IFFCO-TOKIO GENERAL INSURANCE CO. LTD

Regd. Office: IFFCO Sadan, C-1, Distt. Centre, Saket, New Delhi-110017

Intermediary Details:

PROPOSAL FORM – COMPREHENSIVE HOME PROTECTOR POLICY

UIN: IRDAN106RPMS0025V01202425

PROPOSER DETAILS

Name					
Communication Address					
City		State		Pin Code	
Permanent Address (if different from the Communication address)					
City		State		Pin Code	
Email Address		Mobile No.			
Policy documents will be sent to the above email-ID		Do you still need the physical Copy? Yes ☐No ☐			

KYC Details (Please attach self-attested photo copies)

KYC Document of Person proposed to be Insured	☐ AADHAR Card** ☐ Voter ID card ☐ Passport ☐ Driving License ☐ NREGA Job card ☐ National Population Register Card ☐ PAN Card (mandatory where premium exceeds ₹ 10,000/-)
KYC Document Number/ CKYC Number	
To know Your CKYC No. Please give missed call on 7799022129	
*Are You a Politically Exposed Person or related to PEP?	Yes ☐ No ☐
*"Politically Exposed Persons" (PEPs) are individuals who have been entrusted with prominent public functions by a foreign country, including the heads of States or Governments, senior politicians, senior government or judicial or military officers, senior executives of state-owned corporations and important political party officials"	

Occupation Details	

Electronic Insurance Account Details Section:			
I want my policy related documents viz. Policy Schedule, Wordings etc. in: Physical Format- Yes ☐ No ☐ e-Format (electronic) as & when applicable- Yes ☐ No ☐			
☐ I have e Insurance Account & the No. is _____ ☐ I am not having an e-insurance account & I authorize IFFCO-Tokio to open an e-insurance account.			
Risk Start Date	___/___/_____	Risk End Date	___/___/_____

Nominee Details		
Description	**Nominee 1**	**Nominee 2**
Name of the Nominee		
Relationship with Policyholder		
Communication Address		
Permanent Address (if different from the Communication address)		
E-mail ID		
Contact No.		
Percentage (%)		
Bank Account Details Account Number IFSC		
Guardian Details (if Nominee is Minor) Name of Guardian :- Address:- Contact No:		

NOMINATION: In the event of death of the proposer, any payment due under the policy shall become payable to the nominee proposed in this form and the receipt of the proceeds by such nominee would be sufficient discharge to the Company. Nominee for all other persons proposed to be insured shall be the proposer himself/herself. If only one nominee is mentioned insurer will consider his/her share as 100%.

DETAILS OF THE HOME TO BE INSURED

PLEASE SELECT THE COVERAGES REQUIRED

<table>
<tr>
<td>1. Fire (Compulsory section)
<table><tr><th>Covers</th><th>Please Tick atleast one</th></tr><tr><td>Part A - Home Contents</td><td></td></tr><tr><td>Part B - Home Building</td><td></td></tr></table></td>
<td>2A. Burglary, Theft & Allied Perils ☐

Sum Insured shall be same as Section 1</td>
<td>2B. Accidental Damage ☐

Sum Insured shall be same as Section 1</td>
</tr>
<tr>
<td>2C. Change of Residence ☐

Sum Insured shall be same as Section 1, Part A – Home Contents</td>
<td>3A. All Risk(Jewellery) ☐</td>
<td>3B. All Risk (Fine Arts) ☐</td>
</tr>
<tr>
<td>4. Fixed Glass and Sanitary Fittings ☐</td>
<td>5. Breakdown of Domestic Appliances ☐

Section available only if Section 1, Part A - Home Contents is chosen</td>
<td>6. Portable Electronic Devices Cover ☐

Section available only if Section 1, Part A - Home Contents is chosen</td>
</tr>
<tr>
<td>7. Bicycle Cover ☐</td>
<td>8. Personal Accident ☐</td>
<td>9. Loan Payment Protection ☐</td>
</tr>
<tr>
<td>10. Baggage ☐</td>
<td>11A. Personal Liability ☐</td>
<td>11B. Employee Compensation ☐</td>
</tr>
<tr>
<td>11C. Tenant's Liability ☐

In Section 1,
If Part A is chosen, this section will cover Home Contents.
if Part B is chosen, this section will cover Home Building.</td>
<td colspan="2">12. Increased Living Expenses ☐</td>
</tr>
</table>

SECTION 1	**FIRE**	
Location of Home – full postal address with Pin Code		Pin Code:
(Note: If you wish to cover multiple locations in same policy, kindly attach a separate proposal form with all the details of other premises to be insured.)		
Name of Financial Institution and Address (if their interest is involved)		
Is it in a Flat in multi-storey building or is it an independent house?		
In case of multi-storey building, please provide the floor number of Your house?		
Is there a basement to Your house?		
Building Super Built up area of Home (sq. ft.)		
Is there any other policy in place for the same property? (Y/N)		
If yes, please provide the details		

Security Arrangement

Security Guard ☐	CCTV Camera ☐	Alarm System ☐	Any other ☐ _____

Optional Cover to Section 1 – Fire

Earthquake: ☐	Storm, Cyclone, Typhoon, Tempest, Hurricane, Tornado, Tsunami ☐	Flood and Inundation ☐
Lightning ☐	Landslide, Rockslide, Avalanche ☐	Explosion of domestic pressure vessels ☐
Riot, Strikes, Malicious Damages ☐	Act of Terrorism ☐	Allied Perils ☐ *i* Bush Fire, Forest fire, Jungle fire *ii* Impact damage of any kind, i.e., damage caused by impact of, or collision caused by any external physical object (e.g. vehicle, falling trees, aircraft, wall etc.) *iii* Damage resulting from action of civic authorities in attempting to prevent the spread of a fire *iv* Missile testing operations *v* Bursting or overflowing of water tanks, apparatus and pipes. *vi* Leakage from automatic sprinkler installations. *vii* Theft within 7 (seven) days from the occurrence of and proximately caused by any of the above Insured Events.

Details of Home Building

Please note:

Your Home Building *is a building consisting of a residential unit, having an enclosed structure and a roof, basement (if any) and fixtures and fittings permanently attached to the floor, walls or roof, like fixed sanitary fittings, electrical wiring and other permanent fittings etc.*

It also includes *'additional structures' if they are on the same site, are used as part of Your Home Building:*

a. garage, domestic out-houses used for residence, parking spaces or areas, if any;
b. compound walls, fences, gates, retaining walls, internal roads;
c. verandah or porch and the like;
d. septic tanks, bio-gas plants, fixed water storage units or tanks, solar panels, wind turbines and air conditioning systems, central heating systems and the like, if not included in Home Contents Cover, any other structure.

Basis of the Sum Insured (Two Options): Please tick	Option 1 – Reinstatement Value*		
	Option 2 – Realizable Market Value		Please mention Sum Insured:

*** If option 1 is chosen please answer the following:**

Sum Insured (SI) for Super Built-up area (Sq. feet): ***Please note the following:*** *(The amount required to construct Your Home Building at the policy Commencement Date. This amount is calculated as follows:* ***a. For residential structure of Your Home including fittings and fixtures****:* *Carpet area of the structure in square meters X Rate of Cost of Construction at the policy Commencement Date.* *The Rate of Cost of Construction is the prevailing rate of cost of construction of Your Home Building at the policy Commencement Date.*	***a.*** **SI for residential structure of Your Home including fittings and fixtures (in ₹):**
Carpet area of structure of Home in square meters	
Rate of Cost of Construction per square meter at the policy Commencement Date	
b. For additional structures*: the amount that is based on the prevailing rate of cost of construction at the Policy Commencement Date.)*	**b. SI for additional structures (in ₹)**:

Additional Structure	Sum Insured (in ₹)

Other Details:

Age of Home Building	

Construction Details ***Please note the following:*** *(Building(s) having walls and/or roofs of wooden planks/thatched leaves and/ or grass/hay of any kind/ bamboo/ plastic cloth/asphalt/ canvas/tarpaulin and the like are treated as Kutcha Construction.* *Construction other than Kutcha Construction is a 'Pucca Construction')*	<table><tr><td></td><td>Construction*</td></tr><tr><td>Walls</td><td>Kutcha / Pucca</td></tr><tr><td>Floor</td><td>Kutcha / Pucca</td></tr><tr><td>Roof</td><td>Kutcha / Pucca</td></tr></table> *(*strike out what is not applicable)*

In-Built Covers (Loss of Rent & Rent for Alternative Accommodation)

Cover for (Please Tick) <table><tr><td>Loss of Rent</td><td></td></tr><tr><td>Rent for Alternative Accommodation</td><td></td></tr></table>	Loss of Rent: I. Sum Insured: II. Number of Months*: Rent for Alternative Accommodation: I. Sum Insured II. Number of Months*
**Note: Number of months should not more than 36 months*	

Details of Home Contents

Please note the following:

i. *Home Contents refer to articles or things in Your Home that are not permanently attached or fixed to the structure of Your Home. Home Contents may consist of General Contents and/or Valuable Contents.*

ii. ***General Contents*** *are all the contents of household use in Your Home, e.g., furniture, electronic items and goods, antennas, solar panels, water storage equipment, kitchen equipment, electrical equipment (including those fitted on walls), clothing and apparel and items of similar nature.*

If You have opted for Home Contents Only cover, please provide item wise Sum Insured for General Contents. (Sum Insured represents Cost of Replacement)	Item wise Sum Insured for General Contents (in ₹): <table><tr><td>Items</td><td>Sum Insured</td></tr><tr><td>Furniture, Fixtures and Fittings (Home Furnishings)</td><td></td></tr><tr><td>Electrical/Electronic</td><td></td></tr><tr><td>Others</td><td></td></tr></table>
In case of Basement, If there are contents in it, please provide the Sum Insured	

SECTION 2 A	**BURGLARY, THEFT & ALLIED PERILS**	
Part A	**CONTENTS**	**SUM INSURED**
Item 1	General Items	Rs.
Item 2	Specifically Declared Items. Personal Effects including clothing, books, furniture, or any other item. <table><tr><th>Any Other Item</th><th>Description</th><th>Value</th></tr><tr><td>1</td><td></td><td></td></tr><tr><td>2</td><td></td><td></td></tr><tr><td>3</td><td></td><td></td></tr><tr><td>4</td><td></td><td></td></tr></table>	Rs.
TOTAL (Section 2 Contents)		Rs.

Part B	BUILDING	Rs.
	EXTENSION	
Item 1	Pet Insurance Any Other Item: Detail Type of pet: Breed: Registration no.:	Rs.
Item 2	Money (Please mention the limit required for coverage within 12 hrs. of withdrawal of money from ATM, bank, salary received in cash.) (Beyond 12 hours & in other circumstances, the coverage shall be limited to 50%.)	Rs.
Item 3	Documents and Cards Type of Card Card number Name of the Issuance Company	Rs.
TOTAL		Rs

SECTION 3 A	ALL RISK – JEWELLERY AND OTHER VALUABLES	
	Property Insured:	
Items	**S No.** / **Description** / **Value**	
	Please attach valuation report along with this form.	
TOTAL		Rs.

Section 3 B	ALL RISK – Fine Arts		
Item	Fine Arts including paintings, artefacts, etchings, statuary, antiques **S No.** / **Description** / **Value**		
	Please attach valuation report along with this form.		
TOTAL			Rs.

SECTION 4	FIXED GLASS AND SANITARY FITTINGS		
Item 1	**Plate Glass & Sanitary Fitting- details with dimensions and description of tinted, embossed ornamental or painted items**		**Sum Insured**
	SNo. / Description / Dimensions / Value		
			Rs.
			Rs.
			Rs.
TOTAL			Rs.

SECTION 5	BREAKDOWN OF DOMESTIC APPLIANCES				
	S No.	Description of Item	Brand Name	Year of Manufacture	Sum Insured
TOTAL					Rs.

SECTION 6	PORTABLE ELECTRONIC DEVICES COVER					
S No.	Details of Item & IMEI/Serial number/ Identification no.	Brand Name/ Model number	Year of Manufacture	Item Sum Insured (SI)	Cover for Data Recovery required? (Y/N)	Limits of Data Recovery(Not more than 15,000 or 10% of item SI, whichever is lower)
TOTAL						Rs.

SECTION 7	BICYCLE COVER				
SNo.	Description of Item/ Frame No.	Brand Name/Model number	Year of Manufacture	Usage	Sum Insured
TOTAL					Rs……..

SECTION 8	PERSONAL ACCIDENT					
Name of the Person to be insured	Age	Monthly Income	Relationship with Proposer	Table of Cover (Table B or C)	Medical Ext.	Sum Insured
					Y☐ N☐	Rs.
					Y☐ N☐	Rs.
					Y☐ N☐	Rs.
					Y☐ N☐	Rs.
					Y☐ N☐	Rs.
					Y☐ N☐	Rs.

SECTION 9	LOAN PAYMENT PROTECTION*				
Loan Particulars					Sum Insured
Loan for					
Land ☐	Vehicle ☐	House ☐	Other Consumer Durables ☐	Education ☐	
Any Other (Specify) ☐ _____					
Name of Financial Institution					
Amount of Loan taken Rs_____					

Amount of Equated Month Installments Rs_____	
Total Loan Repayment Term (in Months)	
NOTE: The Sum Insured should represent the value of 24 EMI's or equivalent if loan repayment is other than on monthly basis. Please mention if the outstanding repayment term is less than 24 (twenty-four) months _____	
Total	Rs.
***Note: Cover is available only if Section 8 is opted under the policy**	

SECTION 10	**BAGGAGE**	
		Sum Insured
	Limit of loss for any one event and all events during the Policy Period	Rs.

SECTION 11 A	**PERSONAL LIABILITY**	
		Sum Insured
	Public and personal liability	Rs.
	Limit of liability for any one accident and all accidents during Policy Period.	

SECTION 11 B	**EMPLOYEES COMPENSATION**				
	SNo.	Number of Employees	Nature of Work	Annual Earning	Sum Insured
					Rs.
					Rs.
					Rs.
					Rs.
	TOTAL				Rs.

SECTION 11 C	**TENANT'S LIABILITY**	
	Limit of liability for any one accident and all accidents during Policy Period	Rs.

SECTION 12	**INCREASED LIVING EXPENSES**
	Sum Insured
Limit of indemnity for any one claim and all claims during Policy Period	Rs.
Indemnity Period	_____months

Other Details:	
Is the risk currently insured against any of the insured perils? If so,	
The name of Insurance Company	
Policy Type	
Period	
Has any Company in respect of any insurance cover?	
Declined your proposal?	
Cancelled or refused to renew your Policy?	
Accepted your Proposal on special terms and conditions?	
Have you ever claimed upon any Company for loss by any of the insured perils? If so, give details.	

Section 1 is compulsory.

1. In respect of Sections 1, 2A, 2B, 2C, 3A, 3B, 4, 5, 6, and 7, the insurance is on Reinstatement Value basis and Sum Insured should represent value of new property including freight, duties, etc. and cost of erection as applicable.
2. In case space is insufficient for describing the items under any Section, please use additional sheets for giving full details.

Premium Detail				
Mode of Payment	☐ Cheque	☐ DD	☐ NEFT	☐ Others
Bank Name		Date		
Amount (in ₹)				

DECLARATIONS

a) I have read the prospectus/sales literature and am willing to accept the coverage subject to the terms, conditions and exceptions prescribed by IFFCO-Tokio therein. The policy Coverage, terms & Conditions have been explained to me in my language and have been understood by me.

b) I hereby declare and warrant that the above statements are true and complete in all respects and that there is no other information, which is relevant to my application for insurance that has not been disclosed to you. I agree that this proposal and the declaration shall be the basis of the contract between me and IFFCO TOKIO GENERAL INSURANCE CO LTD and I agree to accept a policy, subject to the conditions prescribed by IFFCO TOKIO GENERAL INSURANCE CO LTD.

c) I agree that the Policy shall become voidable at the option of the Company, in the event of any untrue or incorrect statement, misrepresentation, non- description or non-disclosure of material particulars in the Proposal Form/ personal statement, declaration and connected documents, or any material fact*/ information has been withheld by beneficiary.

*A material fact will mean and include all important, essential and relevant information, pertaining to the questions made in this proposal form, that are likely to influence company's acceptance or assessment of the proposal.

d) I hereby authorize IFFCO-Tokio to share information on my proposal for the sole purpose of evaluating and underwriting this proposal and issuing insurance policy and/or claims settlement with the Surveyors/ Investigators, Reinsurers/Co-Insurers, Regulatory and or Governmental Authorities/Court under the applicable laws, or as may be required for effective discharge of obligations as an Insurer and I understand that this proposal form is a valid consent from my side for sharing my personal data with above named third parties in connections or furtherance of this policy/claim.

e) **I am submitting my Aadhar Card/Aadhar Number (including Virtual ID, e-Aadhaar) voluntarily for KYC and I understand that use of Aadhaar is not mandatory and alternative documents like Voter ID Card/ Passport/ Driving License/ NREGA Job card/ National Population Register Card/ CKYC Number may also be submitted for KYC. I hereby further authorize IFFCO-TOKIO to download/update/upload my particulars from/to CKYC Registry, based on CKYC no./ Other KYC documents provided by me.

f) I/ We hereby confirm that all premiums have been/ will be paid from bonafide sources and no premiums have been/ will be paid out of proceeds of crime related to any of the offence listed in Prevention of Money Laundering Act 2002. I/We understand that the Company has the right to call for documents to establish source of funds. The insurance Company has the right to cancel the insurance contract in case I am/ have been found guilty by any competent court of law under any statues, directly or indirectly governing the prevention of money laundering in India.

g) I agree that below-mentioned bank account details may be used for the purpose of refund/ settlement of Claims.

Name of the account holder		
Bank A/C number		IFSC Code:

Note: Name as per Bank Account and name of the Proposer should match.

Specific declarations with respect to Section 8 – Personal Accident

1. I/We hereby declare, on my behalf and on behalf of all persons proposed to be insured, that the above statements, answers and/or particulars given by me are true and complete in all respects to the best of my knowledge and that I/We am/are authorized to propose on behalf of these other persons.
2. I understand that the information provided by me will form the basis of the insurance policy, is subject to the Board approved underwriting policy of the insurance company and that the policy will come into force only after full receipt of the premium chargeable.

3. I/We further declare that I/we will notify in writing any change occurring in the occupation or general health of the life to be insured/proposer after the proposal has been submitted but before communication of the risk acceptance by the company.
4. I/We declare and consent to the company seeking medical information from any doctor or from a hospital who at any time has attended on the life to be insured/proposer or from any past or present employer concerning anything which affects the physical or mental health of the life to be assured/proposer and seeking information from any insurance company to which an application for insurance on the life to be assured/proposer has been made for the purpose of underwriting the proposal and/or claim settlement.
5. I/We authorize the company to share information pertaining to my proposal including the medical records for the sole purpose of proposal underwriting and/or claims settlement and with any Governmental and/or Regulatory authority."

☐ I agree IFFCO-Tokio to call, and send SMS, messages over internet-based messaging applications like WhatsApp and e-mail for services related to the product and to also offer additional insurance products and this consent is over and above any registration of the contact number on TRAI's National Do Not Call Registry.

Vernacular / Disability Declaration

Applicable where the Proposer is illiterate or is suffering from a disability due to which writing is restricted or where the Proposer has signed in vernacular language. (Note: The below must be witnessed (##) by someone other than the Agent/ Intermediary/Employee of the Company).

I certify that the product applied by me and the contents of the Proposal Form have been clearly explained to me and I have fully understood them. I further certify that the replies in the Proposal Form have been recorded as per the information provided by me.

Date : _____ Signature:_____

Place: _____ Name of the Proposer :_____

Witness Declaration (##):

I_____(Full name of the witness)_____(Relation with the Proposer) adult and inhabitant of (city)_____ and residing at_____ do hereby certify that I have read out and explained the contents of the Proposal Form and all other documents incidental to availing the insurance policy from IFFCO-Tokio General Insurance Co. Ltd. to the Proposer and he/she has understood the same. I declare that whatever I have stated herein above is true and correct to the best of knowledge and belief.

Witness Signature: _____
Place: ---------- Name of Witness: _____
Date: ----------

SECTION 41 OF THE INSURANCE ACT 1938

PROHIBITION OF REBATES
Payment of rebates is expressly prohibited under Section 41 of the Insurance Act, 1938.

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 or 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 continuing a policy accept any rebate except such rebate as may be allowed in accordance with the prospectus or tables of the Insurer.
2. Any person making default in complying with the provisions of this Section shall be punishable with fine, which may extend to ten lakh rupees.