## ALL RISK INSURANCE – RETAIL Proposal Form



1. Name of the proposer										
Mr. / Mrs. / Ms. / M/s. / Dr.										
2. Address of proposer										
						City				
	State					Pin Code				
	Tel.:(O)					Fax				
	Mobile:					E-mail				
3 Proposer's Trade/Occupation	1									
<ol> <li>List Insurable interest including financial institution</li> </ol>										
5. Period of Insurance	From D	M M Y Y	Y Y	To D D M	M Y Y Y	(				
6. Type of Property/ies to be insure	ed • Mo	bile Phones			Laptops					
Others ( please specify)										
7. Description of Property Insured										
SR. Description of P		Make	Model, Year o	of make	Property	Identification no.		Sum Insure	ed INR.	
No. (Type of Prop	erty)									
2.										
3.										
4.										
						Total Sum Ins	ured			
8. Is the equipment maintained in	accordance with	the manufactu	rer's instruction	ns?						
9. Do you have a valid Maintenand	ce Contract in for	ce?						Yes	No	
								Yes	No	
<ul> <li>If yes, with whom</li> </ul>										
10. Coverage Territory Required	India	Wo	rldwide							
11. Add-on Covers required( Please	e Specify)									
12. Claim Experience for last 5 year	rs:									
Policy Yea	r			Premium Paid			Claim	Incurred		
		I				I				
13. Are you aware of incidents, con	nditions, defects,	circumstances	or suspected d	lefects which ma	ay result in a claim	I		Yes	No	

14. Has any insurer declined your proposal/ terminated your cover-

If Yes, please provide details

15. Has any of the properties to be insured previously been covered by other insurance companies? If yes, please provide below details

Name of Insurance Company	Policy No.	Policy Period	Policy End Date(DD/MM/YY)

Yes

No

## AML Guidelines

P

DATE : D

- I/we hereby confirm that all premiums paid / payable in future will be from bonafide sources and not paid out of proceeds of crime and that such premiums are not disproportionate to my/our income. I / we understand that the Company has the right to call for documents to establish sources of funds and to cancel the insurance policy in case I / we are found guilty by any competent court of law under any of the statutes, directly or indirectly governing the prevention of money laundering law in India.
- 2. I / we are not Politically Exposed Persons \* nor are their close relatives / family members / associates . I / we shall keep the company informed if we subsequently become a Politically Exposed Person / close relative / family member / associate of Politically Exposed Persons.

"Politically Exposed Persons" shall have the meaning assigned to it under Prevention of Money-Laundering (Maintenance of Records) Amendment Rules, 2023 as amended from time to time."

Trust	Corporations Governments				Trust Partnership					Non Governmental Organizations								Society						
	Trust Partnership			International Organization					Cooperatives							Section 25 Company								
PAN card number (Mar	ndatory):							heA	har card	numbe	.r.													
	idutory).							Auu		numbe														
Bank Details																								
Name of the Account	t Holder:																							
Name of the Bank:												Bra	anch:											
Type of Account:		SB A	ccount			Curre	nt Acc	ount		Othe	ers (Ple	ease spe	cify)											
Account Number:																								
IFSC Code:																								
Declarations																								
<b>Declaration:</b> The content of this forr	m along with p	roduct ben	efits, tei	rms/c	onditi	ons and	exclu	sions ha	ave been	clearly	expla	nined to i	ne. l/v	ve hav	e unc	dersto	ood tl	hese	and c	onfirm	ı to			
abide by the policy ter	ms & condition	s.																						
Signature of the Propo	ser	:																						
Name & Signature of a	gent/intermedi	ary :											C	ode:_										
Vernacular Declaratior	n (Certification	in case th	e propo	ser ha	as sigı	ned in v	ernacı	lar/thu	mb print	):														
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ALL RISK INSURANCE - RETAIL UIN: IRDAN108RP0011V01200001

R/PF/ARI/Feb 24

## TATA AIG GENERAL INSURANCE COMPANY LIMITED

SIGNATURE OF PROPOSER

Registered Office: Peninsula Business Park, Tower A, 15th Floor, G.K. Marg, Lower Parel, Mumbai – 400013 24x7 Toll Free No: 1800 266 7780 | Email: customersupport@tataaig.com | Website: www.tataaig.com IRDA of India Registration No: 108 | CIN:U85110MH2000PLC128425