IndusInd GENERAL INSURANCE
FORMERLY RELIANCE GENERAL INSURANCE

Proposal Form No:_____

PLATE GLASS INSURANCE POLICY (RETAIL) - PROPOSAL FORM

(The liability of the Company commences only when this proposal is accepted by the Company and the premium is received.)

SCOPE OF THE POLICY

The insurance is against loss occasioned by accidental breakage of insured glass but excludes breakage caused through fire, gas, heat or any loss that could be covered by a fire policy, earthquake war, invasion, foreign enemy hostilities or military or usurped power, riot, civil commotion, strikers locked out workers or persons taking part in labour disturbances. Some of the excluded risks can be covered by special arrangement, on payment, of an additional premium.

PLEASE ANSWER EVERY QUESTION FULLY

(The property proposed for insurance is not covered until the proposal is accepted and premium received)

INTERMEDIARY DETAILS (To be filled in BLOCK LETTERS)	
Intermediary Name:	Code:
Branch Name:	Code:
Sales Manager Name:	Code:

PROPOSER'S DETAILS (To be filled in BLOCK LETTERS)			
1. Proposer's Full Name	☐ Mr. ☐ Ms. ☐ Mrs. F I R S T M I D D L E L A S T		
2. Address of the proposer			
Flat/Building		Road/Street / Sector	
Area		City	
Pin Code		State	
Country		Phone	
Mobile		Fax	
Email			
3. Source of Funds	☐ Business ☐ Profession ☐ Salary ☐ Agricultural Income ☐ Savings ☐ Others		
4. Monthly Income	☐ Upto ₹ 20,000 ☐ ₹ 20,001 to ₹ 50,000 ☐ ₹ 50,001 to ₹ 1,00,000 ☐ ₹ 1,00,001 and above		
5. PAN No.:		6. UID Aadhaar No.	
7. CIN (In case of Corporate)		8. Date of Birth / Date of Incorporation	D D / M M / Y Y Y Y
9. Do you have a GST Registration Number			☐ Yes ☐ No
If Yes, please specify			
10. Location of the premises in which the glass is contained. _____			
11. Nature of business carried out in the premises.			☐ Yes ☐ No
12. Is the premises situated at the corner of a street or exposed to any special risk?			☐ Yes ☐ No
13. Are you the owner or tenant?			☐ Yes ☐ No
14. Is there any glass in the premises not included in this proposal?			☐ Yes ☐ No

IRDAI Registration No. 103 IndusInd General Insurance Company Limited (Formerly known as Reliance General Insurance). An ISO 9001:2015 Certified Company For complete details on the benefits, coverage, terms & conditions and exclusions, do read the sales brochure, prospectus and policy wordings carefully before concluding sale. Registered & Corporate Office: 6th Floor, Oberoi Commerz, International Business Park, Oberoi Garden City, Off. Western Express Highway, Goregaon (E), Mumbai-400063. Corporate Identity Number: U66603MH2000PLC128300. Plate Glass Insurance Policy (Retail). UIN No.: IRDAN103RP0020V01200102. IGI/MCOM/CO/MI-15/PGIP-(RETAIL)/PF/Ver.1.0/070326.

If so, please specify.

15. Is there at present any broken or damaged glass? ☐ Yes ☐ No

If yes, please describe its position and size.

16. Have there been any previous breakages? ☐ Yes ☐ No

If yes, please give particulars.

17. Has any Company refused to accept or continue your insurance or increased the premium thereof? ☐ Yes ☐ No

18. Has the risk been previously insured? ☐ Yes ☐ No

If yes, please give the following details.

a. Name of Insurance Company	
b. Policy No:	
c. Period:	From D D / M M / Y Y Y Y To D D / M M / Y Y Y Y
d. Rate Charged:	
e. Any special terms & conditions imposed:	

PARTICULARS OF GLASS TO BE INSURED

Position of each square of pane of glass	Size of each square of pane		Description of glass: State whether plain plate or plain sheet, painted, rough, silvered,embossed, stained, bent or ornamental.	Value	Premium
	Height in Cms.	Width in Cms.			

Note: In the event of loss, all glass shall be considered as plain unless the contrary shall have been specially stated in the proposal hereinabove.

PROPOSER'S BANK DETAILS

19. Name of the Bank Account Holder	☐ Mr. ☐ Ms. ☐ Mrs. F I R S T M I D D L E L A S T		
20. Bank Account No.:		21. Account:	☐ Saving ☐ Current
22. Name of the Bank			
23. Branch			
24. MICR Code (9 digit MICR code number of the bank and branch appearing on the cheque issued by the bank)			

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25. IFSC Code (11 character code appearing on your cheque leaf)	

☐ I understand that any refund due on the premium payment / any payment / claims to be directly credited to my aforesaid Bank Account.*

*As per IRDAI, its mandatory that all payments made to the insured are only through electronic mode.

PEP DECLARATION:

Are you a Politically Exposed Person (PEP)?	☐ Yes ☐ No
If yes, please mention the position held	
Is any of your close relation or family member a PEP?	☐ Yes ☐ No
If yes, please mention the name and relation and the position held by such close relative/family member.	

I hereby declare that in future if me, any of my close relatives or any of my family member attains a position of PEP then I shall confirm the same to IndusInd General Insurance Co. Ltd as a mandate. I understand that this is a crucial information under the PMLA Rules and AML/CFT Guidelines and shall confirm that the answers given by me is true. In case the company comes to know that this is a misrepresentation and concealment of information then the policy shall be put on hold for scrutiny by the company and I shall be solely responsible for the same.

Note :

"**Politically Exposed Persons" (PEPs)** shall have the meaning assigned to it under sub clause (db) of clause (1) of Rule 2 of the Prevention of Money Laundering (Maintenance of Records) Rules, 2005."

(db) "Politically Exposed Persons" (PEPs) are individuals who have been entrusted with prominent public functions by a foreign country, including the heads of States or Governments, senior politicians, senior government or judicial or military officers, senior executives of state-owned corporations and important political party officials".

AML Guidelines

1. I/We hereby confirm that all premiums have been/will be paid from bonafide sources and no premiums have been /will be paid out of proceeds of crime related to any of the offense listed in Prevention of Money Laundering Act,2002.
2. I Understand that the Company has the right to call for document to established sources of funds.
3. The Insurance Company has right to cancel the insurance contract in case I am/have been found guilty by competent court of law under any of the statutes, directly or indirectly governing the prevention of money laundering in India.

Place: _____

Date: _____ _____

Signature of Proposer

GENERAL DECLARATION:

I understand that as per the new AML/CFT Guidelines issued IndusInd General Insurance Co. Ltd will be verifying my details pertaining to KYC and PAN provided at the time of proposal.

I further, do hereby agree and consent that in the case of the event of a mismatch of information provided by me in the proposal form, identification proof, and address proof at the time of issuance of the policy. I request IndusInd General Insurance Company Limited to issue the policy with the details appearing as per my proposal form. I will be solely responsible for any consequences arising out of the difference in detail given by me during the verification of supporting documents provided by me at the time of issuance of the policy or otherwise.

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DECLARATION

I/We hereby declare and warrant that the statements made by me/us in this Proposal Form are true to the best of my/our knowledge and belief and I/We hereby agree that this declaration shall form the basis of the contract between me/us and IndusInd General Insurance Company Limited. In any additions/alterations are carried out in the risk proposed after the submission of this proposal form then the same shall be conveyed to the IndusInd General Insurance company Limited immediately

I/We further agree and undertake not to receive from IndusInd General Insurance Company Limited any rebate other than that mentioned in the published prospectus in accordance with the provisions Section 41 of the Insurance Act, 1938 as amended by Insurance Laws (Amendment) Act, 2015.

I/We here by state that the above mentioned address shall be taken as address on record for the purpose of GST.

"I/we hereby agree to be notified by insurer on my registered mobile number/ email id through mail or SMS or any such mode, information about various insurance policy services."

I/We hereby confirm that the contents of the proposal form and connected documents have been fully explained to me/us and I/We have fully understood the significance of the proposed contract

Place: _____

Date: _____

_____
Signature of Proposer

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 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 prospectuses or tables of the insurer.
2. Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to ten lakh rupees.