

UIN : IRDAN113RP0001V03201516

EXTENDED WARRANTY

PROPOSAL FORM

1. Please answer all questions in BLOCK letters.
2. Liability of the Company does not commence until this Proposal Form has been accepted by the Company and full premium has been paid.
3. This Proposal Form 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 Form FULLY AND ACCURATELY 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.

Proposer Details

Name of the Proposer: _____

Residential Address: _____

Telephone No.: _____ Mobile Number: _____

E-mail: _____

Bank Details

| | | | | | | | | | | | |
|------------------|--|--|--|--|--|-----------|--|--|--|--|--|
| Name as per 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 BGIL ? 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.

Item Details

Please provide the following details in respect of the items that you wish to insure under this policy.

| Details of Items to be Insured | | | | | | | |
|--------------------------------|---|---------------------|--------------------------------|------------------|-----------------------------------|------------------------|--|
| S. No. | Description of the equipment (including Make, Model and S. No.) | Year of manufacture | Name and Address of the Seller | Date of Purchase | Period of Manufacturer's Warranty | Sum Insured (in Rs.) * | Deductible Opted For Partial Loss Yes / No |
| 1 | | | | | From: _____ To: _____ | | |
| 2 | | | | | | | |
| 3 | | | | | | | |
| 4 | | | | | | | |

*Please note that the sum insured for a particular item should represent its original purchase price.

Proposed Policy Period (You have an option to Opt for a policy period of 1 Year / 2 Years /3 Years after the expiry of the Manufacturers Warranty on the Asset proposed for Insurance)

a) From: __/__/_____

b) To: __/__/_____

Premium Details

Net Premium: _____ Service Tax: _____ Total Premium: _____

Mode of Payment

a) By Cheque: Cheque No.: _____ Bank: _____ Branch: _____

b) By Cash: _____

Has any General Insurance Company, in respect of the risk to which this proposal relates, ever:

Declined a proposal, refused renewal or terminated insurance? Yes / No

Required an increased premium or imposed special conditions? Yes / No

If yes in either case, please provide details: _____

Declaration and Warranty

I/We hereby declare and warrant that the declaration, warranties, statements and particulars given in this proposal form are complete, true and accurate to the best of my/our personal knowledge and belief. I/We have understood that the statements and particulars given in this proposal form and this declaration shall be held to be promissory and shall be the basis of the insurance contract between me/us and the Company and that, if it is found that any of the statements or particulars in this proposal form or other documents are incorrect, untrue, suppressed any information or provided misleading/false information in any respect on any material matter to the grant of a cover, the Company shall have no liability under the insurance contract or the policy document thereunder. I/We also agree to inform Company any changes in any respect on any material matter to the grant of a cover in this proposal form/documents/ risk proposed for insurance after the submission of this proposal form. I/We will accept the usual conditions and form of the policy issued by Company in such cases.

I/we also agree that the contract of Insurance will be effective only upon Company conveying its acceptance of this proposal, and Company actually receiving or realising [in case of payment by cheque/DD/PO] of prescribed premium amount, failing which Company's risk is void ab initio. I/We undertake to exercise all ordinary and reasonable precautions for safety of the property as if it were uninsured.

Place: _____ Signature of Proposer
Date: _____ Name:

Certified that the contents of the proposal form and documents have been fully explained to the Proposer and that he/they have fully understood the significance of the proposed contract. *

Place: _____ Signature
(on behalf of Proposer)

Date: _____ Name:

*This is required only where, for any reason, the Proposal Form and other connected papers are not filled by the Proposer.

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 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.

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 B.G.I.L./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- +91 7507245858), 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.

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 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 If you like our services, like us on Facebook.