ZURICH kotak
General Insurance

ZK - 25-26/v2

Group Smart Travel Proposal Form

PGST

GUIDELINES FOR COMPLETION OF THE PROPOSAL FORM

1. Please fill the proposal form in BLOCK LETTERS. All details with * are mandatory.
2. The issuance of this form by Zurich Kotak General Insurance Company (India) Limited (hereafter referred as "Company") does not amount to acceptance of the proposal. The Liability of the Company in relation to the subject matter of this Proposal does not commence until this Proposal has been accepted by the Company through the issuance of the Policy Document/Cover Note and subject to the receipt by the Company of the premium paid.
3. This Proposal will be the basis of any subsequent policy that the Company issues to you. It is therefore essential that you provide all the information in this Proposal FULLY, ACCURATELY AND CORRECTLY in respect of all persons proposed to be insured and that you provide the Company with any and all additional information relevant to risk to be insured or the Company's decision as to acceptance of the risk or the terms upon which it should be accepted.
4. The Policy shall become voidable at the option of the Company, in the event of any untrue or incorrect or incomplete statement, misrepresentation, non-description or on 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 proposed policyholder or any one acting on its behalf to obtain any benefit under this Policy.
5. If you require additional space to answer any question on this Proposal Form, please attach additional sheets of paper and indicate on the additional sheet the question number to which the information being provided pertains. (Information given herein will be treated in strict confidence).

FOR OFFICE USE ONLY

Quote No.*	Quote Date*
Branch Code	Sales Manager Code
Intermediary Code	Intermediary Branch code
Intermediary Branch code	Intermediary Client Ref No
SP Name/ Code	Intermediary Service RM

PROPOSER'S INFORMATION

Name of the Proposer/ Group Administrator (Organisation/ Institute/ Association)*			
Proposer's Trade/ Business/ Activity *			
Proposer's Registered Office Address*			
Address (Line 1).			
Address (Line 2)			
Nearest Landmark		City / District	
State		Pin Code	Country
Is the Mailing Address same as the Registered Office Address?* ☐ Yes ☐ No If 'No', please provide below			
Proposer's Mailing Address*			
Address (Line 1)			
Address (Line 2)			
Nearest Landmark		City / District	
State		Pin Code	Country
Contact No.*	Mobile No.*	Email ID*	
GSTIN	PAN*		
CKYC Identifier / Number (Generated by CERSAI)			
Please share the below details for the Authorised Signatory:			
Name:		Designation:	
CKYC Identifier / Number (Generated by CERSAI):			
Any existing policy from Us ☐ Yes ☐ No If 'Yes', Policy No			

COVERAGE DETAILS (*)

1.	Policy Period: From: D D M M Y Y Y Y To: Midnight of D D M M Y Y Y Y
2.	Group Type: ☐ Employer Employee ☐ Non Employer Employee
3.	Type of Travel: ☐ International Travel ☐ Domestic Travel ☐ Student Travel
4.	Trip Type: (In Case of International Travel): ☐ Single Trip ☐ Annual Multi Trip
5.	If opted for Annual Multi trip, Maximum Trip duration: ☐☐☐ days
6.	Number of Persons to be insured:
7.	Family Definition:
8.	Sum Insured Basis: ☐ Individual ☐ Family Floater

COVERAGE DETAILS (*)

9.	Purpose Of Travel: ☐ Business ☐ Leisure ☐ Study ☐ Employment ☐ Adventure ☐ Others Please specify
10.	Geographical Scope: ☐ Within India ☐ Worldwide ☐ Worldwide Excluding USA & Canada ☐ Asia ☐ Europe ☐ Schengen
11.	Type of Credit (#)
12.	Country/City Of Origin:
13.	Destinations Countries/Cities:
14.	Flight/Train/Bus/Cab Number:
15.	PNR Number:

(#) Applicable only to credit linked policies

BENEFIT DETAILS (*)

Please Tick on the Benefit You want to opt for

Sr. No	Benefit Name	Tick on Cover You want to opt	Sum Insured	Deductible	Co-payment	Special Condition
I	Medical Covers					
1	Emergency Medical Expenses (Accident & Illness)	☐ Yes ☐ No				
2	Emergency Medical Expenses (Accident Only)	☐ Yes ☐ No				
3	Pre-Existing Disease Cover In Life Threatening Medical Condition	☐ Yes ☐ No				
4	Pre-existing Disease Cover	☐ Yes ☐ No				
5	Extended Cover in the Country of Residence	☐ Yes ☐ No				
6	Additional Sum Insured in Case of Accident	☐ Yes ☐ No				
7	Maternity Benefit	☐ Yes ☐ No				
8	Maternity Complications	☐ Yes ☐ No				
9	New Born Baby cover	☐ Yes ☐ No				
10	Drug and Alcohol Abuse	☐ Yes ☐ No				
11	Self Inflicted Injury	☐ Yes ☐ No				
12	Waiver of Restriction / Sub-Limit On Medical Expenses	☐ Yes ☐ No				
13	Sports Injury (Adventure and/or Professional Sports) **	☐ Yes ☐ No				
14	Sports Injury /Illness (Adventure and/or Professional Sports) **	☐ Yes ☐ No				
15	Corporate Floater	☐ Yes ☐ No				
16	Medical Evacuation	☐ Yes ☐ No				
17	Repatriation of Mortal Remains	☐ Yes ☐ No				
18	Dental Expenses	☐ Yes ☐ No				
19	Daily Allowance	☐ Yes ☐ No				
20	Out-patient Care	☐ Yes ☐ No				
21	Out-patient Care for Injury	☐ Yes ☐ No				
22	Pre-Existing Disease Cover for Out-patient Care	☐ Yes ☐ No				
23	Cancer Screening and Mammography	☐ Yes ☐ No				
24	Treatment of Mental & Nervous Disorder	☐ Yes ☐ No				
25	Radiotherapy and Chemotherapy Charges	☐ Yes ☐ No				
26	Vaccination Charges	☐ Yes ☐ No				
27	Non-Emergency OPD Consultation	☐ Yes ☐ No				
28	Psychological and Mental Counselling	☐ Yes ☐ No				
29	Return of Minor Child	☐ Yes ☐ No				
30	Compassionate Visit - Travel	☐ Yes ☐ No				
31	Compassionate Visit - Emergency Hotel Accommodation / Extension	☐ Yes ☐ No				
32	Replacement of Staff	☐ Yes ☐ No				
33	Maternity Cash Benefit	☐ Yes ☐ No				
34	Child Care (Accommodation)	☐ Yes ☐ No				
35	Health Checkup	☐ Yes ☐ No				
36	Custodial Care	☐ Yes ☐ No				
37	Daily Allowance In Case Of Isolation / Quarantine	☐ Yes ☐ No				

Sr. No	Benefit Name	Tick on Cover You want to opt	Sum Insured	Deductible	Co-payment	Special Condition
38	Lifestyle Support	☐ Yes ☐ No				
39	Home Care	☐ Yes ☐ No				
40	Miscarriage Due to Accidental Injury	☐ Yes ☐ No				
41	Inpatient emergency medical expenses for injury during intercollegiate sports	☐ Yes ☐ No				
42	Rehabilitation Benefit	☐ Yes ☐ No				
43	Reconstructive Surgery Benefit	☐ Yes ☐ No				
44	Child Care Allowance	☐ Yes ☐ No				
45	Home to Home Cover	☐ Yes ☐ No				
46	Trauma Counselling	☐ Yes ☐ No				
47	University Excess Medical Cover	☐ Yes ☐ No				
48	Mid Trip Medical Cover Continuance in India	☐ Yes ☐ No				
49	OPD treatment for illness and injury in skilled nursing facility	☐ Yes ☐ No				
50	Suicide	☐ Yes ☐ No				
51	Therapeutic aids and appliances	☐ Yes ☐ No				
52	Nutritional consultations	☐ Yes ☐ No				
53	Wigs and Prosthetic bra following cancer treatment	☐ Yes ☐ No				
54	Acupuncture, AYUSH and Chiropractory including drugs and dressings	☐ Yes ☐ No				
55	Podiatry	☐ Yes ☐ No				
56	Hearing Aids	☐ Yes ☐ No				
57	Infertility treatment	☐ Yes ☐ No				
58	Dialysis	☐ Yes ☐ No				
59	CT/MRI/PET Scans	☐ Yes ☐ No				
60	Hospice Care	☐ Yes ☐ No				
61	Palliative Care	☐ Yes ☐ No				
II	**Personal Accident**					
1	Personal Accident					
	a. Accidental Death	☐ Yes ☐ No				
	b. Permanent Total Disablement					
	c. Permanent Partial Disablement (PPD)					
2	Personal Accident (Common Carrier)	☐ Yes ☐ No				
3	Broken Bones	☐ Yes ☐ No				
4	Burns	☐ Yes ☐ No				
5	Sports Cover under PA**	☐ Yes ☐ No				
6	Travel Loan Secure	☐ Yes ☐ No				
7	Loan Protector	☐ Yes ☐ No				
8	Credit Card Secure	☐ Yes ☐ No				
9	Modification of Residence / Vehicle	☐ Yes ☐ No				
10	Child Education Cover	☐ Yes ☐ No				
11	Comatose Benefit – Accident Only	☐ Yes ☐ No				
12	Workplace Assault	☐ Yes ☐ No				
13	Felonious Assault	☐ Yes ☐ No				
14	Terrorism Cover	☐ Yes ☐ No				
III	**Travel Covers**					
1	Trip Delay (Benefit)	☐ Yes ☐ No				
2	Trip Delay due to Natural Calamity/ Terrorism (Benefit)	☐ Yes ☐ No				
3	Trip Delay (Indemnity)	☐ Yes ☐ No				
4	Common Carrier Delay	☐ Yes ☐ No				
5	Flight Delay	☐ Yes ☐ No				
6	Trip Cancellation (Before commencement of Trip)	☐ Yes ☐ No				
7	Trip Curtailment (Cutting short of Trip)	☐ Yes ☐ No				

Sr. No	Benefit Name	Tick on Cover You want to opt	Sum Insured	Deductible	Co-payment	Special Condition
8	Trip Interruption	☐ Yes ☐ No				
9	Change Fee Coverage	☐ Yes ☐ No				
10	Trip cancellation due to domestic disturbances and inconvenience	☐ Yes ☐ No				
11	Common Carrier Cancellation	☐ Yes ☐ No				
12	Missed Connection (Indemnity)	☐ Yes ☐ No				
13	Missed Connection (Benefit)	☐ Yes ☐ No				
14	Missed Carrier (Indemnity)	☐ Yes ☐ No				
15	Missed Carrier (Benefit)	☐ Yes ☐ No				
16	Flight Diversion And Cancellation (Benefit)	☐ Yes ☐ No				
17	Flight Diversion and Cancellation (Indemnity)	☐ Yes ☐ No				
18	Overbooked Common Carrier (Indemnity)	☐ Yes ☐ No				
19	Overbooked Common Carrier (Benefit)	☐ Yes ☐ No				
20	Missed Event	☐ Yes ☐ No				
21	All Risk Cancellation	☐ Yes ☐ No				
22	Visa Rejection/Denial (Endorsement)	☐ Yes ☐ No				
23	Visa Cost Cover	☐ Yes ☐ No				
24	Hotel Over Booking	☐ Yes ☐ No				
25	Emergency Reunion Visit & Resumption Of Trip	☐ Yes ☐ No				
26	Loss of Checked-in Baggage (Indemnity)	☐ Yes ☐ No				
27	Loss of Checked-In Baggage (Benefit)	☐ Yes ☐ No				
28	Damage to Baggage during transit	☐ Yes ☐ No				
29	Delay of Checked-in Baggage (Indemnity)	☐ Yes ☐ No				
30	Delay of Checked-in Baggage (Benefit)	☐ Yes ☐ No				
31	Delay of Checked-in Baggage - round trip (Indemnity)	☐ Yes ☐ No				
32	Delay of Checked-in Baggage - round trip (Benefit)	☐ Yes ☐ No				
33	Loss of Passport (Indemnity)	☐ Yes ☐ No				
34	Loss of Passport (Benefit)	☐ Yes ☐ No				
35	Identity Document Theft/Loss	☐ Yes ☐ No				
36	Emergency Accommodation Coverage	☐ Yes ☐ No				
37	Hijack Distress Allowance	☐ Yes ☐ No				
38	Overseas Travel Service Supplier Insolvency	☐ Yes ☐ No				
39	Hotel /Private Rental Cancellation (Indemnity)	☐ Yes ☐ No				
40	Hotel /Private Rental Cancellation (Benefit)	☐ Yes ☐ No				
41	Political Risk and Catastrophe Evacuation	☐ Yes ☐ No				
42	Frequent flyer points	☐ Yes ☐ No				
43	Kidnap Distress Allowance	☐ Yes ☐ No				
44	Event Cancellation	☐ Yes ☐ No				
45	Trip Cancellation Plus - Common Carrier/ Public Carrier	☐ Yes ☐ No				
46	Trip Cancellation Plus – Hotels/ Other/Private Rental Accommodation	☐ Yes ☐ No				
47	Lounge Access / Recreation Cover For Common Carrier/ Public Carrier Delay	☐ Yes ☐ No				
48	Cruise Cover - Missed Port Departure	☐ Yes ☐ No				
49	Cruise Cover - Unused Excursions	☐ Yes ☐ No				
50	Cruise Cover - Cruise Interruption	☐ Yes ☐ No				
51	Cruise Cover - Cancellation Cover	☐ Yes ☐ No				
52	Missed Shore Cover	☐ Yes ☐ No				
53	Hotel extension due to contingency	☐ Yes ☐ No				
IV	**Other Covers**					
1	Personal Liability	☐ Yes ☐ No				
2	Court Attendance Cover	☐ Yes ☐ No				
3	Bail Bond	☐ Yes ☐ No				

Sr. No	Benefit Name	Tick on Cover You want to opt	Sum Insured	Deductible	Co-payment	Special Condition
4	Legal Expenses	☐ Yes ☐ No				
5	Pet Care (Domestic)	☐ Yes ☐ No				
6	Travel With Pet Cover	☐ Yes ☐ No				
7	Pet Care due to trip delay	☐ Yes ☐ No				
8	Car Rental Excess Insurance	☐ Yes ☐ No				
9	Home Burglary*	☐ Yes ☐ No				
10	Sponsor Protection	☐ Yes ☐ No				
11	Study Interruption	☐ Yes ☐ No				
12	Mugging Cover	☐ Yes ☐ No				
13	Gadget Cover (Indemnity)	☐ Yes ☐ No				
14	Gadget Cover (Benefit)	☐ Yes ☐ No				
15	Digital Camera Insurance	☐ Yes ☐ No				
16	University Insolvency / Derecognition Of University Or Course	☐ Yes ☐ No				
17	Debit/Credit Card/Forex Card – Fraud	☐ Yes ☐ No				
18	Sports Equipment Cover**	☐ Yes ☐ No				
19	Identity Theft	☐ Yes ☐ No				
20	Jewellery Insurance	☐ Yes ☐ No				
21	Reimbursement Of Golf Fees And Other Non-Transferable Ticket Expenses	☐ Yes ☐ No				
22	Golfer's Hole In One	☐ Yes ☐ No				
23	Emergency Financial Assistance	☐ Yes ☐ No				
24	Cyber Security	☐ Yes ☐ No				
25	Quarantine Cover	☐ Yes ☐ No				
26	Loss of keys	☐ Yes ☐ No				
27	Loss of ATM cash in transit	☐ Yes ☐ No				
28	Language Interpreter	☐ Yes ☐ No				
29	Avalanche Closure	☐ Yes ☐ No				
30	Piste Closure	☐ Yes ☐ No				
31	Search and rescue benefits	☐ Yes ☐ No				
32	Rental Vehicle Return	☐ Yes ☐ No				
33	Fire and Allied Perils (Buildings and Contents)*	☐ Yes ☐ No				
34	Loss of Personal Belongings	☐ Yes ☐ No				
35	Up-Gradation to Business Class	☐ Yes ☐ No				
36	Automatic Extension	☐ Yes ☐ No				
37	Emergency Cash Allowance	☐ Yes ☐ No				

*Please mention the complete residential address of the Insured with pin code in case the benefits: 'Home Burglary or 'Fire and Allied Perils (Buildings and Contents)' have been opted for; the property at the address mentioned here shall be covered.
**Please mention the details of Sports (Organizer, Sport name, equipment details)
(*)Note: Please use additional sheets if given space is not sufficient to complete details

INSURED DETAILS (*All fields are mandatory)

Membership ID/ Employee Number	Name of the Insured Person	Date of Birth DD/MM /YYYY	Nationality	Gender	Relationship with the Insured Person	Passport Number	Pre-existing illness (Y/N)	Pre-existing Disease Details

Nominee Details

Insured Name*	Nominee Name*	Relationship of Nominee with Proposer*	Nominee Date of Birth DD/MM/YYYY*	Nominee Mobile Number	Nominee Email ID	Nominee Present Address	Nominee Permanent Address	Nominee Bank Name and Account Details	% of claim share*
	Nominee 1								

	Nominee 1								
	Nominee 1								
	Nominee 1								
	Nominee 1								

***Total % share cannot exceed more than 100%**

Where Nominee is a minor, give details of Appointee

Name of the Nominee	Name of the Appointee	Date of Birth DD/MM/YYYY	Relationship with the Nominee

Note: Please provide an additional sheet in case of more than 1 nominee.

Additional Information (For Student Travel Only)

Educational Institute Details

Name of Educational Institute	Course Details	Educational Institute Address	Country

Sponsor Details

Sponsor name	Date of Birth	Relationship With Insured	Address

PREVIOUS POLICY DETAILS

Kindly provide the particulars for the past 3 policy periods or less period for which policy availed, in the following format.

Policy Period From – To	Name of the Insurer	Policy number	Number of members covered	Total premium (Rs.)	Total amount of claims (Paid + Outstanding) (Rs.)

*PAYMENT DETAILS

☐ Cheque ☐ Demand Draft ☐ Credit Card ☐ Online Payment

Cheque / D.D # Amount Drawn On

Date Bank

Branch (In favour of Zurich Kotak General Insurance Company (India) Limited)

IFSC/MICR Code

For Credit/Debit Card

Transaction Reference No. Transaction Date

BANK ACCOUNT DETAILS

Details required to process all payment due in relation to your policy including refunds (if any) and / or claims directly to your bank account.

Please select any one of the below options as applicable.

☐ Bank details as per premium cheque to be used for electronic fund transfer.

☐ **No existing Bank Account.**

I agree to open a bank account and provide my bank account details to the Company for electronic fund transfer as mode of payment. I shall provide these details before renewal of my insurance policy or before any payment becomes due in relation to my insurance policy (whichever is earlier). I understand that as per regulatory requirement, Company shall process any payment in relation to my insurance policy only through electronic fund transfer after receipt of aforesaid pending bank details from me.

☐ Cancelled Cheque submitted of Other Bank

Particulars of Bank Account:

Account Number _____ IFSC/MICR Code _____

Bank Name _____

Account Holder Name _____

Disclaimer: Zurich Kotak General Insurance Company (India) Limited shall not be liable to anybody, in any manner, whatsoever if the NEFT transaction does not complete

ASBA Declaration:

☐ I hereby accord my consent to authorize Zurich Kotak General Insurance to block the applicable premium payable for the aforesaid insurance policy under the BIMA ASBA facility and debit the same from my bank account upon acceptance of this proposal. In case the proposal is not accepted, I accord my consent to debit only the expenses incurred towards medical examination, if any, and unblock the balance amount.

*Place: _____

*Date: _____

*Signature and Stamp of Proposer

DECLARATION

I hereby declare, on my behalf and on behalf of all persons proposed to be insured, that the above statements, answers and/or particulars given by me are true and complete in all respects to the best of my knowledge and that I am authorized to propose on behalf of these other persons.

I understand that the information provided by me will form the basis of the insurance policy, is subject to the Board approved underwriting policy of the insurer and that the policy will come into force only after full payment of the premium chargeable.

I further declare that I will notify in writing any change occurring in the occupation or general health of the life to be insured/proposer after the proposal has been submitted but before communication of the risk acceptance by the company.

I declare that I consent to the company seeking medical information from any doctor or hospital who/which at any time has attended on the person to be insured/proposer or from any past or present employer concerning anything which affects the physical or mental health of the person to be insured/proposer and seeking information from any insurer to whom an application for insurance on the person to be insured /proposer has been made for the purpose of underwriting the proposal and/or claim settlement.

I authorize the company to share information pertaining to my proposal including the medical records of the insured/proposer for the sole purpose of underwriting the proposal and/or claims settlement and with any Governmental and/or Regulatory authority.

☐ I would like to protect and contribute in conserving the environment and help save paper by authorizing Zurich Kotak General Insurance Company (India) Limited to send all my policy and service related communication in soft copy to the email id as mentioned in the application form.

☐ I/we hereby give my/our consent to the Company to verify and obtain my/our identity/address proof through Central KYC Registry or Goods and Service Tax Portal or Ministry Of Corporate Affairs Portal or National Securities Depository Limited portal for the purpose of undertaking KYC.

ACKNOWLEDGEMENT

Received from M/s _____

a sum of Rs. _____ Through Cheque/DD _____ against your proposal for for Group Smart Travel.

Signature of Zurich Kotak General Insurance Company (India) Limited Official / Intermediary _____

Date _____

Zurich Kotak General Insurance Company (India) Limited Official/Intermediary Name: _____

Time: _____ : _____ Place: _____

Note: Neither the submission of a completed proposal for insurance or any payment for any policy sought oblige the Company to agree to issue a policy, which decision is and always shall be in the Company's sole and absolute discretion. If Zurich Kotak General Insurance Company (India) Limited accepts a proposal for insurance, it shall be subject to the Board approved underwriting policy of Zurich Kotak General Insurance Company (India) Limited and the policy Terms and Conditions of Group Smart Travel and the Company shall have no liability to make any payment if premium is not received by Zurich Kotak General Insurance Company (India) Limited in full and in time, or is not realised. If a proposal is not accepted, Zurich Kotak General Insurance Company (India) Limited will inform you and refund any payment received from you without interest.

AML DECLARATION

I / We hereby confirm that all premiums have been/will be paid from bonafide sources and no premiums have been /will be paid out of proceeds of crime related to any of the offence listed in Prevention of Money Laundering Act,2002. I / We understand that the Company has the right to call for document to establish sources of funds. The Insurance Company has right to cancel the insurance contract in case I am/have been found guilty by any competent court of law under any of the statutes, directly or indirectly governing the prevention of money laundering in India.

In case of entity, Type of Organization making the payment:

☐ Limited Company ☐ Government Organization ☐ Non-Government Organization (NGO) ☐ Society ☐ Trust

☐ Partnership ☐ International Organization ☐ Co-operatives ☐ Section 25 Company ☐ Others

Are You or any of the proposed applicants or close relatives is/are associated to Politically Exposed Person (PEP)? * Yes ☐ No ☐

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

Are you a Non-Profit Organization? *(only in case of an entity) Yes ☐ No ☐

"Non-profit organization "means any entity or organization, constituted for religious or charitable purposes referred to in clause (15) of section 2 of the Income-tax Act, 1961 (43 of 1961), that is registered as a trust or a society under the Societies Registration Act,1860 (21 of 1860) or any similar State legislation or a Company registered under the section 8 of the Companies Act,2013 (18 of 2013);"

*Place: _____

*Date: ☐☐☐☐☐☐☐☐

*Signature of Proposer

Name: _____

Designation: _____

VERNACULAR DECLARATION

I hereby declare that, I have fully explained the contents of the proposal form and terms and conditions of the Policy to the Proposer in the language understood to him/her and that the Proposer has affixed the thumb impression / signature after fully understanding the contents thereof.

Signature/Thumb impression of Proposer

Place* ☐ Date* ☐

Signature of Intermediary/Sales Person*

DECLARATION IN CASE THE PROPOSER/ POLICYHOLDER IS PERSON WITH DISABILITY (PWD)

I hereby declare that I _____ , am a person with a disability and require assistance in completing this proposal form. I authorize _____ [Name of Representative], to act as my authorized representative and provide necessary declaration on my behalf for this Insurance Policy.

Signature/Thumb impression of Proposer

Place* ☐ Date* ☐

Signature of Authorised Representative*

DECLARATION FOR AGENT

I hereby declare that, I have fully explained the features and terms & condition of the policy in detail to the Proposer and the Proposer has affixed the signature after fully understanding the features thereof.

Signature of Proposer

Signature & Stamp as applicable of the Insurance Advisor/ Specified person of Corporate Agent/Authorised Employee of Broker/Sales person*

*Place: _____

*Date: ☐☐☐☐☐☐☐☐

STATUTORY WARNING

PROHIBITION OF REBATES (Under Section 41 of Insurance Act 1938 as amended)

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.

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.

Zurich Kotak General Insurance Company (India) Limited
(Formerly known as Kotak Mahindra General Insurance Company Limited)
CIN: U66000MH2014PLC260291. IRDAI Reg. No. 152. Registered & Corporate Office: 401, 4th Floor, Silver Metropolis, Jai Coach Compound, Off Western Express Highway, Goregaon (East), Mumbai - 400063, Maharashtra, India. Toll free: 1800 266 4545; Email: care@zurichkotak.com; Website: www.zurichkotak.com