# Declaration:

I/We hereby declare that that the statement made by me/us is complete in all respects, correct and true to the best of my/our knowledge and belief, I/We herby agree(s) that this declaration shall form the basis of contract between me/us and the "IFFCO TOKIO GENERAL INSURANCE CO. LTD" and agrees to accept the policy subject to the terms and condition prescribed by "IFFCO TOKIO GENERAL INSURANCE CO. LTD" which have been carefully read and clearly understood by me. I/We confirm that as on the date of acceptance and time ------ there is no known or reported loss to property or injury to insured persons as a result of any kind of accident.

I/we declare that if any addition or alternations are carried out after the submission of the policy online then the same would be conveyed to the insurer immediately.

Policy is valid subject to the correctness of information filled in online by you. In case of any discrepancy the policy would become void and the company would not be liable.

#### **Statutory Warning :**

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.

# **GENERAL CONDITIONS**

#### (These conditions apply to the whole Policy)

#### 1. REASONABLE PRECAUTION AND CARE OF PROPERTY

You shall take all reasonable precautions for safety and soundness of Insured property and to prevent injury, illness, disease, loss or damage in order to minimize claims. You must comply with manufacturer's recommended actions for inspection and maintenance and shall also comply with all statutory requirements or other regulations and will employ only competent employees.

#### 2. NOTICE

You will give every notice and communication in writing to Our office through which this insurance is effected.

# 3. MIS-DESCRIPTION

This Policy shall be void and all premium paid by You to Us shall be forfeited in the event of misrepresentation, misdescription or concealment/ non-disclosure of any material information.

# 4. CHANGE IN CIRCUMSTANCES

You must inform Us, as soon as reasonably possible, of any change in information You have provided to Us about Yourself, Your Business, Your Family, Your employees and/or Your Home which may affect the insurance cover provided e.g. change of address. You must also notify Us about any alteration made or change in information as described aforesaid whereby risk of damage or Accident is increased. In case of such alteration or changes made and not accepted by Us in writing, all covers under this Policy shall cease.

#### 5. CLAIM PROCEDURE AND REQUIREMENTS

An event, which gives rise to a claim or might become a claim under the Policy, must be reported to Us as soon as possible. A written statement of the claim will be required and a Claim Form will be provided. This written statement of claim along with supporting documentation (estimates, vouchers, invoices, proof, investigation report and the like) prepared at Your expenses along with particulars of other insurances covering the same risk must be delivered to Us within reasonable time of the loss or damage or within 15 (fifteen) days after completion of the documents.

The Police must be informed of any theft, attempted theft or damage caused by rioters, strikers, malicious persons or vandals or of any other criminal act. They must also be informed of the loss of any property Insured under Section 3 (All Risk). You/ Insured person shall also take practicable steps to apprehend the guilty person and recover the property lost.

If any person is claiming against You, Your Family or Your employee, every letter, claim writ, summon, process information or any verbal notice of claim shall be forwarded to Us without delay. You, Your Family or any person on Your behalf must not attempt to negotiate any claim, nor admit or repudiate any claim without Our consent. You shall give all possible assistance to enable Us to settle or resist any claim or to institute proceedings.

In the event of a claim under Personal Accident Section, below procedure to be followed:

i) Intimation of claim: An event, which might become a claim under the policy, must be reported to us as soon as possible. In case of death, written notice also of death must, unless reasonable cause is shown, be given before internment/ cremation and in any case, within one calendar month after the death, and in the event of loss of sight or amputation of limbs, written notice thereof must also be given within one calendar month after such loss of sight or amputation. Based on the circumstances of the case the insurer may condone the case with delay in intimation beyond one calendar month. A written statement of the claim will be required and a claim form will be provided.

You or Your personal representative must give immediate written notice but within 14(fourteen) days of occurrence of injury.

ii) All certificates, information and evidence from a Medical Attendant or otherwise required by us shall be furnished by you, your personal representative in the manner and form as we may prescribe. In such claims your legal representative, Nominee, beneficiary will allow Our representative to carry out examination and ascertain details if and when we may reasonably require and in the event of death get the post-mortem examination done in respect of body of Insured Person.

# 6. CLAIM CONTROL

- a) We are entitled to
  - i) enter any building where damage has occurred and take possession of the building or any property of the building and deal with salvage, but this does not mean that property can be abandoned to Us.
  - ii) receive all necessary information, proof of damage and assistance from You and from any other person seeking benefit under this Policy.
  - iii) take over and conduct in Your name or any person seeking benefit under this Policy, defense or settlement of any claim.
  - iv) take proceedings at Our own expenses and for Our own benefit, but in Your name or any other person who is claiming or has received benefit, to recover any payment made or due under this Policy.
- b) No admission, offer, payment or indemnity shall be made or given by You or on Your behalf without Our written consent.

# 7. FRAUD

If a claim is fraudulent on account of fraudulent means or action used by You, Your Family, or Your employee, all benefits and rights under this Policy shall be forfeited.

# 8. CONTRIBUTION

If, when any claim arises, there is any other insurance covering the same matter (property, interest, liability, cost), We will pay only Our rateable proportion. This Condition does not apply to Section 8 (Personal Accident).

# 9. CANCELLATION

We may cancel the policy on grounds of fraud, moral hazard or misrepresentation or non-cooperation by You by sending 15 (fifteen) days notice under recorded delivery to You at Your last known address and in such event, We will return to You, except in case of fraud or illegality on Your part, the premium paid less the pro rata portion thereof for the period the Policy has been in force.

Period of Cover upto	Annual Premium Rate (%)
15 days	10%
1 months	15%
2 months	30%
3 months	40%
4 months	50%
5 months	60%
6 months	70%
7 months	75%
8 months	80%
9 months	85%
Exceeding 9 months	100%

You may cancel this Policy by sending 15 (fifteen) days written notice to Us. We will then allow a refund after retaining the premium based on following short period table.

This refund of premium is subject to the condition that no claim has been preferred on Us.