



**IFFCO-TOKIO GENERAL INSURANCE CO. LTD**  
Regd. Office: IFFCO Sadan, C-1, Distt. Centre, Saket, New Delhi-110017

**Director and Key Personnel Liability Insurance  
Proposal Form  
UIN: IRDAN106RP0001V01202425**

**PROPOSER DETAILS**

S. No				
1	Name of the proposer			
2	Director Identification Number (DIN)			
3	KYC Details (Please attach self attested photo copies)	KYC Document of Person proposed to be Insured	<input type="checkbox"/> AADHAR Card <input type="checkbox"/> Passport <input type="checkbox"/> NREGA Job card <input type="checkbox"/> PAN Card (mandatory where premium exceeds Rs. 10,000/-)	<input type="checkbox"/> Voter ID card <input type="checkbox"/> Driving License <input type="checkbox"/> National Population Register Card
		KYC Document Number/ CKYC Number		
4	Proposer's address			
5	Contact Details	Mobile number:		
		Email address:		
6	*Are You a Politically Exposed Person?	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"

7	Nominee Details	Nominee Name	Relationship	Address and Contact details of Nominee

If the Proposed Nominee is a minor, please furnish the Guardian Details of the Nominee below:

Name of Guardian:  
Address and Contact details:

S. No	Named Organisation			Subsidiaries/Outside Entities	
	1)	2)	3)	1)	2)
8	Name of organization				
	Industry Type				
	Coverage type (Primary/ Excess)				
	Capacity/ Designation				
	Company CIN/ROC No.				
	Gross Assets				
	Turn Over				
	Is the Company Profitable in the last financial year?				

	Desired Policy Limits of Liability AOA:AOY=1:1 (AOA-Any one accident: AOY-Any one year	5 crores <input type="checkbox"/> 10 crores <input type="checkbox"/>	50% of the limits of Named Organization
	Retroactive Date and Pending or Prior Date		
	Whether proposer has any other policy covering similar Liability?		
	If yes, mention the limits(AOA:AOY)		
	Name of the Insurance Company		
	Retroactive Date of the existing Policy		

\* Single Policy Limit for all Directorships/ Key Managerial Positions in Named Organizations. For Outside Organizations/Subsidiaries, this limit shall be restricted to 50%.

9	Policy period	From DD /MM/ YYYY	To DD /MM/ YYYY
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10	Electronic Insurance Account Details Section:		
	I want my policy related documents viz. Policy Schedule, Wordings etc. in Physical Format	Yes /No	
	e-Format (electronic) as & when applicable	Yes /No	
	I have e Insurance Account & the No. is _____		

**CLAIMS INFORMATION**

11	Have claims ever been made against any past or present Director or Key Managerial Personnel of any of the Companies or its subsidiaries mentioned in point no 8 above? If 'yes' please give details.	Yes /No	Details (if yes)
12	Have claims ever been made against you in past or current directorship or Key Managerial positions in any of the companies or its subsidiaries where you hold/held directorship? If yes, please give details	Yes/ No	Details (if yes)
13	Are you aware of any facts or circumstances which may convert into a claim in future?*	Yes/ No	Details (if yes)

\*It is agreed and understood that if such facts or circumstances exist, any Claim or action arising therefrom is excluded from this proposed coverage.

It is however understood that this section is not applicable, in case of our renewal, for those circumstances which have been reported to the Insurer as a potential claim as per the claim notification condition of the policy.

Mode of Payment	<input type="checkbox"/> Cheque	<input type="checkbox"/> DD	<input type="checkbox"/> NEFT
Bank Name			Date
Bank A/C number (#)	IFSC Code:		
Amount (in ₹)			

**# Bank Account Details For Process Of Refund/ Settlement of claim**

All settlements for Refund/Claims shall be made in the bank account whose details are provided below

Please provide the following bank details and a copy of Cancelled Cheque for direct credit of refund/ claim into your bank account:(Cancelled Cheque should be of the same bank account in which the refund/ claim proceeds needs to be credited directly.)

Name of Accountholder	
Cheque No	
Bank Name	
Branch Name	
Name as in Bank Account	
Bank Account No	
IFSC Code	
MICR Code	

**DECLARATION**

- a) I have read the prospectus/sales literature and am willing to accept the coverage subject to the terms, conditions and exceptions prescribed by IFFCO-Tokio therein. The policy Coverage, Rates, terms & Conditions have been explained to me in my language and have been understood by me.
- b) I hereby declare and warrant that the above statements are true and complete in all respects and that there is no other information, which is relevant to my application for insurance that has not been disclosed to you. I agree that this proposal and the declaration shall be the basis of the contract between me and IFFCO TOKIO GENERAL INSURANCE CO LTD and I agree to accept a policy, subject to the conditions prescribed by IFFCO TOKIO GENERAL INSURANCE CO LTD.
- c) I agree that the Policy shall become voidable at the option of the Company, in the event of any untrue or incorrect statement, misrepresentation, non- description or non-disclosure of material particulars in the Proposal Form/ personal statement, declaration and connected documents, or any material fact\*/ information has been withheld by beneficiary.

\*A material fact will mean and include all important, essential and relevant information, pertaining to the questions made in this proposal form, that are likely to influence company's acceptance or assessment of the proposal.

- d) I hereby authorize IFFCO-Tokio to share information on my proposal for the sole purpose of evaluating and underwriting this proposal and issuing insurance policy and/or claims settlement with the Surveyors/ Investigators, Reinsurers/Co-Insurers, Regulatory and or Governmental Authorities/Court under the applicable laws, or as may be required for effective discharge of obligations as an Insurer and

I understand that this proposal form is a valid consent from my side for sharing my personal data with above named third parties in connections or furtherance of this policy/claim.

e) I am submitting my Aadhar Card/Aadhar Number (including Virtual ID, e-Aadhaar) voluntarily for KYC and I understand that use of Aadhaar is not mandatory and alternative documents like Voter ID Card/ Passport/ Driving License/ NREGA Job card/ National Population Register Card/ CKYC Number may also be submitted for KYC. I hereby further authorize IFFCO-TOKIO to download/update/upload my particulars from/to CKYC Registry, based on CKYC no./ Other KYC documents provided by me.

f) **AML Guidelines** - 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 documents to establish source of funds. The insurance Company has the right to cancel the insurance contract in case I am/ have been found guilty by any competent court of law under any statues, directly or indirectly governing the prevention of money laundering in India.

g) **Vernacular Declaration**  
Applicable where the Proposer is illiterate or is suffering from a disability due to which writing is restricted or where the Proposer has signed in vernacular language. (Note: The below must be witnessed by someone other than the Agent/ Intermediary/Employee of the Company).

I certify that the product applied by me and the contents of the Proposal Form have been clearly explained to me and I have fully understood them. I further certify that the replies in the Proposal Form have been recorded as per the information provided by me.

h) I agree that above mentioned bank account details (#) may be used for the purpose of refund/ settlement of Claims (applicable for those cases where "Agreed Bank Clause" is not opted under this policy).

I agree IFFCO-Tokio to call, and send SMS, messages over internet-based messaging applications like WhatsApp and e-mail for services related to the product and to also offer additional insurance products and this consent is over and above any registration of the contact number on TRAI's National Do Not Call Registry.

Date :-----

Signature:-----

Place: -----

Name of the Proposer:-----

**Witness Declaration:**

I \_\_\_\_\_ (Full name of the witness) \_\_\_\_\_ (Relation with the Proposer) adult and inhabitant of (city) \_\_\_\_\_ and residing at \_\_\_\_\_ do hereby certify that I have read out and explained the contents of the Proposal Form and all other documents incidental to availing the insurance policy from IFFCO-Tokio General Insurance Co. Ltd. to the Proposer and he/she has understood the same. I declare that whatever I have stated herein above is true and correct to the best of knowledge and belief.

Witness Signature: -----

Place: -----

Name of Witness:-----

**PROHIBITION OF REBATES**

**SECTION 41 OF THE INSURANCE ACT 1938 PROVIDES AS FOLLOWS:**

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 except such rebate as may be allowed in accordance with the published prospectus or tables of the insurer.
2. Any person making default in Company with the provisions of the section shall be punishable with fine which may extend to ten lakhs rupees.