

IFFCO-TOKIO GENERAL INSURANCE CO. LTD

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

Extended Warranty Insurance - Proposal Form				
Proposer's Name				
Address				
Telephone/Mobile no.				
Email id				
Details abo	ut the item to be in	sured under Exten	ded Warranty Insi	urance policy
Date of purchase of the item				
Item name				
Make				
Unique Identification No. of the item				
Manufacturer/ Dealer/ S Name & Address	ervice Provider's			
Any other information				
Period of Insurance				
Limit of Liability				
I/We have read and agree that the statements made hereby agree that this dec INSURANCE CO. LTD (by me / us in this Propos laration shall form the b	al Form are true to the l	best of my / our knowled	lge and belief and I / We
Dealer's Signature & Stamp			Proposer's Signature	
Date (MM/DD/YY)			Date (MM/DD/YY)	

UIN: IRDAN106P0002V01201718