PROPERTY GUARD UIN: IRDAN108CP0003V01202324

PROPERTY GUARD Proposal Form



1. Na	me of the proposer																	
Mı	r. / Mrs. / Ms. / M/s. / Dr.																	
2. Ad	dress of proposer																	
				City														
		State		Pin Code	ode													
		Tel.:(O)		Fax														
		Mobile:		E-mail	E-mail													
3 i) E	Business of the Proposer																	
ii)Y	ears in operation																	
4.	Nature of Business organ	nization		ed Company														
			Partnership	firm	Proprietary concern													
5.																		
6.	Period of Insurance From D D M M Y Y Y Y T To D D M M Y Y Y Y																	
7.	Is this same property insured with any other Insurance Company (If YES, give details) Yes/ No:																	
				Insurance Compan	y:													
				Nature of Coverage	a :													
8.	Has any Insurance Comp	any in the past declined to	offer insurance or imposed a	any.	Nature of Coverage :													
0.	Special Conditions (If YE		oner insurance or imposed a	Yes/ No :	Yes/ No :													
				Insurance Compan	y:													
				Canditions impass	d .													
	D. 11 (E. 111 111 111 111 111 111 111 111 111 1			Conditions impose	u													
9.	Details of Financial Institutio	on																
10.	Premium / Claim details	;																
SR. No.	details for the past 5 p	olicy	remium	Claims Pai	d	Claims Outstanding												
1																		
'																		
2.																		
3.																		
4.																		
5.																		
Detai	ils of Location wise anne	xure																
SR . No.		Premises Insured	Bus	iness	Sum Insured													
1																		
2																		
2.																		
3.																		

N.B.: Detailed Schedule of the Property proposed for Insurance for each location/ premises be submitted in the format given in Annexure A.

4.

5.

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Voluntary Deductible proposed to be opted for (a) Material Damage Claims – Section I

(b) Business Interruption Claims – Section II

Promium 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 E	Data for each clair	n be furnished	in th	ne fo	orm	nat g	give	n iı	n Ar	nne	exu	re	С																												
														A	nn	exi	ure	e A																							
Name of the Company Location of the Risk		State	State																			City Pin (/ Code																	
Sr. No.	Description of the risk	Sum Insured in Rs.																																							
140.	of the fisk	Building		Plar Vlac				F	Furniture/ Fixtures & Pipin Fittings etc.			ng Cabling				Stock & Stock-in- process			Stock in Godown					Material in open/ Gas holders/ Tank Farms				Total Su Insure													
Location of the Risk													A	nn	exi	ure	e B					City	/																		
Policy/	Perils – Fire Police	State cy C/EQ/STFI/E cy Period	3.I. (Fire	e) (P	Pleas	se s	sub	mit	de	etai	ls d	of p	S	um	Ins	sure	ed	par	ate	she		Pin for			olicy	r/ P	eril	1)					miı							
	1011	oy i chou						(Rs. in Lakhs)										(Rs. in Lakhs)																							
Claim	s Data Sheet				(PI	o a c		end	hm	iŧ	20	na	ıra					e C		he	of	fo	r e:	acł	n c	ain	۵۱														
Policy Period Sum Ins (Rs. in L							Insu	sured								4111	n Data sheet for each claim) Prem (Rs. in I														s)										
Date of Loss																																									
Policy F	Period																																								
Policy/F	Peril																																								
Cause o	of Loss																																								
Sum In:	sured																																								
Amoun	t Assessed by																																								
Survey	or																																								

For Business Interruption Losses please give following additional information:
Indemnity Period ______ months
Interruption Period ______ days
Time Excess _____ day

Amount Paid

Deductible

NAME & TITLE OF SIGNATORY

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 amended from time to time."	re the mean	ning ass	igned to	it und	der Prev	entior	n of M	loney-La	under	ing (N	laintenand	ce of I	Recor	ds) Ame	ndme	nt Rule	es, 2023 as
• Nationality : Indian Non-Ind	naib	If Non	-Indian,	please	e specify	the C	ountr	y:									
Type of Organization													0	٠.			
Corporations Governments	-	Trust Partnership Non Governmental Organizations												ciety	C		
Trust Partnership		International Organization					Coope	ratives					Se	ction 25	Comp	any	
PAN card number (Mandatory):																	
Bank Details																	
Name of the Account Holder:																	
Name of the Bank:											Branch:						
Type of Account:	SB Acco	unt		Curr	ent Acco	unt		Ot	hers (F	Please	specify)						
Account Number:																	
IFSC Code:																	
Declaration: The content of this form along with pro abide by the policy terms & conditions. Signature of the Proposer	duct benefit				d exclusi						I to me. I/	we ha	ve un	derstood	these	and c	onfirm to
Name & Signature of agent/intermediar	y :											Code:					
Vernacular Declaration (Certification in	ı case the pr	oposer	has sigr	ned in	vernacul	ar/th	umb p	orint):									
The content of this form along with pro understood and confirmed the same.	duct benefit	s, terms	/conditio	ons an	d exclusi	ions h	nave b	een clea	rly exp	olained	I by me in	ı verna	acular	to the p	opose	er who	has
Signature of the Proposer	:																
Name & Signature of agent/intermediar	y :																
Agent Declaration:							/E	ull Nama	\ in ma		oit / oo on	In accord		/ مارينو مرير	Cnaaid	fied De	rson of the
Corporate Agent/Authorized employee nature of the questions contained in this to questions contained herein or any d accepted by the Company for issuance Form/including addendum(s), affidavits, and further more if there has been a no null and void and all premiums paid unit	s Proposal For etails sough e of the Police of statements on-disclosure	orm to to t herein cy. I have , submis e of any	he Prop will form further ssions, for materia	oser in m the l r expla urnishe I fact, t	ncluding a basis of a lined that ed/to be a the policy	staten the Co t if an furnis v issu	eclare ment(s ontrac y untr	that I ha s), inform t of Insurue state he Comp	ve exp ation a rance ment(s pany sh	olained and re betwe s)/ info	d all the cosponse(s) en the Co ermation/r	ontent subm ompan espon ht to va	s of the state of	his Propo by him/h I the Pro is/are co e benefit	osal Foner in the poser, ontained as which was a second as a secon	orm, in this Pro if this ed in th ch may	cluding the posal Form Proposal is iis Proposal be payable
License No.(Intermediary/Corporate Ag	gent/Broker/	Relation	ship Off	ficer)													
Name of the specified Person and code																	
Place: Date	»:			Signa	ture of A	gent:								_			
Prohibition of Rebates - Section 41 of t 1. No person shall allow or offer to allow kind of risk relating to lives or property person taking out or renewing or conting the insurer. 2. Any person making defau	ow either dir in India, any nuing a polic	ectly or rebate y accept	indirect of the w t any reb	tly as a hole o pate, ex	n induce r part of xcept suc	ment the co ch reb	to an ommis oate as	y person ssion pay s may be	n to tal vable c allow	ke out or any ed in a	or renew rebate of accordance	premi e with	um sh the p	nown on oublished	the po	olicy, n pectus	or shall any
Insurance is the subject matter of the so	licitation. Fo	or more	details o	on risk	factors, t	erms	and c	ondition	s, plea	se read	d Policy W	/ording	gs car	efully, be	fore c	onclud	ing a sale.
Section 64 VB of the Insurance Act 193	8																
Commencement of risk cover under the	policy is su	bject to	receipt	of prei	mium by	TATA	A AIG	General	nsurai	nce Co	mpany Li	imited					

TATA AIG GENERAL INSURANCE COMPANY LIMITED

SIGNATURE OF PROPOSER