## **HDFC ERGO** General Insurance Company Limited



## KIDNAP/RANSOM & EXTORTION INSURANCE - PROPOSAL FORM

(Please fill in CAPITALS only)

LIABILITY OF THE COMPANY DOES NOT COMMENCE UNTIL THE PROPOSAL HAS BEEN ACCEPTED AND THE PREMIUM HAS BEEN RECEIVED IN ACCORDANCE WITH SECTION 64VB OF THE INSURANCE ACT, 1938.

		GENERAL	. INFORMATION		
Name of Insured:					
Address of Insured's Principal Location:					
Territory					
Country	No. of Location	Sales of Revenue	Class I Employee	Other Employees	Type of Operation
-					
(Continue on a separate sheet if no	ecessary)				
Class I Employees					
For the purposes of premium comproperty, (cashiers, book-keepers, s		nanagement positions (presiden	t, comptroller, sales managers etc.	) and other employees who have acc	ess to money, securities and/or oth
FOREIGN EXPOSURE  A. Coverage may be extended to	o include protection for persons emp	loved by the Insured in foreign of	ountries on a regular basis or for do	omestic employees while traveling in fo	oreign countries. Please complete the
following if foreign coverage is		,,		g	g
Country in which E	mployed	Type of Operation		No. of Employees to be covered	
Country in which Employed		турс от орегалоп		No. of Employees to 50 coroned	
B. Coverage may be extended to	o include buildings, equipment, raw n	naterial and finished goods abroa	ad. Please complete the following it	f such coverage is desired.	
Country in which Property is Located		Operation (Mfg., Sales, etc.)		Value of Property to be covered	
LIMITS DESIRED					
DROVIDE DETAIL C OF ANY KIDS	NAD ATTEMPTS OF THEFATS AC	AINCT VOUR CTAFF DIRECTO	DO OD TUEID IMMEDIATE FAMIL	IFO (in alcoling alata)	
PROVIDE DETAILS OF ANY KIDI	NAP ATTEMPTS OR THREATS AG	AINST YOUR STAFF, DIRECTO	K9 OK THEIR IMMEDIATE FAMIL	LIES (Including date)	
		PREMI	UM DETAILS		
Amount Rs.	Bunese				
7 tillount 1 to.	Rupees				
		SOURC	CES OF FUND		
Salary Business	Other (Please Specify)				
·					
		BANK ACC	OUNT DETAILS		
Name of the Bank Account Holder					
Bank Account No.				Acco	unt: Savings Current
Name of Bank			,	Branch Branch	
	mber of the bank and branch appear	ing on the cheque issued by the	bank)		
FSC Code (11 character code app	pearing on your cheque leaf)				
I wish: Any refund due on t	the premium payment / any payment	claims will be directly credited to	my aforesaid Bank Account.*		
*As per the IRDAI, its ma	andatory that all payments made to t	he insured only through electron	ic mode.		

- Please provide a cancelled copy of cheque of your bank account.

  The Company will not be responsible in case of non credit or delay in processing of payout due to incomplete/incorrect information provided by the customer. Please ensure that you provide accurate details to the Company.

## DECLARATION

The undersigned declares that to the best of his or her knowledge and belief the statements set forth herein are true. Although the signing of the Proposal Form does not bind the undersigned, on behalf of the Organisation, to effect Insurance the undersigned, on behalf of the Organisation, agrees that this form and the said statements shall be the basis of the Contract should a Policy be issued and will be incorporated in the Policy. Any person who, knowingly and with intent to defraud any insurance company of other person, files a proposal for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

Note: We are under no obligation to accept any proposal for insurance. The Proposer agrees that the receipt of the Proposal Form by HDFC ERGO General Insurance Company Limited along with the premium payment does not tantamount to the acceptance of the Proposal for insurance by HDFC ERGO General Insurance Company Limited and does not result in a concluded contract of insurance. The acceptance of the Proposal for insurance shall be at the Company's sole and absolute discretion and your proposal form will be considered only after HDFC ERGO General Insurance Company Limited receives premium payment and upon full realization of the premium payment. In the event of acceptance of the Proposal for insurance by HDFC ERGO General Insurance Company Limited such acceptance shall be specifically intimated to the Proposer by HDFC ERGO General Insurance Company Limited along with the date from which the insurance Cover shall become effective and the insurance cover shall only be effective from the date as intimated by HDFC ERGO General Insurance Company Limited. HDFC ERGO General Insurance Company Limited shall not be liable for and claim in respect of an event giving rise to a claim covered under the Policy of Insurance that has occurred prior to policy issuance.

Fraud Warning: This policy shall be voidable at the option of Company in the event of mis-representation, mis-description or non-disclosure of any material particulars by the proposer. Any person who, knowingly and with intent to defraud the insurance company or any other person, files a proposal for insurance containing any false information, or conceals for the purpose of misleading, Information concerning any fact material thereto, commits a fraudulent insurance act, which will render the policy voidable at the sole discretion of the insurance company and result in a denial of insurance benefits.

Anti-Rebating Warning: As per Section 41 of the Insurance Act 1938, as amended, the practice of rebating is prohibited, as follows: 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 policy 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 prospectus or tables of the insurer. Violations of Section 41 of the Insurance Act 1938, as amended, shall be punishable with a fine which may extend to ₹10 Lakhs.

Signed	Date	

(Name and title of person completing this form for Insured)