

#### **Relationship Beyond Insurance**

CIN: U66010PN2000PLC015329 UIN: BAL-OT-P14-73-V01-13-14

For Office Use only:

Scrutiny No	Receipt No	Policy No	

For Agent Use Only:

IMD Code	Sub IMD Code	Mobile No.

Emp / LG Code	

# MY HOME INSURANCE ALL RISK POLICY: PROPOSAL FORM

 $1. \ \ Please \, answer \, all \, questions \, in \, BLOCK \, letters.$ 

PLATINUM PLAN II

DIAMOND PLAN II

GOLD PLAN II

- 2. The Liability of the Company does not commence until this Proposal has been accepted by the Company and premium has been paid.
- 3. 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 AND ACCURATELY and that you provide the Company with any and all additional information relevant to risk to be insured or its decision as to acceptance of the risk or the terms upon which it should be accepted.

terms upon which it should be accepted.
Proposer Details
1) Proposer's Full Name: Title First Name First Name
Middle Name Surname Surname
2) Are you an existing Bajaj Allianz Customer: Yes / No. If yes, please mention the Policy No: OG
3) Gender: Male Female Other 4) Date of Birth D D M M Y Y Y S) PAN No.
6) UID/Unique ID: 7) Bajaj Allianz Employee Code, if Proposer is BAGIC/BALIC Employee:
8) Marital Status: Married Single Divorced Widowed 9) No. of Children Sons Daughters
10) Occupation Business Salaried Professional Student House Wife Others
11) Are You a: Tenant OR Owner Occupant
12 a) Details of the Residential Property to be Insured: 12 b) Correspondence Address: (All the communications will be sent to the below address)
Resident Structure Flat Apartment Independent Building
House No.
I) Age of the "BUILDING": Year(s) Month(s)
ii) Walls made of: Bricks Cement RCC Stone Mud Clay Wood Any other item (Please Specify)
iii) Roof made of : Tiles Concrete RCC Asbestos Corrugated Cement Wood Any other item (Please Specify)
iv) Hypothecation Details: (if applicable)
Name of Financial Institution/Bank :
Name of Branch and Branch address:
Loan Account Number:
18) Plan: (Please select any one Plan from the below Six Plans)
PLATINUM PLAN I DIAMOND PLAN I GOLD PLAN I

#### 19) Sum Insured:

S. no.	Cover	Sum Insured* (in ₹)	Excess Op	tions
1	"Building" Structure (Please mention the Total Area		Excess Options f	One Option)
	Mentioned in the Registered		Excess (in ₹)	Please Tick
	Sale Deed Agreement : Sq Ft)		0	
			5,000	
			10,000	
			15,000	
			20,000	
			25,000	
			30,000	
			35,000	
			40,000	
			45,000	
			50,000	
2	"Contents" Is Worldwide Coverage Extended required for Portable Equipments : Yes No		Excess Options for (Please Select Any	
			Excess (in ₹)	Please Tick
			0	
			1,000	
			2,000	
			3,000	
			4,000	
			5,000	
			6,000	
			7,000	
			8,000	
			9,000	
			10,000	
			11,000	
			12,000	
			13,000	
			14,000	
			15,000	
			16,000	
			17,000	
			18,000	
			19,000	
			20,000	

\*Note: 1. Kindly see prospectus to know the method of arriving at the Sum Insured for Building and Contents

- 2. Where you opt for insurance of Structure and Contents the Sum Insured for Contents shall not be less than 10% of the Flat/Apartment/ Independent Building Sum Insured subject to minimum of ₹ 5 lakhs .
- 3. Where you opt for insurance of Contents only, the Sum Insured shall not be less than ₹ Five Lakhs.
- 4. Incase the value of the contents is collectively less than Rupees Five Lakhs ,you shall be required to declare the individual values of the contents. (Please Provide the Same in the Annexure)
- 5. Kindly note that Contents excludes Jewellery and Valuables, Works of Art, Paintings, Curios, Bonds, Cheques, Documents, Cash and Currency Notes and Coins, Credit Debit Cards., Domestic Appliances, Electrical and Electronic Equipments older than 10 years and Portable Equipments older than 5 Years.
- 6. Standalone Cover for Jewellery & Valuables and /Or Curios, Paintings & Work of Arts cannot be Opted unless Contents are Insured.

Do you want to opt for Escalation Provision	(Applicable for building st	tructure)?	Yes /	No
If Yes , Please mentioned the Escalation %:		(Maximum L	Jp to 25	%)

## 20) Details for "Jewellery and Valuable" Coverage:

Sr No	Description of the Item	Weight (in gm)	Sum Insured	Valuation Report Attached (Yes /No)
	Total			

ls Worldwide Coverage Extention Required for Jewellery and Valuable $\;\; igl[$		Yes		No
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Excess Options for ""Jewellery and Valuable" - (Please Select Any One Option)

Excess (in ₹)	Please Tick
0	
5,000	
10,000	
15,000	
20,000	
25,000	
30,000	
35,000	
40,000	
45,000	
50,000	

## 21) Details for Works for Art, Painting and Curios Coverage:

SL. No	Description of the Item (Works of Art ,Painting/ Curios ,Other, Please describe)	Details of Artist	Valuation Report Attached (Yes/ No)	Invoice Copy attached (Yes/ No)	Sum Insured

## 22) Do you wish to opt for any of the following Add on Cover (Kindly tick add on covers you want to opt for):

Add On Cover	Please Tick Add On Cover You want to Opt	Sum Insured (in ₹)	Indemnity Period
1. LOSS OF RENT			Months Maximum 24 months
2.TEMPORARY RESETTLEMENT COVER		(Maximum Sum Insured is ₹ 25000)	Same as Policy Period
3.KEYS & LOCKS REPLACEMENT COVER If Opted , Please provide number of Vehicle(s)			Same as Policy Period
4.ATM WITHDRAWAL ROBBERY COVER (AOA Limit: ₹ 10000, AOY Limit : ₹ 30000) (Bodily Injury Cover : Maximum up to ₹ 10000)			Same as Policy Period
5.LOST WALLET COVER (Limit any one loss: ₹2500,Limit any one year:₹5000)			Same as Policy Period
6.DOG INSURANCE COVER			Same as Policy Period
7. PUBLIC LIABILITY COVER			Same as Policy Period
8.EMPLOYEES COMPENSATION COVER Please tick against whom cover is opted along with number of members: Bearers- / Khitmatgars- / Hamals- / Cooks- /Sweepers- / Mali- /Mehters- / Motor Car Driver- /Cleaners and Attendants-			Same as Policy Period

### 23) Details for Dog Insurance Cover, if Opted: **Description of the Animal** Market Value/S.I. Sex Age Breed M/F Colour Fars Tail Distinguishing Features/ ₹: Years Microchip Identification Switch Marks Note: Health and valuation certificate of qualified Veterinary Doctor has to be submitted mentioning the microchip number for identification along with latest photograph at the time of proposal. 24) Details of Other Insurance Policies Covering the same Building /Contents / Jewellery & Valuables /Works of Arts , Paintings, Curios under the policy: Policy No. Name and Address Period of Insurance Sum Covers of Insurance Co. Insured To: dd/mm/yy From: dd/mm/yy Have you suffered any loss of or damage to the Structure/ Contents/ Jewellery & Valuables/ Works of Arts, Paintings, Curios in the past? (Irrespective of whether insured or not) Yes / No If so, give full details thereof as under: **Details of Loss** Name of the Insurance Company **Date of Occurrence** Amount of loss ₹ (if Insured) 26) Has any company in respect of Insurance a. Declined your Proposal? b. Cancelled or refused to renew your policy? c. Accepted your proposal on special terms and conditions? **Declaration** I/We, the undersigned hereby declare and warrant that the insurance contract and policy to be issued by Bajaj Allianz General Insurance Company Ltd [Company] is subject to $the \ declarations, warranties, statements \ and \ particulars \ given \ in \ this \ proposal form. \ I/We \ declare \ that \ the \ statements \ and \ particulars \ given \ in \ this \ proposal form \ are \ complete,$ true and accurate to the best of my personal knowledge and belief. I/we have clearly understood the terms and conditions [T & C] to the insurance contract and agree that the statements and particulars given in this proposal form shall be held to be promissory and shall be the basis of the insurance contract between me/us and the Company shall have no liability under the insurance contract if it is found that any of my/our statements or particulars or declarations in this proposal form or other documents are incorrect and or untrue or suppressed any information or provided misleading or false information in any respect on any matter to the grant of a cover. I/we will accept the usual T & C and form of the policy prescribed and issued by Company. The salient features of the policy, terms and conditions of this proposal have been explained to me/us, and I/we agree to the same. I/We have read and understood the Privacy Policy of your Company and I hereby unconditionally agree and bind myself to all terms and conditions of your Privacy Policy, as amended, from time to time Date: Signature of the Proposer Place: \* Certified that 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.

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

### INSURANCE ACT 1938 SECTION 41- Prohibition of Rebates

Date:

Place:

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 a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectus or tables of the insurer. ANY PERSON MAKING FAULT INCOMPLYING WITH THE PROVISIONS OF THIS SECTION SHALL BE PUNISHABLE WITH FINE WHICH MAY EXTEND TO FIVE HUNDRED RUPEES.

Signature (on behalf of the Proposer)

Name:

#### ANNEXURE

In case the value of the contents is collectively less than Rupees Five Lakhs, you shall be required to declare the individual values of the contents.

		EQU	

SrNo	Description of the Item	Age	Sum Insured (in₹)						

## DOMESTIC APPLIANCES

SrNo	Description of the Item	Description of the Item Age							

## KITCHEN APPLIANCES

SrNo	Description of the Item	Sum Insured (in₹)	

### AIR CONDITIONER

SrNo	Description of the Item	Age	Sum Insured (in₹)						

### PORTABLE EQUIPMENT

SrNo	Description of the Item	Age	Sum Insured (in₹)

# **FURNITURE & FIXTURES**

SrNo	Description of the Item	Age	Sum Insured (in₹)					

		E														

SrNo	Description of the Item	Age	Sum Insured (in₹)						

### ANY OTHER ITEM, PLEASE MENTION IN THE BELOW TABLE:

SrNo	Description of the Item	Description of the Item Age							