BAJAJ GENERAL INSURANCE LIMITED (Formerly known as Bajaj Allianz General Insurance Co. Ltd.)
Bajaj Insurance House, Airport Road, Yerawada, Pune - 411006.IRDAI Reg No.: 113. | CIN: U66010PN2000PLC015329
web: www.bajajgeneralinsurance.com | Toll free: 1800-209-5858 / 1800-209-0144 | careforyou@bajajgeneral.com

BAJAJ GENERAL
CARINGLY YOURS

UIN : IRDAN113RP0002V01200102

Bajaj General Employee code, if proposer is an Employee

MACHINERY BREAKDOWN INSURANCE PROPOSAL FORM

(The liability of the Company does not commence until this proposal has been accepted by the Company and premium paid)

Agent _____

1. a. Proposer's name

Is your name mentioned above as per your Aadhaar Card ? : ☐ YES ☐ No If No, Please mention the Name as per Aadhaar Card

Aadhar Card No. PAN Number

Date of Birth Gender: Male ☐ Female ☐ Other ☐

b. Proposer's trade or business

c. Proposer's postal address

Tel. No. : _____

d. Address where plant to be insured is located

e. Name of chief engineer or plant manager

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 deposite your insurance policy. :_____

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

Existing Customer

Are you an exisiting customer of Bajaj General? 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. ☐

DARPAN DETAILS

Constitution Details

Proprietorship Firm ☐ Yes ☐ No Partnership Firm ☐ Yes ☐ No Limited Liability/Partnership Firm ☐ Yes ☐ No Company ☐ Yes ☐ No

NGO/NPO- ☐ Yes ☐ No

If Yes Specify Constitution Trust ☐ Yes ☐ No Society ☐ Yes ☐ No Section 8 Company ☐ Yes ☐ No

Provide DARPAN Portal Registration, if applicable _____ Others (Please specify) _____

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PUT A ☑ MARK WHEREVER APPLICABLE

All the questions to be answered completely, Incase of shortage of space kindly enclose the information as an annexure :

2. Do the items listed represent the whole of the plant ?	☐ Yes ☐ No
3. a. Are you at present insured ?	☐ Yes ☐ No
b. If so, with whom ?	
4. Has any company	
a. Declined to insure any of the machinery now proposed ?	☐ Yes ☐ No
b. Required an increased premium or imposed special conditions ?	☐ Yes ☐ No
c. Requested for repairs or made other special stipulations for risk improvement ? If yes, provide details	☐ Yes ☐ No
5. a. Are you aware of any defects/damages existing in the machinery?	☐ Yes ☐ No
b. If so, give details thereof	
6. a. Has your machinery sustained any damage from breakdown or other cause during last 3 years?	☐ Yes ☐ No
b. If so, give details of damages and repairing costs	
7. a. Are regular periodical maintenance and/or inspections of the machinery carried out?	☐ Yes ☐ No
b. If so by whom and at what intervals?	
c. Are the staff fully trained in operating this machinery?	☐ Yes ☐ No
8. On payment of additional premium do you wish to cover the following/	If yes, provide limits of indemnity
a. Escalation amoun1/percentage	Rs. or % ☐ No

b. Express freight (excluding air freight), overtime and holiday rates of wages	Rs.	☐ No
c. Air freight	Rs.	☐ No
d. Owner's surrounding property	Rs.	☐ No
e. Third party liability	Rs.	☐ No
-AOA	Rs.	☐ No
-AOA	Rs.	☐ No
f. Additional custom's duty	Rs.	☐ No
9. Period of insurance	Months From ☐☐☐☐☐☐ (dd/mm/yy)	To ☐☐☐☐☐☐ (dd/mm/yy)

SCHEDULE OF MACHINERY TO BE INSURED

a) Each machinery should be entered separately with necessary specifications as mentioned in Schedule Column No 3

b) The sum insured must be calculated on the present day new replacement value of the machinery to be insured including provision for packing, freight and also value of erection costs, customs duty, etc., to afford full protection under this policy.

c) If any of the machinery is a stand by,this fact should be mentioned

d) All portable machinery must be so designated. All items in the open must be so described separately

e) Separate value for foundations (masonry and brickwork) or oil in transformers and other electrical equipments are to be specified if cover is required

Sr. No.	Quantity	Description, Type, Model, Capacity of Machines/Sr.Nos/HP/KVA/Volts, Amps, RPM	Maker's Name and Country of origin	Year of Make	Sum Insured

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Payment Details

Mode of Payment : ☐ Cheque ☐ DD ☐ Cash ☐ Other

Cheque - Given by : ☐ Spouse ☐ Father ☐ Mother ☐ Son/Daughter ☐ Employer / Employee ☐ Financier

Claim Docs

I/We the undersigned hereby declare that the above statements and particulars are true and complete and I/We declare and agree that this declaration and the answers given above shall be held to be promissory and shall be the basis of the contract between me/us and the company.
I/we hereby unconditionally allow the Company to share all my/ our information being collected in this proposal form or through telephone/ email/ web-inputs means or other means, as updated from time to time within group entities.

Date :

Place :

Proposer's Signature

Proposer's Signature

INSURANCE ACT 1938 SECTION 41- Prohibition or Rebates

1. No person shall allow or offer to allow either directly 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 in the policy nor shall any person taking out or renewing or continuing a policy except such rebates as may be allowed in accordance with the published prospectus or tables of the insurer.

2 Any person making default in complying with the provisions of this section shall be liable for penalty which may extend to ten lakhs rupees

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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/juridical/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 Bajaj General/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.bajajgeneral.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/ Intermediatory 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:_____

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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 [Bajaj General] 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 -