type="text" value="MM"/> <input type="text" value="MM"/> / <input type="text" value="YY"/> <input type="text" value="YY"/> <input type="text" value="YY"/> <input type="text" value="YY"/>		
		<input type="text" value="DD"/> <input type="text" value="MM"/> / <input type="text" value="MM"/> <input type="text" value="MM"/> / <input type="text" value="YY"/> <input type="text" value="YY"/> <input type="text" value="YY"/> <input type="text" value="YY"/>	<input type="text" value="DD"/> <input type="text" value="MM"/> / <input type="text" value="MM"/> <input type="text" value="MM"/> / <input type="text" value="YY"/> <input type="text" value="YY"/> <input type="text" value="YY"/> <input type="text" value="YY"/>		

Please mention any special terms and conditions imposed :

[illegible]

If yes, please provide details for the last three years in the following format: (attach separate sheet if required)

Year of loss	Description of loss	Amount of loss

c) Cancelled or refused to renew your policy?	Yes	No
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xii) Are the employees authorised to handle/carry money, covered under the Fidelity Guarantee Policy ?	Yes	No
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If yes, please provide details in the following format:

Policy Number	Name of Insurance Company	Sum Insured (Rs.)

If you want to avail of extension by payment of additional premium, please specify :

1. Do you want to include Riot, Strike and Terrorist damage cover?	Yes	No
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Any Additional information relevant to the policy applied for

[illegible]

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

MODE OF PAYMENT

Amount in Words:

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 agree that the Company may exchange, share or part with any information to or with other ICICI Group Companies or any other person in connection with the Proposal, as may be determined by the Company and shall not hold the Company liable for such use/application.

Client's Signature and Stamp

Name: _____ Designation: _____

(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 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 lac rupees.

**ICICI Lombard General Insurance Company Limited**

Mailing Address: Interface Building No.11, 401/402, 4th Floor, New Link Road Malad (W), Mumbai - 400 064.
Registered Office Address: 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
Toll Free No.: 1800 2666 • Chargeable No.: +91 92236 22666 • Insurance is the subject matter of solicitation.

IRDA Reg. No. 115. • Misc 06 • CIN: U67200MH2000PLC129408.

NEFT/EFT MANDATE FORM

(Payment through EFT Mechanism)

CORPORATE DETAILS

Group/ Network Name:
Address:
City: Landmark:
Pincode: Pan Card No.:** State:
PAN Card Holder's Name:

ACCOUNT DETAILS

Bank Name:
Branch Name:
Payee Name:
MIRC No.: IFSC Code:
Account Type: Full Account No.:
Name as per Bank Records:
Cancel cheque No. **:

(Please attach a blank cancelled cheque copy with payee name printed on the cheque and Pan Card Copy)

If customer name/ account no /IFSC code is not available on cancelled Cheque then NEFT mandate form with Bank Sign & seal and customer signature is mandatory.

I hereby declare that the particulars given above are correct and complete. If the transaction is delayed or not effected at all reasons of incomplete or incorrect information, I would not hold the user institution responsible.

Signature & Stamp of the Payee

Verified By
(Bank Official Stamp and Authorized Signature)

Terms and Conditions for Payments through RTGS/NEFT

- The details provided by the Customers in the Mandate Form shall be considered as final and ICICI Lombard General Insurance Company Ltd. shall not be responsible for cross verification of any of the details provided therein.
- The RTGS/ NEFT facility shall be effective for the respective Customer(s) within 15 days of the receipt of the Mandate Form by ICICI Lombard General Insurance Company Ltd. and/ or within such period as may be reasonably required by ICICI Lombard General Insurance Company Ltd. to activate the RTGS/ NEFT facility.
- The Customer agrees that under the RTGS/ NEFT facility, there may be a risk of non-payment in the Account of Customer on the day of the credit of Payments due to change in the applicable regulations pertaining to RTGS/ NEFT facility or due to any other reasons without any fault/inaction/failure on part of ICICI Lombard General Insurance Company or any factor beyond the control of ICICI Lombard General Insurance Company Limited.
- The Customer agrees to indemnify, without delay or demur, ICICI Lombard General Insurance Company Ltd. and its agents and keep ICICI Lombard General Insurance Company Ltd. and its agent indemnified harmless at all times from and against any and all claims, damages, losses, costs, and expenses (including attorney's fees) which ICICI Lombard General Insurance Company Ltd. may suffer or incur, directly or indirectly, arising from or in connection with, amongst other things, either of the aforesaid reasons stated in above clauses.
- The Customer agrees that transaction(s) through RTGS/ NEFT facility may attract inward RTGS/ NEFT charges, which if levied by the Customer's bank, shall be borne by the Customer
- ICICI Lombard has the absolute discretion to amend or supplement any Terms and Conditions stated herein at any time and will endeavour to give prior notice of Ten days for such changes wherever feasible for the terms and conditions to be applicable. By using the new services, or at the completion of such period, whichever is earlier, the Customer shall be deemed to have accepted the changed terms and conditions.
- Submission of documents or bank details or any other information does not in any way, shape or form, imply or express or suggest admission of liability by the company.
- Notices under these terms and conditions may be given in writing by delivering them by hand or e-mail or on ICICI Lombard General Insurance Company Ltd. Website www.icicilombard.com or by sending them by post to the last address of the Customer.
- These terms and conditions will be governed by the laws of India and any legal action or proceedings arising out of these Terms and Conditions shall be initiated in the courts or tribunals at Mumbai in India.
- I/ We further undertake to refund any excess amount whether demanded by ICICI Lombard General Insurance Company Ltd. or not, which has been credited in excess to my account at any time due to any reason within 7 days of such receipt of such communication from ICICI Lombard of such excess credit or such information of excess credit coming to the knowledge of the Customer through any other source.
- I/ We agree that my/our claim payment will be credited from the date ICICI Lombard General Insurance Company Ltd. gets confirmation from its bankers, This facility will continue unless it is revoked by any party and any issuance of relevant credit instruction from ICICI Lombard General Insurance Company Ltd. to its bankers will be valid till such instruction is complete irrespective of the fact that the notice period has expired provided such a credit request has been made by ICICI Lombard General Insurance Company Ltd. before the expiry of the notice period of the Customer.
- Please attach a blank cancelled cheque or photocopy of a cheque for verification of the particulars provided in this regard.

Signature and Stamp of Customer



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