ZURICH kotak
General Insurance

ZK - 24-25/v2

Smart Personal Protection Policy
Proposal Form & Questionnaire

SPPP

GUIDELINES FOR COMPLETION OF THE PROPOSAL FORM

1. Please fill the proposal form in BLOCK LETTERS. All details with * are mandatory.

2. 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 we issue to you. It is therefore essential that you provide all the information in this Proposal FULLY, ACCURATELY AND CORRECTLY and that you provide us with any and all additional information relevant to risk to be insured or our 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 Service RM
Intermediary Branch code	Intermediary business vertical
Intermediary Client Ref No	SP Name/ Code

PROPOSER / APPLICANT'S DETAILS

Name of the Proposer/ Group Administrator/ Master Policy holder (Organisation/ Institute/ Association) * (Full Registered Name)

Proposer's Trade or Business*   No of Years in Business

Registered Office Address*

City / District   Pin code:

State   Country:

Is the Postal Address same as the Registered Office Address? * ☐ Yes ☐ No If 'No', please provide below

Proposer's Postal Address

City / District   Pin code:

State   Country:

CKYC Identifier / Number Generated by CERSAI

PAN*:   GSTIN:

Please share the below details for the Authorized Signatory:

Name: Designation:

CKYC Identifier / Number Generated by CERSAI

Any existing policy from Us ☐ Yes ☐ No If 'Yes', Policy No

Hypothecation Details: Bank Name

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. Policy Tenure: ____Year(s)/ ___ Month(s)_____ Day(s) ____ Hour(s)

3. Number of Persons to be insured

Categories of proposed Insured (Add more categories if needed) – (Credit Card Holder, Debit Card Holder, ATM Card Holder, Bank Account Holder, Employees, Customers etc.)

a. Cat 1:

b. Cat 2:

c. Cat 3:

d. Cat 4:

e. Cat 5:

Please Tick (✓) on the Benefit You want to opt for

Section	Cover		Yes/No (pls tick)
Section 1: Fraud Protection	Benefit 1: Card Fraud Protection	Benefit 1 (a): Lost Card Liability	☐ Yes ☐ No
		Benefit 1 (b): Card Liability due to unauthorized usage	☐ Yes ☐ No
		Benefit 1 (c): Online Fraud	☐ Yes ☐ No
		Benefit 1 (d): Misuse of Card	☐ Yes ☐ No
	Benefit 2: Forgery or Counterfeit Cheque Cover		☐ Yes ☐ No
Section 2: Wallet Protection	Benefit 1: Physical Wallet Protection		☐ Yes ☐ No
	Benefit 2: Valuable Documents Cover		☐ Yes ☐ No
	Benefit 3: Digital Wallet Protection	Benefit 3 (a): Liability under Digital Wallet/Card due to unauthorized usage	☐ Yes ☐ No
		Benefit 3 (b): Liability under Digital Wallet/Card due to fraudulent internet-based transactions	☐ Yes ☐ No
		Benefit 3 (c): Misuse of Digital Wallet/Card	☐ Yes ☐ No
		Benefit 3 (d): Liability under Digital Wallet/Card due to Loss of Device	☐ Yes ☐ No
	Benefit 4: Key Protection	Benefit 4 (a): Key Replacement	☐ Yes ☐ No
		Benefit 4 (b): Break in Protection	☐ Yes ☐ No
		Benefit 4 (c): Rental Car Reimbursement	☐ Yes ☐ No
Section 3: Mobile Phone Protection	Benefit 1: Mobile Damage Protection		☐ Yes ☐ No
	Benefit 2: Accidental Screen Damage Cover		☐ Yes ☐ No
	Benefit 3: Liquid Damage Cover		☐ Yes ☐ No
	Benefit 4: Theft, Burglary and Robbery Cover		☐ Yes ☐ No
Section 4: Gadget Protection	Benefit 1: Accidental Damage Protection		☐ Yes ☐ No
	Benefit 2: Accidental Screen Damage Cover		☐ Yes ☐ No
	Benefit 3: Liquid Damage Cover		☐ Yes ☐ No
	Benefit 4: Theft, Burglary and Robbery Cover		☐ Yes ☐ No
	Benefit 5: Breakdown Protection		☐ Yes ☐ No
Section 5: ATM Protection	Benefit 1: ATM Protection	Benefit 1 (a): ATM Robbery Protection	☐ Yes ☐ No
		Benefit 1 (b): ATM Assault	☐ Yes ☐ No
		Benefit 1 (c): Transaction under Duress	☐ Yes ☐ No
	Benefit 2: Cash in Transit Protection		☐ Yes ☐ No
Section 6: Expenses Protection	Benefit 1: Purchase Protection		☐ Yes ☐ No
	Benefit 2: E-Commerce Purchase Protection		☐ Yes ☐ No
	Benefit 3: Price Protection		☐ Yes ☐ No
	Benefit 4: Ticket Protection		☐ Yes ☐ No
Section 7	Credit Protection		☐ Yes ☐ No
Section 8	Personal Liability Protection		☐ Yes ☐ No
Section 9	Golfer's Hole-In-One		☐ Yes ☐ No
Section 10: Travel Insurance	Benefit 1: Baggage Insurance		☐ Yes ☐ No
	Benefit 2: Loss of Checked in Baggage		☐ Yes ☐ No
	Benefit 3: Delay of Checked in Baggage		☐ Yes ☐ No
	Benefit 4: Missed Flight Connection		☐ Yes ☐ No
	Benefit 5: Compassionate Visit		☐ Yes ☐ No
	Benefit 6: Hijacking		☐ Yes ☐ No
	Benefit 7: Flight Delay		☐ Yes ☐ No
	Benefit 8: Trip Cancellation and Interruption		☐ Yes ☐ No
	Benefit 9: Carrier Cancellation		☐ Yes ☐ No
	Benefit 10: Trip Liability Cover		☐ Yes ☐ No
Section 11: Personal Accident Cover	Benefit 1: Accidental Death (AD)		☐ Yes ☐ No
	Benefit 2: Permanent Total Disablement (PTD)		☐ Yes ☐ No
	Benefit 3: Permanent Partial Disablement (PPD)		☐ Yes ☐ No
	Benefit 4: Temporary Total Disablement (TTD)		☐ Yes ☐ No
	Benefit 5: Common Carrier - Accidental Death (AD)		☐ Yes ☐ No
	Benefit 6: Common Carrier - Permanent Total Disablement (PTD)		☐ Yes ☐ No
	Benefit 7: Adventure Sports - Accident Cover		☐ Yes ☐ No
Section 12	Collision Damage Waiver		☐ Yes ☐ No
Section 13	Misfuelling		☐ Yes ☐ No
Section 14	Baggage Cover		☐ Yes ☐ No

Section	Cover	Yes/No (pls tick)
Section15: Value Added Services	Benefit 1: 24/7 Card Blocking Service	☐ Yes ☐ No
	Benefit 2: Assistance Service for Mobile Phone	☐ Yes ☐ No
	Benefit 3: Emergency Hotel Assistance- India and abroad	☐ Yes ☐ No
	Benefit 4: Emergency Travel Assistance - India and abroad	☐ Yes ☐ No
	Benefit 5: Emergency Cash Assistance	☐ Yes ☐ No
	Benefit 6: Road Side Assistance	☐ Yes ☐ No
	Benefit 7: Valuable Documents Assistance	☐ Yes ☐ No

RISK DETAILS:

All the questions to be answered completely. In case of any additional details, kindly enclose the information as an annexure:

Section 1: Fraud Protection

Do you want Sum Insured on Floater Basis for the covers selected? ☐ Yes ☐ No

If Yes, please mention:

(a) Per Member Limit:

(b) Per Family Limit

(c) Annual Aggregate Limit:

Coverage	Per Member Limit	Per Family Limit	Annual Aggregate Limit
Benefit 1 (a): Lost Card Liability			
Benefit 1 (b): Card Liability due to unauthorized usage			
Benefit 1 (c): Online Fraud			
Benefit 1 (d): Misuse of Card			
Benefit 2: Forgery or Counterfeit Cheque Cover			

Special Conditions:

a. Pre-Reporting Period: _____ days (Applicable for Benefit 1)

b. Post-Reporting Period: _____ days (Applicable for Benefit 1)

Please provide following Card Details:

Type	Issuer

Section 2: Wallet Protection

Do you want Sum Insured on Floater Basis for the covers selected? ☐ Yes ☐ No

If Yes, please mention:

(a) Per Member Limit:

(b) Per Family Limit:

(c) Annual Aggregate Limit:

Coverage	Per Member Limit	Per Family Limit	Annual Aggregate Limit
Benefit 1: Physical Wallet Protection			
Benefit 2: Valuable Documents Cover			
Benefit 3 (a): Liability under Digital Wallet/Card due to unauthorized usage			
Benefit 3 (b): Liability under Digital Wallet/Card due to fraudulent internet-based transactions			
Benefit 3 (c): Misuse of Digital Wallet/Card			
Benefit 3 (d): Liability under Digital Wallet/Card due to Loss of Device			

Special Conditions:

a. Pre-Reporting Period: _____ days (Applicable for Benefit 3)

b. Post-Reporting Period: _____ days (Applicable for Benefit 3)

Section 3: Mobile Phone Protection AND Section 4: Gadget Protection	Type of Gadget	No of Gadget	Value/Sum Insured of the Gadget

<table>
<tr><td colspan="3">Deductible:</td></tr>
<tr><td colspan="3">*Separate list should be attached in respect of each gadget/mobile phone proposed to be covered under each Sum Insured including make/model, Unique Identification Number of Gadget, Invoice Value, date of purchase etc.</td></tr>
</table>

Section 5: ATM Protection

Do you want Sum Insured on Floater Basis for the covers selected? ☐ Yes ☐ No
If Yes, please mention:

(a) Per Member Limit:

(b) Per Family Limit:

(c) Annual Aggregate Limit:

Coverage	Per Member Limit	Per Family Limit	Annual Aggregate Limit
Benefit 1 (a): ATM Robbery Protection			
Benefit 1 (b): ATM Assault			
Benefit 1 (c): Transaction under Duress			
Benefit 2: Cash in Transit Protection			

Section 6: Expenses Protection

Do you want Sum Insured on Floater Basis for the covers selected? ☐ Yes ☐ No
If Yes, please mention:

(a) Per Member Limit:

(b) Per Family Limit:

(c) Annual Aggregate Limit:

Coverage	Per Member Limit	Per Family Limit	Annual Aggregate Limit
Benefit 1: Purchase Protection			
Benefit 2: E-Commerce Purchase Protection			
Benefit 3: Price Protection			
Benefit 4: Ticket Protection			

Section 7: Credit Protection

Please provide following Card Details/ Loan Details:

Card Details		
Card Holder Name	**Card Number**	**Maximum Card Limit**

Loan Details			
Loan Account Number	**Loanee Name**	**Loan Tenure**	**Outstanding Loan Amount**

Sum Insured:

Nominee Details (in case of death of Insured Person)

Name	Relationship with the Insured Person	Date of Birth DD/MM /YYYY	Gender	Appointee Details in case Nominee is a Minor

Section 8: Personal Liability Protection

Do you want Sum Insured on Floater Basis for the covers selected? ☐ Yes ☐ No
If Yes, please mention:

(a) Per Member Limit:

(b) Per Family Limit:

(c) Annual Aggregate Limit:

Deductible for each and every claim:

Section 9: Golfer's Hole-In-One	Do you want Sum Insured on Floater Basis for the covers selected? If Yes, please mention:	☐ Yes ☐ No
	(a) Per Member Limit:	
	(b) Per Family Limit:	
	(c) Annual Aggregate Limit:	

Section 10: Travel Insurance	Do you want Sum Insured on Floater Basis for the covers selected?	☐ Yes ☐ No
	No of Travel Days:	
	Travel Start Date:	
	Travel End Date:	
	Place of Origin:	
	Place of Destination:	
	Nature of Trip: Domestic/International	

Benefit 1: Baggage Insurance

Please provide details in relation to accompanied baggage and personal effect that are generally carried during the period of travel anywhere within India or abroad, including a break-up of the value of such articles and a total value of all these articles combined as well

Description of item	Sum Insured (Rs)
Total	

Please provide following details:

Per Member Limit	Per Family Limit	Per Event Limit	Annual Aggregate Limit

Benefit 2: Loss of Checked in Baggage

Per Member Limit	Per Family Limit	Per Event Limit	Annual Aggregate Limit

Benefit 3: Delay of Checked in Baggage

Per Member Limit	Per Family Limit	Per Event Limit	Annual Aggregate Limit

Deductible (in Hours): _____

Benefit 4: Missed Flight Connection

Per Member Limit	Per Family Limit	Per Event Limit	Annual Aggregate Limit

Benefit 5: Compassionate Visit

Per Member Limit	Per Family Limit	Per Event Limit	Annual Aggregate Limit

Benefit 6: Hijacking

Deductible (in Hours): _____

Sum Insured:

Benefit 7: Flight Delay

Deductible (in Hours): _____

Sum Insured:

Benefit 8: Trip Cancellation and Interruption

Per Member Limit	Per Family Limit	Per Event Limit	Annual Aggregate Limit

Deductible for each and every claim:

Benefit 9: Carrier Cancellation

Sum Insured:

Benefit 10: Trip Liability

Per Member Limit	Per Family Limit	Per Event Limit	Annual Aggregate Limit

Deductible for each and every claim:

Section 11: Personal Accident	Name of the insured person	Date of Birth	Occupation	Relationship with Proposer	Details of existing infirmity or disability
	Sum Insured:				
	Nominee Details (in case of death of Insured Person)				
	Name	Relationship with the Insured Person	Date of Birth DD/MM /YYYY	Gender	Appointee Details in case Nominee is a Minor
Section 12: Collision Damage Waiver	Per Occurrence Limit: _____ Annual Aggregate Limit: _____				
Section 13: Misfuelling	Per Occurrence Limit: _____ Annual Aggregate Limit: _____				
Section 14: Baggage Cover	Please provide details in relation to accompanied baggage and personal effect that are generally carried during the period of travel anywhere within India or abroad, including a break-up of the value of such articles and a total value of all these articles combined as well				

Description of item	Sum Insured (Rs)
Total	

Geographical Scope: ☐ India ☐ Worldwide

PREVIOUS INSURANCE DETAILS

Has there previously been an insurance program?	☐ Yes ☐ No
Has there previously been an insurance program?	☐ Yes ☐ No
If Yes, please provide	
• Insurer	
• Duration of Cover	
• Loss Ratio	
Has any insurer	
• Declined your Proposal?	☐ Yes ☐ No
• Cancelled or refused to renew your Policy?	☐ Yes ☐ No
• Accepted your Proposal on special terms and condition?	☐ Yes ☐ No
If yes in any of the above case, please provide details:	

NOMINEE DETAILS (Applicable for individual customers)

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*

*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 if space is not sufficient to complete details.

BANK ACCOUNT DETAILS

PAYMENT DETAILS	REFUND / CLAIMS DETAIL
☐ Cheque ☐ Demand Draft ☐ Credit/Debit Card	☐ Details as per premium cheque to be used for electronic fund transfer;
☐ Online Payment	☐ Cancelled cheque submitted of other bank
Cheque / D.D# [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]	Account Number: [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]
Drawn Amount [ ][ ][ ][ ][ ][ ][ ][ ]	IFSC/MICR Code: [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]
Drawn To [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]	Bank Name: [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]
Date [ ][ ][ ][ ][ ][ ]	Account Holder name: [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]
IFSC/MICR Code [ ][ ][ ][ ][ ][ ][ ][ ][ ]	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
Bank and Branch Name: [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]	
For Credit/Debit Card: [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]	
Transaction Reference No: [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]	
Transaction Date: [ ][ ][ ][ ][ ][ ]	

ELECTRONIC INSURANCE ACCOUNT DETAILS OF PROPOSER (E-mail id is mandatory)

Do you have an EIA Account	☐ Yes ☐ No
If Yes, please quote EIA Number	
If No, do you want Us to create an EIA account for you	☐ Yes ☐ No (If Yes, please fill up Insurance Repository Application form)
Email id (to be registered with Insurance Repository)	
Your address details as mentioned in the EIA account shall override the address provided in this application for Insurance	

DECLARATION

I / We hereby declare that the statements made by me / us in this Proposal Form and Questionnaire are to the best of my / our knowledge and belief, complete and true, and I / We hereby agree that this proposal forms and questionnaire the basis and is part of any policy issued in connection with the above risk(s). It is agreed that Zurich Kotak General Insurance Company (India) Limited. is liable in accordance with the terms of the policy only and that the Insured will not lodge any other claims of whatever nature. Zurich Kotak General Insurance Company (India) Limited. undertakes to deal with this information in strict confidence.

Protect and contribute in conserving the environment, all your policy and service related communication would be sent in soft copy to the email id mentioned in the proposal form and it is valid for all regulatory /policy servicing requirements. ☐ I / We would still want to receive a physical copy of the policy.

☐ 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.

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 Organisation making the payment:

☐ Limited Company   ☐ Government Organisation   ☐ Non-Government Organisation (NGO)   ☐ Society   ☐ Trust   ☐ Partnership

☐ International Organisation   ☐ 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 organisation, 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 / Stamp of the Proposer*

ACKNOWLEDGEMENT

Received from Ms. /Mrs. / Mr. [ ]

a sum of Rs. [ ][ ][ ][ ][ ][ ][ ][ ] Through Cheque/DD [ ][ ][ ][ ][ ][ ][ ][ ] against your proposal for Smart Personal Protection Policy.

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 Smart Personal Protection Policy 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.

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 / Stamp of the Proposer*

Place* [   ]   Date* [   ]   Signature of Intermediary / Sales Person*

DECLARATION IN CASE THE PROPOSER/ POLICYHOLDER IS PERSON WITH DISABILITY (PWD) (Applicable for individual customers)

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 thumb impression / signature after fully understanding the features thereof.

Signature / Stamp of the Proposer*

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

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.