

ZK - 25-26/v1

Smart Travel Proposal Form & Questionnaire

STPF

GUIDELINES FOR COMPLETION OF THE PROPOSAL FORM

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

SECTION I

PROPOSER'S INFORMATION

Title Mr. / Miss / Mrs. / M/s / Others			
Name*			
	First Name	Middle Name	Last Name
Gender*	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others	Date of Birth*	<input type="text"/>
Nationality*	<input type="checkbox"/> Indian <input type="checkbox"/> Non-Indian <input type="checkbox"/> NRI	Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Others
Permanent Indian Address*			
Address (Line 1).			
Address (Line 2)			
Nearest Landmark	City / District		
State	Pin Code	Country	
Is Correspondence Address same as Permanent Address?* <input type="checkbox"/> Yes <input type="checkbox"/> No If 'No', please provide below			
Correspondence Address			
Address (Line 1)			
Address (Line 2)			
Nearest Landmark	City / District		
State	Pin Code	Country	
GSTIN			
Phone	Mobile*		
Overseas Contact Number	Email*		
Occupation*	<input type="checkbox"/> Business <input type="checkbox"/> Salaried <input type="checkbox"/> Professionals <input type="checkbox"/> Student <input type="checkbox"/> Housewife <input type="checkbox"/> Retired <input type="checkbox"/> Others		
Profession*	<input type="checkbox"/> CA <input type="checkbox"/> Paramilitary Services <input type="checkbox"/> Govt. Teacher <input type="checkbox"/> Govt. Employee <input type="checkbox"/> Medical Doctor <input type="checkbox"/> Others		
Annual Income	Up to 2.5 lacs <input type="checkbox"/> 2.5 - 6 lacs <input type="checkbox"/> 6 - 10 lacs <input type="checkbox"/> 10 - 15 lacs <input type="checkbox"/> 15 - 20 lacs <input type="checkbox"/>		
	20 - 25 lacs <input type="checkbox"/> >25 lacs <input type="checkbox"/>		
PAN*:	<input type="text"/> /Form 60 (only in case the customer does not have PAN No.)		
CKYC Identifier / Number (Generated by CERSAI)	<input type="text"/>		
Please share the following for authentication purpose:			
Proof of Identity (POI) and Proof of Address (POA) [(✓) Tick whichever is applicable]			
<input type="checkbox"/> PAN <input type="checkbox"/> Ration Card <input type="checkbox"/> Passport <input type="checkbox"/> Driving License <input type="checkbox"/> Voter ID Card <input type="checkbox"/> Others (Please specify):			
Zurich / Kotak Group Employees	<input type="checkbox"/> Yes <input type="checkbox"/> No If 'Yes', Employee ID <input type="text"/>		
Are you an existing customer of Kotak Mahindra Bank Ltd. / Kotak Mahindra Prime Ltd.?	<input type="checkbox"/> Yes <input type="checkbox"/> No If 'Yes', CRN <input type="text"/>		

TRAVEL DETAILS

Select Trip Type

Single Trip

Annual Multi Trip

Departure Date

Policy Start Date

Arrival Date

Maximum Number of days Per Trip

Number Of Days

15 days30 days45 days60 days90 days

Type of Policy: Individual

Floater

Purpose of visit:

Pleasure

Employment /Business

Adventure sports

Visit to Family/Friends

Aviation

On Immigration Visa

Family Doctor Name & Contact Number:

COVERAGE INFORMATION

Please choose the Geographical scope, Plan Variant and Sum Insured

Plan Name	Excel	Prime	Silver	Gold	Platinum	Platinum Plus	Senior
Geography	Sum Insured	Sum Insured	Sum Insured	Sum Insured	Sum Insured	Sum Insured	Sum Insured
Asia	USD 30,000	USD 100,000					
	USD 50,000	USD 150,000					
	USD 100,000	USD 250,000					
		USD 500,000					
Worldwide Excluding USA and Canada			USD 30,000	USD 100,000	USD 250,000	USD 250,000	USD 50,000
			USD 50,000	USD 150,000	USD 500,000	USD 500,000	USD 100,000
			USD 100,000	USD 250,000	USD 750,000	USD 750,000	USD 250,000
			USD 150,000	USD 500,000	USD 10,00,000	USD 10,00,000	
Worldwide Including USA and Canada			USD 30,000	USD 100,000	USD 250,000	USD 250,000	USD 50,000
			USD 50,000	USD 150,000	USD 500,000	USD 500,000	USD 100,000
			USD 100,000	USD 250,000	USD 750,000	USD 750,000	USD 250,000
			USD 150,000	USD 500,000	USD 10,00,000	USD 10,00,000	
Schengen			Euro 30,000	Euro 100,000	Euro 250,000	Euro 250,000	Euro 30,000
			Euro 50,000	Euro 150,000	Euro 500,000	Euro 500,000	Euro 50,000
			Euro 100,000	Euro 250,000	Euro 750,000	Euro 750,000	Euro 100,000
			Euro 150,000	Euro 500,000	Euro 10,00,000	Euro 10,00,000	Euro 250,000

* Note: USD/Euro 30,000 are not applicable for Floater Plan

OPTIONAL COVERS (For selection as per the Plan Opted above)

S.No	Benefits	Excel	Prime	Silver	Gold	Platinum	Platinum Plus	Senior
1	Pre-existing Diseases Cover	NA	USD 2,500	NA	NA	USD 2,500 / Euro 2,500	USD 5000 / Euro 5000	NA
2	Trip Extension (Overseas)	Balance SI	Balance SI	Balance SI	Balance SI	Balance SI	Balance SI	Balance SI
3	Adventure Sports Cover	Upto SI	Upto SI	Upto SI	Upto SI	Upto SI	Upto SI	Upto SI
4	Home to Home Cover	NA	Upto SI	NA	Upto SI	Upto SI	Upto SI	NA
5	Waiver Of Deductible	NA	Available	NA	NA	Available	Available	NA
6	Waiver of Sub-limits	Available	Available	Available **	Available **	Available **	NA (Already Inbuilt under the plan) **	Available **

OPTIONAL COVERS (For selection as per the Plan Opted above)

S.No	Benefits	Excel	Prime	Silver	Gold	Platinum	Platinum Plus	Senior
7	Addition of Co-pay	10% <input type="checkbox"/> 20% <input type="checkbox"/>	10% <input type="checkbox"/> 20% <input type="checkbox"/>	10% ** <input type="checkbox"/> 20% ** <input type="checkbox"/>	10% ** <input type="checkbox"/> 20% ** <input type="checkbox"/>	10% ** <input type="checkbox"/> 20% ** <input type="checkbox"/>	10% ** <input type="checkbox"/> 20% ** <input type="checkbox"/>	10% ** <input type="checkbox"/> 20% ** <input type="checkbox"/>
8	Medical Expenses - Accident only	Upto SI <input type="checkbox"/>	Upto SI <input type="checkbox"/>	Upto SI ** <input type="checkbox"/>	Upto SI ** <input type="checkbox"/>	Upto SI ** <input type="checkbox"/>	Upto SI ** <input type="checkbox"/>	Upto SI ** <input type="checkbox"/>
9	Bounced Booking - Hotel/Common Carrier	USD 500 <input type="checkbox"/>	USD 500 <input type="checkbox"/>	USD 500 / Euro 500 <input type="checkbox"/>	USD 500 / Euro 500 <input type="checkbox"/>	USD 1,000 / Euro 1,000 <input type="checkbox"/>	USD 1,000 / Euro 1,000 <input type="checkbox"/>	USD 500 / Euro 500 <input type="checkbox"/>
10	Loss of Personal Belongings	USD 500 <input type="checkbox"/>	USD 500 <input type="checkbox"/>	USD 500 / Euro 500 <input type="checkbox"/>	USD 500 / Euro 500 <input type="checkbox"/>	USD 1,000 / Euro 1000 <input type="checkbox"/>	USD 1000 / Euro 1,000 <input type="checkbox"/>	USD 500 / Euro 500 <input type="checkbox"/>
11	Child Education Benefit	NA <input type="checkbox"/>	USD 1,500 <input type="checkbox"/>	USD 1,500 / Euro 1,500 <input type="checkbox"/>	USD 2,000 / Euro 2,000 <input type="checkbox"/>	USD 2,500 / Euro 2,500 <input type="checkbox"/>	USD 2500 / Euro 2500 <input type="checkbox"/>	NA <input type="checkbox"/>
12	Lifestyle Modification Benefit	NA <input type="checkbox"/>	NA <input type="checkbox"/>	NA <input type="checkbox"/>	NA <input type="checkbox"/>	USD 2,000 / Euro 2,000 <input type="checkbox"/>	USD 2000 / Euro 2000 <input type="checkbox"/>	NA <input type="checkbox"/>
13	Fraudulent Charges	USD 500 <input type="checkbox"/>	USD 500 <input type="checkbox"/>	USD 1,000 / Euro 1,000 <input type="checkbox"/>	USD 1,000 / Euro 1,000 <input type="checkbox"/>	USD 2,000 / Euro 2,000 <input type="checkbox"/>	USD 2500 / Euro 2500 <input type="checkbox"/>	USD 1000 / Euro 1000 <input type="checkbox"/>
14	Home Burglary and Robbery	INR 100,000 <input type="checkbox"/>	INR 200,000 <input type="checkbox"/>	INR 100,000 <input type="checkbox"/>	INR 200,000 <input type="checkbox"/>	INR 500,000 <input type="checkbox"/>	INR 500,000 <input type="checkbox"/>	INR 100,000 <input type="checkbox"/>
15	Fire and Allied Perils (Buildings and Contents)	Building- INR 10,00,000 Contents- INR 100,000 <input type="checkbox"/>	Building- INR 20,00,000 Contents- INR 200,000 <input type="checkbox"/>	Building- INR 10,00,000 Contents- INR 100,000 <input type="checkbox"/>	Building- INR 20,00,000 Contents- INR 200,000 <input type="checkbox"/>	Building- INR 20,00,000 Contents- INR 500,000 <input type="checkbox"/>	Building- 20,00,000 Contents- INR 500,000 <input type="checkbox"/>	Building- INR 10,00,000 Contents- INR 100,000 <input type="checkbox"/>
16	Visa Denial Insurance	INR 25,000 ^{##} <input type="checkbox"/>	INR 25,000 ^{##} <input type="checkbox"/>	INR 25,000 ^{##} <input type="checkbox"/>	INR 25,000 ^{##} <input type="checkbox"/>	INR 25,000 ^{##} <input type="checkbox"/>	INR 25,000 ^{##} <input type="checkbox"/>	INR 25,000 ^{##} <input type="checkbox"/>
17	Return of Minor Child	NA <input type="checkbox"/>	USD 1,000 <input type="checkbox"/>	NA <input type="checkbox"/>	USD 2,000 / Euro 2,000 <input type="checkbox"/>	USD 2,000 / Euro 2,000 <input type="checkbox"/>	USD 2,000 / Euro 2,000 <input type="checkbox"/>	NA <input type="checkbox"/>
18	Pet Care	NA <input type="checkbox"/>	NA <input type="checkbox"/>	NA <input type="checkbox"/>	NA <input type="checkbox"/>	INR 25,000 <input type="checkbox"/>	INR 50,000 <input type="checkbox"/>	NA <input type="checkbox"/>
19	Event Cancellation	USD 250 <input type="checkbox"/>	USD 250 <input type="checkbox"/>	USD 250 / Euro 250 <input type="checkbox"/>	USD 500 / Euro 500 <input type="checkbox"/>	USD 1,000 / Euro 1,000 <input type="checkbox"/>	USD 1,000 / Euro 1,000 <input type="checkbox"/>	USD 250 / Euro 250 <input type="checkbox"/>
20	Sports Equipment Cover	NA <input type="checkbox"/>	NA <input type="checkbox"/>	NA <input type="checkbox"/>	NA <input type="checkbox"/>	USD 3,000 / Euro 3,000 <input type="checkbox"/>	USD 5,000 / Euro 5,000 <input type="checkbox"/>	NA <input type="checkbox"/>
21	Rental Excess Insurance	NA <input type="checkbox"/>	NA <input type="checkbox"/>	NA <input type="checkbox"/>	NA <input type="checkbox"/>	USD 250 / Euro 250 <input type="checkbox"/>	USD 500 / Euro 500 <input type="checkbox"/>	NA <input type="checkbox"/>
22	Golfer's Hole in One	NA <input type="checkbox"/>	NA <input type="checkbox"/>	NA <input type="checkbox"/>	NA <input type="checkbox"/>	USD 1,000 / Euro 1,000 <input type="checkbox"/>	USD 1,500 / Euro 1,500 <input type="checkbox"/>	NA <input type="checkbox"/>
23	Green Fees Cover	NA <input type="checkbox"/>	NA <input type="checkbox"/>	NA <input type="checkbox"/>	NA <input type="checkbox"/>	USD 200 / Euro 200 <input type="checkbox"/>	USD 300 / Euro 300 <input type="checkbox"/>	NA <input type="checkbox"/>
24	Piste Closure	NA <input type="checkbox"/>	NA <input type="checkbox"/>	NA <input type="checkbox"/>	NA <input type="checkbox"/>	USD 20 per day maximum up to USD 200 <input type="checkbox"/>	USD 20 per day maximum up to USD 200 <input type="checkbox"/>	NA <input type="checkbox"/>
25	Upgradation to Business Class	NA <input type="checkbox"/>	NA <input type="checkbox"/>	NA <input type="checkbox"/>	NA <input type="checkbox"/>	USD 1,000 / Euro 1,000 <input type="checkbox"/>	USD 1,500 / Euro 1,500 <input type="checkbox"/>	USD 1,000 / Euro 1,000 <input type="checkbox"/>
26	Political Risk and Catastrophe Evacuation	USD 500 <input type="checkbox"/>	USD 500 <input type="checkbox"/>	USD 500 / Euro 500 <input type="checkbox"/>	USD 500 / Euro 500 <input type="checkbox"/>	USD 1,000 / Euro 1,000 <input type="checkbox"/>	USD 1,500 / Euro 1,500 <input type="checkbox"/>	USD 500 / Euro 500 <input type="checkbox"/>

1.Sum Insured in Euro Applicable for Schengen Plans

2.** Not applicable for Schengen Plans

3.## Not applicable for Annual Multi-trip Plans

SECTION III
INSURED INFORMATION

Any one or more of the following can be covered –

Individual Policy - Insured Person's immediate family (You, Your legally married spouse/ Partner, your natural or adopted dependent child(ren) up to age 25 Years, Your parents, Your parent's in-law, Sisters, brothers, Grandson, Granddaughter, Grandparents, Uncle, Aunt, Niece and Nephew)

Floater Policy - Insured Person's immediate family (You, Your legally married spouse/ Partner, your natural or adopted up to 3 dependent child(ren) up to age 25 years, Your parents, Your parent's in-law)

Name in Full*	Relation with the Proposer*	Date of Birth DD/MM/YYYY*	Gender*	Passport Number	Occupation*	Marital Status*	ABHA Number

In case your ABHA Number is not created, please visit the link (<https://healthid.ndhm.gov.in/>) to create the same.

Nominee Details

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%**
For all other persons covered under the policy, the Proposer will be the nominee.

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.

PROPOSAL QUESTIONNAIRE

Questionnaire	Insured Person - 1	Insured Person - 2	Insured Person - 3	Insured Person - 4
Does the Insured have a Pre-Existing Disease?	Yes <input type="checkbox"/> / No <input type="checkbox"/>	Yes <input type="checkbox"/> / No <input type="checkbox"/>	Yes <input type="checkbox"/> / No <input type="checkbox"/>	Yes <input type="checkbox"/> / No <input type="checkbox"/>
Have you suffered or suffering from any of the following diseases?	Yes <input type="checkbox"/> / No <input type="checkbox"/>	Yes <input type="checkbox"/> / No <input type="checkbox"/>	Yes <input type="checkbox"/> / No <input type="checkbox"/>	Yes <input type="checkbox"/> / No <input type="checkbox"/>
1. Cancer - Any type of Cancer or malignant tumor of any kind 2. Brain and Neurological conditions - Stroke, Acute paralysis, Multiple sclerosis 3. Major organ failure (Heart, Liver, Kidney, Lung) 4. Chronic Obstructive Pulmonary Disease (COPD) / Progressive Lung Disease 5. Blood disorder - Hemophilia, Thalassemia, any anaemia other than iron deficiency anaemia 6. Cardiac Ailments 7. Chronic Liver disease, Crohns disease, Ulcerative colitis, Cirrhosis of Liver 8. Chronic Kidney Ailments 9. Insulin Dependent Diabetes				
Declared Pre-existing Medical Condition /Ailments				
Are any of the Insured Professional / Semi Professional sports person?	Yes <input type="checkbox"/> / No <input type="checkbox"/>	Yes <input type="checkbox"/> / No <input type="checkbox"/>	Yes <input type="checkbox"/> / No <input type="checkbox"/>	Yes <input type="checkbox"/> / No <input type="checkbox"/>
Do any of the Insured engage in any Adventure sports activities during trip?	Yes <input type="checkbox"/> / No <input type="checkbox"/>	Yes <input type="checkbox"/> / No <input type="checkbox"/>	Yes <input type="checkbox"/> / No <input type="checkbox"/>	Yes <input type="checkbox"/> / No <input type="checkbox"/>
Are all of the Insured Indians, presently in India & Travelling from India?	Yes <input type="checkbox"/> / No <input type="checkbox"/>	Yes <input type="checkbox"/> / No <input type="checkbox"/>	Yes <input type="checkbox"/> / No <input type="checkbox"/>	Yes <input type="checkbox"/> / No <input type="checkbox"/>

Note: If there is any other disclosure to be made / additional insured to be added, please write the same in a separate sheet and attach the signed sheet to this Proposal Form.

SECTION IV

*PAYMENT DETAILS

<input type="checkbox"/> Cheque	<input type="checkbox"/> Demand Draft	<input type="checkbox"/> Credit Card	<input type="checkbox"/> 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	
Online / Credit card premium payment should be made by the policyholder himself. Third party payments are not allowed			

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

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

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

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.

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.

☐ I/We hereby agree for sharing my/our medical records with the Insurer/ TPA through ABHA number mentioned in the proposal form. (Applicable for cases wherein ABHA number is available)

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 / Thumb impression of Proposer*

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

Signature of Intermediary/ Sales Person*

*Place:

*Date:

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 thumb impression / signature after fully understanding the features thereof.

Signature/Thumb impression of Proposer

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

*Place:

*Date:

ACKNOWLEDGEMENT

Received from Ms. /Mrs. / Mr.

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

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.