

PROPOSAL FORM

1.	Proposer (Mr/Mrs/Miss)														
	Address (for correspondence)														
	Age of proposer										Pin				
	Occupation of proposer								Nationality						
2.	Location/s of items to be insured														
	Address (if different to the above)												Pin		
		*in case of multiple address, please attach separate sheet													
3.	Construction and use														
	Are the buildings (including outbuildings)														
	(a) built of brick, stone or concrete and roofed with slate, tile, asphalt, metal or concrete and in good condition and repair?		Yes		No										
	(b) in an area which is free from flooding and not in the vicinity of any rivers, streams or tidal waters?		Yes		No										
	(c) a flat or an apartment? (if yes, give the floor)		Yes		No										
	(d) used for any business or professional purposes open to the public?		Yes		No										
(e) regularly left unattended by day or night?		Yes		No											
4.	Building and decorating work														
	You must contact ITGI before entering into any agreement for any work to be carried out at the premises.														
	Do you intend to carry out any work on the premises insured involving outside contractors?		Yes		No										
If Yes, please give details															
5.	Alarm (if applicable)														
	(a) If you have an alarm system, give the make of the alarm														
	(b) Is it														
	(i) bells only?		Yes		No										
	(ii) central station?		Yes		No										
(c) Does it protect all areas containing the insured items?		Yes		No											
(d) Is the alarm under a maintenance contract?		Yes		No											

Toll Free: 1-800-103-5499; SMS "claim" to 56161

GSTIN: 06AAACI7573H1ZG; SAC Code: 9971

Regd. Office: IFFCO SADAN, C1 Distt Centre, Saket, New Delhi - 110017

Corporate Identification Number (CIN) U74899DL2000PLC107621, IRDA Reg. No. 106

Consolidated Stamp Duty Deposited as per the order of Government of National Capital Territory of Delhi

	If Yes, by whom?				
6. Other security					
	(a) Are all final exit doors fitted with a key operated lock?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	(b) Are all windows, fanlights and skylights fitted with key operated locks?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	(c) Is your property protected by any other means?				
7. Amounts to be insured					
(All items must be individually listed by the proposer stating for each item the amount for which insurance is sought, which is to be the market value. The list must be submitted with this proposal. An independent professional valuation/appraisal may be required and should be forwarded with this proposal if available.)					
	(a) Pictures, paintings, sculptures and the like (INR)				
	(b) Do the amounts insured represent current market value?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	If No, please give details:				
8. Previous insurance					
	(a) Name of previous Insurers (if any)				
	(b) Date of expiry of previous Policy				
	(c) Has any Insurer declined to accept, cancelled, refused to continue or agreed to continue only on special terms any insurance for the proposer or any other person to whom this insurance would apply?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	If Yes, please give details				
9. Losses					
	Has the proposer, or any other person whose property is to be insured, sustained any loss or damage during the last six years which would have been covered by this type of insurance had it been in force?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	If Yes, please state				
	(a) approximate date of each loss or damage				
	(b) circumstances and amount of each loss or damage				
	(c) with whom the property was insured				
10. Other information					
	Have you or any person residing with you, ever been convicted of arson or any offence involving dishonesty, e.g. fraud, theft or handling stolen goods?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	If Yes, please give details				
	Are there any other factors affecting this insurance of which you are aware?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	If Yes, please give details				

Declaration

You must read this before signing below.

To the best of my knowledge and belief the information provided in connection with this proposal, whether in my own hand or not, is true and I have not withheld any material facts. I understand that non-disclosure or misrepresentation of a material fact will entitle underwriters to avoid this insurance.

(A material fact is one likely to influence acceptance or assessment of this proposal by underwriters. If you are in any doubt as to whether a fact is material or not you must disclose it in the space below).

I understand that the signing of this proposal does not bind me to complete the insurance but agree that, should a contract of insurance be concluded, this proposal and the statements made herein and the information provided in connection with it will be relied upon by the underwriters in deciding whether to accept this insurance.

Date: DD / MM / YYYY

Signature of Proposer

Place:

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, 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 Prospectus or Tables of the Insurer.
2. Any person making default with the provisions of this Section shall be punishable with fine which may extend to ten lacs rupees.

For office use						
Period of Insurance	From			hrs	Date	
	To				Date	
Premium					Cheque No.	
					Date	
					Cash	
Approved By						

List of attachments with Proposal Form	
1	
2	
3	
4	

Clear Form

Print Form