



**Voluntary Deductible proposed to be opted for**

- (a) Material Damage Claims – Section I
- (b) Business Interruption Claims – Section II

**Premium Data**

Please furnish details of Sum Insured and Premium paid location wise for the past 5 years (if available for 10 years) in Annexure B

**Claims Data**

Claims Data for each claim be furnished in the format given in Annexure C

**Annexure A**

Name of the Company

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Location of the Risk

	City	
State	Pin Code	

Sr. No.	Description of the risk	Sum Insured in Rs.								
		Building	Plant and Machinery	Furniture/ Fixtures & Fittings etc.	Piping	Cabling	Stock & Stock-in-process	Stock in Godown	Material in open/ Gas holders/ Tank Farms	Total Sum Insured

**Annexure B**

Location of the Risk

	City	
State	Pin Code	

Policy/ Perils – Fire Policy C/EQ/STFI/EEI/B.I. (Fire)/B.I. (MLOP) (Please submit details of premium on a separate sheet for each Policy/ Peril)

Policy Period	Sum Insured (Rs. in Lakhs)	Premium (Rs. in Lakhs)

**Annexure C****Claims Data Sheet**

(Please submit separate Claim Data sheet for each claim)

Policy Period	Sum Insured (Rs. in Lakhs)	Premium (Rs. in Lakhs)
Date of Loss		
Policy Period		
Policy/Peril		
Cause of Loss		
Sum Insured		
Amount Assessed by		
Surveyor		
Amount Paid		
Deductible		

For Business Interruption Losses please give following additional information:

Indemnity Period \_\_\_\_\_ months  
 Interruption Period \_\_\_\_\_ days  
 Time Excess \_\_\_\_\_ day

**AML Guidelines**

1. 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.”

• **Nationality :** Indian  Non-Indian  If Non-Indian, please specify the Country: \_\_\_\_\_

• **Type of Organization**

Corporations  Governments  Trust Partnership  Non Governmental Organizations  Society   
Trust  Partnership  International Organization  Cooperatives  Section 25 Company

**PAN card number (Mandatory):**

**Bank Details**

Name of the Account Holder:   
Name of the Bank:  Branch:   
Type of Account:  SB Account  Current Account Others (Please specify)   
Account Number:   
IFSC Code:

**Declaration:**

The content of this form along with product benefits, terms/conditions and exclusions have been clearly explained to me. I/we have understood these and confirm to abide by the policy terms & conditions.

Signature of the Proposer : \_\_\_\_\_  
Name & Signature of agent/intermediary : \_\_\_\_\_ Code: \_\_\_\_\_

**Vernacular Declaration (Certification in case the proposer has signed in vernacular/thumb print):**

The content of this form along with product benefits, terms/conditions and exclusions have been clearly explained by me in vernacular to the proposer who has understood and confirmed the same.

Signature of the Proposer : \_\_\_\_\_  
Name & Signature of agent/intermediary : \_\_\_\_\_

**Agent Declaration:**

I, \_\_\_\_\_ (Full Name) in my capacity as an Insurance Advisor/ Specified Person of the Corporate Agent/Authorized employee of the Broker/Relationship Officer, do hereby declare that I have explained all the contents of this Proposal Form, including the nature of the questions contained in this Proposal Form to the Proposer including statement(s), information and response(s) submitted by him/her in this Proposal Form to questions contained herein or any details sought herein will form the basis of the Contract of Insurance between the Company and the Proposer, if this Proposal is accepted by the Company for issuance of the Policy. I have further explained that if any untrue statement(s)/ information/response(s) is/are contained in this Proposal Form/including addendum(s), affidavits, statements, submissions, furnished/to be furnished, the Company shall have the right to vary the benefits which may be payable and further more if there has been a non-disclosure of any material fact, the policy issued to his/her favor pursuant to this Proposal may be treated by the Company as null and void and all premiums paid under the Policy may be forfeited to the company.

License No.(Intermediary/Corporate Agent/Broker/Relationship Officer)   
Name of the specified Person and code \_\_\_\_\_  
Place: \_\_\_\_\_ Date: \_\_\_\_\_ Signature of Agent: \_\_\_\_\_

**Prohibition of Rebates - Section 41 of the Insurance Act, 1938 as amended by Insurance Laws (Amendment) Act, 2015**

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 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 in complying with the provisions of this section shall be liable for penalty which may extend to ten lakh rupees.

**Insurance is the subject matter of the solicitation. For more details on risk factors, terms and conditions, please read Policy Wordings carefully, before concluding a sale.**

**Section 64 VB of the Insurance Act 1938**

Commencement of risk cover under the policy is subject to receipt of premium by TATA AIG General Insurance Company Limited.

PLACE : \_\_\_\_\_

DATE :

SIGNATURE OF PROPOSER

NAME & TITLE OF SIGNATORY

**TATA AIG GENERAL INSURANCE COMPANY LIMITED**

Registered Office: Peninsula Business Park, Tower A, 15th Floor, G.K. Marg, Lower Parel, Mumbai – 400013  
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IRDA of India Registration No: 108 | CIN:U85110MH2000PLC128425