

UIN : IRDAN113RP0002V01200708

|                          |
|--------------------------|
| FOR OFFICE USE ONLY      |
| ACCEPTED BY              |
| DATE & TIME              |
| RATE                     |
| REMARKS                  |
| POLICY NO.               |
| COLLECTION NO./SCROLL NO |

**PROPOSAL FORM FOR All Risk Policy**

**SCOPE OF COVER**

This Insurance Policy provides cover against Loss or Damage to portable equipments due to perils mentioned on the policy schedule..

**EXCLUSIONS**

The Insurance Policy does not cover.

- a. Loss of damage arising from War, Warlike operations Civil Commotion, Depreciation wear and tear, moth, mildew, vermin, the process of cleaning, dyeing repairing over winding of clocks and watches mechanical derangement, electrical breakdown, breakage of glass, china and articles of brittle nature, theft from unattended vehicles, detention or confiscation by Customs or other Authorities and consequential loss.
- b. Money Securities, Manuscripts, Deeds Bonds, Bills of Exchange Promissory Notes Stock or Shares Certificate, Stamps, Business Books and documents articles dispatched under contract of affreightment.

THE FOREGOING IS ONLY A BROAD INDICATION OF THE COVER OFFERED FOR DETAILS PLEASE REFER TO ANY OFFICE OF THE COMPANY.

This type of insurance is also available under section III of Householders Policy

NOTE: PLEASE ANSWER EVERY QUESTION FULLY

- 1 a. Name of person (in full)  
(in BLOCK LETTER)
- b. Residential Address
- c. Occupation/Profession and address
- 2. PROPERTY TO BE INSURED

| Sr. No. | Full Description of Property | Sum Insured Rs |
|---------|------------------------------|----------------|
|         |                              |                |

**Bank Details**

Name as pr Bank

Name Of Bank

Bank Account No.  IFSC Code

IFSC Code

\* I accept to pay & receive claim amount (if any) in the above given Bank a/c

**Electronic-Insurance Account:**

Please provide e-IA No. to deposit your insurance policy. : \_\_\_\_\_

Do you want to open e-IA account: Yes/No

**Existing Customer**

Are you an existing customer of BGLtd Yes No

If Yes. Please provide PID No: \_\_\_\_\_ / Policy No. \_\_\_\_\_

I hereby confirm that, there is no change in my existing KYC details that are available from my previous/existing policy.



**PROHIBITION OF REBATES Section 41, of insurance Act, 1938**

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 rebate except such rebate as may be allowed in accordance with the published prospectus or tables of the insurer Any person making default in complying with the provisions of this section shall be liable for penalty which may extend to ten lakhs rupees.

**Declaration - Physical Proposal Form**

Are you or any of the proposal applicants a PEP or a close relative of PEP? If yes, please share the details

"Politically Exposed Persons" (PEPs) are individuals who are or have been entrusted with prominent public functions in a foreign country, e.g., Heads of States/ Governments, senior politicians, senior government/judicial/military officers, senior executives of state-owned corporations, important political party officials, etc."  Yes/  No

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  Yes/  No

I/we hereby declare and confirm that the premium has been paid out of legally acquired sources of income and the subsequent premiums if any, will continue to be paid out of legally declared and assessed source of income.  Yes/  No

I/We hereby give voluntary consent to BGI Ltd Company to share my/our personal information and data provided in this proposal form with its group companies or any other person in connection with the Insurance Policy or otherwise, including for providing products and services of group companies that may be of interest to me/us, to be used in accordance with their respective privacy policies and subject to appropriate measures being in place to safeguard my/our personal information.  Yes/  No

It is mandatory to keep your policy with updated contact (Mobile No., Email ID and PAN Card) and bank account details, to process any of your Yes/No service requests faster and hassle-free in future.

You can update the same through Caringly yours App-<http://onelink.to/v9zp7c>, Whats App Service (Say 'Hi' on Whats App- +917507245858), Contact our 24-Hour Call Center at 1800-209-5858, 1800-102-5858, Give a Missed Call on 8080945060, SMS "WORRY" to 575758, Email-careforyou@bajajgeneral.com, website-<https://www.bajajgeneralinsurance.com/general-insurance.html>, contact your agent or nearest branch. nearest branch.

**Declaration :**

The content of this form and its particulars have been explained by me in vernacular to the proposer who has understood and confirmed the same.

Signature of Proposer: \_\_\_\_\_ Date : \_\_\_\_\_ Place : \_\_\_\_\_

Name of Witness : \_\_\_\_\_

Signature of Witness : \_\_\_\_\_ Date : \_\_\_\_\_ Place : \_\_\_\_\_

**Disability Declaration :**

Any Physical deformity or handicap Yes No

If Yes. Please provide details: \_\_\_\_\_ ( Disability Certificate issued by the Medical Board appointed by the Government for certifying Disability)

I \_\_\_\_\_ authorised representative of Mr./Miss/Mrs. \_\_\_\_\_ hereby giving consent on the behalf of the proposer due to his/her disability, that he/she has understood the content of this form and its particulars and confirmed the same

Name of Authorised Representative : \_\_\_\_\_

Signature of Authorised representative : \_\_\_\_\_ Date : \_\_\_\_\_ Place : \_\_\_\_\_

**Claim Docs**

I/we hereby confirm that I/we have provided all relevant and supporting documents sought by the company, required for the issuance of the policy. Any document(s) as may be required, for claims processing, shall be submitted by me on demand by the company.

**Agent/ Intermediary Declaration :**

I, \_\_\_\_\_, acting in my capacity as an Insurance Advisor/Specified Person of the Corporate Agent/Authorized Employee of the Broker/Relationship Officer, hereby declare that I have explained all the contents of this Proposal Form, including the nature of the questions contained herein, to the Proposer in their vernacular language, if required. This includes all statements, information, and responses submitted by the Proposer in this Proposal Form to the questions contained herein or any details sought herein. These details will form the basis of the Contract of Insurance between the Company and the Proposer if this Proposal is accepted by the Company for the issuance of the Policy.

I have further clarified that if any untrue statement(s), information, or response(s) is/are contained in this Proposal Form, including any addendum(s), affidavits, statements, or submissions furnished or to be furnished, the Company shall have the right to vary the benefits payable. Moreover, if there has been a non-disclosure of any material fact, the policy issued to the Proposer pursuant to this Proposal may be treated by the Company as null and void, and all premiums paid under the Policy may be forfeited to the Company.

IRDAI COR No./ License No. (Advisor/Corporate Agent/Broker/Relationship Officer)

Signature of Agent: \_\_\_\_\_ Date: \_\_\_\_\_ Place: \_\_\_\_\_

**Agent / IMD ( SP / DP / BQP) signature and their code**

Agent/IMD Name \_\_\_\_\_ Agent/IMD Code \_\_\_\_\_ Agent/IMD Signature \_\_\_\_\_

SP / BQP / DP / PoS Name \_\_\_\_\_ SP / BQP / DP / PoS CoR No.: \_\_\_\_\_ SP / BQP / DP / PoS Signature \_\_\_\_\_

**DISCLAIMER:**

This message, including any attachments may contain proprietary, confidential and privileged information of our company [BGIL] for the sole use of the intended recipient(s), and is Strictly Confidential protected by law. If you are not the intended recipient, please notify the sender immediately and destroy all copies of the original message and attachments, if any, from all your computer/mobile/network systems/servers/CPU. Any unauthorized person and or unauthorized purposes of review, use, disclosure, dissemination, forwarding, printing or copying of this email or any action taken in reliance on this e-mail is strictly prohibited and may be unlawful. Bajaj General Insurance Limited reserves the right to record, monitor and inspect all email communications through its internal and external networks. Your messages can be subject to such lawful supervision as Bajaj General Insurance Limited deems necessary in order to protect its information, interests, documents, records, and reputation. Bajaj General Insurance Limited prohibits and may take suitable steps to prevent their information systems from being used to view, store or forward offensive or discriminatory or prohibited/unlawful material/records/documents. If this message contains such material, please report it to [careforyou@bajajgeneral.com](mailto:careforyou@bajajgeneral.com). Please ensure you have adequate virus protection before you open or detach any documents from this transmission. Bajaj General Insurance Limited does not accept any liability for viruses To report any incident of corruption please write on [careforyou@bajajgeneral.com](mailto:careforyou@bajajgeneral.com) If you like our services, like us on Facebook