



## Bajaj Allianz General Insurance Company Limited

Corporate Identity Number: U66010PN2000PLC015329. IRDAI Registration No.113  
**Regd. Office & Head Office: Bajaj Allianz House, Airport Road, Yerwada, Pune - 411 006**  
**UIN: IRDAN113RP0019V01202324**

3. Infidelity of Employee
4. Lock Replacement
5. Documents and Money Cover under Section 1/ Section 2
6. Inconvenience Benefit
7. Personal Injury Cover under Section 2

9. Cover Period

Up to 365 Days	1 / 2 / 3 / 4 / 5 Years

Note:

- I. Policy Period for all covers and for all the Assets covered under the policy must be identical.
- II. Where cover period selected is up to 365 Days, Please specify number of days for which cover is opted.

10. Please select from below coverage options

For covering Locker and/or contents individually:

Asset Type (Please select the desired)	Locker Details & Invoice Details	Please select the desired Section	Deductible	Co-Pay	Sum Insured
Locker <input type="checkbox"/>		SECTION 1 – Accidental Damage Cover for Locker (Mandatory Section)			
		<input type="checkbox"/> SECTION 2 – Burglary & Robbery Cover for Locker (Optional Section)			
		<input type="checkbox"/> SECTION 3 – Breakdown Cover for Locker (Optional Section)			

Asset Type (Please select the desired)	Description of Contents	Choose Basis of Sum Insured	Please select the desired Section	Deductible	Co-Pay	Sum Insured
Content <input type="checkbox"/>	Named / Unnamed Basis	Indemnity / Benefit	SECTION 1 – Accidental Damage Cover for Contents (Mandatory Section)			
		Indemnity / Benefit	<input type="checkbox"/> SECTION 2 – Burglary & Robbery Cover for or Contents (Optional Section)			

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For covering Locker and/or contents on floater basis:

Asset Type (Please select the desired)	Locker Details	Content Details	Please select the desired Section	Deductible	Co-Pay	Sum Insured/ AOA: AOY
		Named / Unnamed Basis				

Note:

- I. Basis of Sum Insured in case of Locker will be Indemnity only.
- II. In case of multiple lockers please provide further information in additional sheet.
- III. Locker/ Safe/ Safe Deposit Box means a strong cabinet [made with Iron/steel or other strong metal/alloy, but excluding aluminium] designed for the safe and secure storage of Contents permanently situated at the Insured Premises, and access to which is restricted by physical/ digital access control mechanism.
- IV. Contents means, any of the below items which are securely stored inside the Locker:
  - i. Gold/Silver/Platinum articles or articles made from any other precious metals;
  - ii. articles made of diamonds or other precious stones, gems or pearls;
  - iii. artificial and or imitation Jewellery [made with material other than precious metals/stones, gems or pearls].
  - iv. any other item specifically declared by You and agreed by Us

11. Do you want to exclude the following perils (choose not to be covered for) under Section 1. – Yes / No

- Storms, typhoons, cyclones, tempest, tornados, hurricanes, floods and inundation
- Earthquake
- Lightning and thunderstorm

12. Do you want to opt for Theft Cover under Section 2 - Yes / No

13. Below extensions can be opted on payment of additional premium

S. No.	Extensions	Basis of Sum Insured (Please select the applicable)	Sum Insured
1.	<input type="checkbox"/> Terrorism Cover	Will be available as per base Section	
2.	<input type="checkbox"/> Floater Cover	Will be available as per base Section	
3.	<input type="checkbox"/> Infidelity of Employee	Indemnity / Benefit	
4.	<input type="checkbox"/> Lock Replacement Cover	Indemnity / Benefit	
5.	<input type="checkbox"/> Documents and Money Cover under Section 1/ Section 2	Will be available as per base Section	
6.	<input type="checkbox"/> Inconvenience Benefit	Benefit	
7.	<input type="checkbox"/> Personal Injury Cover under Section 2	Indemnity / Benefit	

Note:

- I. You can opt Floater cover only if you're covering multiple lockers in same Section/s.

14. Has any company/Insurer in respect of insurance Declined your Proposal?

Yes  No



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8. Please state whether all members of the Group/ Association/ Institution/ Corporate Body are proposed for Insurance?  YES  NO
9. If answer to Question 8 is "Yes" kindly specify who shall bear the premium? Group Manager  Members
10. Please mention the total number of persons to be covered initially: \_\_\_\_\_
11. Please mention the expected no of persons to be covered during the policy period? \_\_\_\_\_

12. Coverage Available under the Policy :

SECTION UNDER POLICY

SECTION 1 – Accidental Damage Cover for Locker and/ or Contents (Mandatory Section)

SECTION 2 – Burglary & Robbery Cover for Locker and/ or Contents (Optional Section)

SECTION 3 – Breakdown Cover for Locker (Optional Section)

OPTIONAL EXTENSIONS UNDER POLICY

1. Terrorism Cover
2. Floater Cover
3. Infidelity of Employee
4. Lock Replacement Cover
5. Documents and Money Cover under Section 1/ Section 2
6. Inconvenience Benefit
7. Personal Injury Cover under Section 2

13. Please fill in the below details

DETAILS OF INSURED ASSETS										
Sr. No.	Coverage Details under the Policy									
	Locker / Contents Details	Individual / Floater	Section Name	Indemnity/ Benefit	Sum Insured/ AOA:AOY Limit	Extension Name	Indemnity/ Benefit	Sum Insured/ AOA:AOY Limit	Other Covers (If Any)	Deductible, Co-pay & Special Conditions

14. Has any company/Insurer in respect of Insurance Declined your Proposal?  Yes  No
- Cancelled or refused to renew your policy?  Yes  No
- Accepted your proposal on special terms and conditions?  Yes  No

15. Past Claims Experience, if any YES  NO  ( If Yes please provide details below )

Date of Occurrence	Details of loss	Amount of loss Rs.	Name of the Insurer & Policy Number

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End of II

**Declaration:**

1. I/We, the undersigned hereby declare and warrant that the above statements are true, accurate and complete. I/We desire to have an insurance policy as described herein with the Company and I/We agree that this proposal and declarations hereto shall be the basis of contract between me/us and the Company and I/We agree to accept a Policy subject to the conditions prescribed by the Company.
2. I/We agree that the Policy shall become null and void, in the event of any untrue or incorrect statement, misrepresentation, non-description or non-disclosure in any material particular in the proposal form/personal statement, declaration and connected documents, or any material information has been withheld by me/us or anyone acting on my/our behalf to obtain any benefit under this Policy.
3. I/We agree that the issuance of Policy shall be subject to realisation of premium cheque.
4. I/We hereby give voluntary consent to BAGIC/Company to share my/our personal information and data provided in this proposal form with its group companies or any other person in connection with the Insurance Policy or otherwise, including for providing products and services of group companies that may be of interest to me/us, to be used in accordance with their respective privacy policies and subject to appropriate measures being in place to safeguard my/our personal information.
5. I/We agree for AML (Anti Money Laundering) Declaration applicable as selected from below:

**1. AML DECLARATION FOR RETAIL POLICIES/INDIVIDUAL CUSTOMERS:**

Please Select

**1. Declaration for Politically Exposed Person (PEP) to be added in proposal form:**

Are you or any of the proposal applicants a PEP\* or a close relative of PEP\*?

If yes, please share the details \_\_\_\_\_

“Politically Exposed Persons” (PEPs) are individuals who are or have been entrusted with prominent public functions in a foreign country, e.g., Heads of States/Governments, senior politicians, senior government/judicial /military officers, senior executives of state-owned corporations, important political party officials, etc.”

**2. Consent/Declaration to be added in proposal and claim for CKYC no.:**

I/we hereby give my/our consent to the Company to verify and obtain my/our identity/address proof through Central KYC Registry or National Securities Depository Limited Portal for the purpose of undertaking KYC verification.

**3. Consent/Declaration to be added in proposal for Premium paid from own funds:**

I/we hereby declare and confirm that the premium has been paid out of legally acquired sources of income and the subsequent premiums if any, will continue to be paid out of legally declared and assessed source of income.

**2. AML DECLARATION FOR JURIDICAL PERSON/NON-INDIVIDUAL CUSTOMER:**

Please Select

**1. Declaration for PEP to be added in proposal form:**

Are you or any of the proposal applicants a PEP\* or a close relative of PEP\*?

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If yes, please share the details \_\_\_\_\_

“Politically Exposed Persons” (PEPs) are individuals who are or have been entrusted with prominent public functions in a foreign country, e.g., Heads of States/Governments, senior politicians, senior government/juridical /military officers, senior executives of state-owned corporations, important political party officials, etc.”

**2. Consent/Declaration to be added in proposal and claim for CKYC no.:**

I/we hereby give my/our consent to the Company to verify and obtain my/our identity/address proof through Central KYC Registry or Goods and Service Tax Portal or Ministry Of Corporate Affairs Portal or National Securities Depository Limited portal for the purpose of undertaking KYC.

**3. Consent/Declaration to be added in proposal for Premium paid from own funds:**

I/we hereby declare and confirm that the premium has been paid out of legally acquired sources of income and the subsequent premiums if any, will continue to be paid out of legally declared and assessed source of income.

**3. AML DECLARATION FOR GROUP POLICIES:**

Please Select

**1. Declaration for PEP to be added in proposal form:**

Are you or any of the proposal applicants a PEP\* or a close relative of PEP\*?

If yes, please share the details \_\_\_\_\_

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**2. Consent/Declaration to be added in proposal:**

I/we hereby give my/our consent to the Company to verify and obtain my/our identity/address proof through Central KYC Registry or Goods and Service Tax Portal or Ministry Of Corporate Affairs Portal or National Securities Depository Limited portal for the purpose of undertaking KYC.

I/we hereby agree and ensure to maintain details of all the beneficiaries covered under the policy and shall share the same with the Company as and when required.

**3. Consent/Declaration to be added in claim for CKYC no.:**

I/we hereby give my/our consent to the Company to verify and obtain my/our identity/address proof through Central KYC Registry for the purpose of undertaking KYC

**4. AML DECLARATION FOR JURIDICAL PERSON/NON-INDIVIDUAL CUSTOMER AND GROUP POLICIES:**

Please Select

**1. Consent/Declaration to be added in proposal:**

I/we hereby give my/our consent to the Company to verify and obtain my/our identity/address proof through Central KYC Registry or Goods and Service Tax Portal or Ministry Of Corporate Affairs Portal or National Securities Depository Limited portal for the purpose of undertaking KYC.

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I/we hereby agree and ensure to maintain details of all the beneficiaries covered under the policy and shall share the same with the Company as and when required.

2. **Consent/Declaration to be added in claim for CKYC no.:**

I/we hereby give my/our consent to the Company to verify and obtain my/our identity/address proof through Central KYC Registry or UIDAI or through any other modes for the purpose of undertaking KYC

5. **AML DECLARATION FOR ENROLMENT FORM (GROUP):**

1. **Declaration for PEP to be added in proposal form:**

Are you or any of the proposal applicants a PEP\* or a close relative of PEP\*?

If yes, please share the details \_\_\_\_\_

“Politically Exposed Persons” (PEPs) are individuals who are or have been entrusted with prominent public functions in a foreign country, e.g., Heads of States/Governments, senior politicians, senior government/juridical /military officers, senior executives of state-owned corporations, important political party officials, etc.”

2. **Consent/Declaration to be added in proposal:**

I/we hereby give my/our consent to the Company to verify and obtain my/our identity/address proof through Central KYC Registry or National Security Depository Limited portal or through any other modes for the purpose of undertaking KYC.

3. **Consent/Declaration to be added in proposal for Premium paid from own funds:**

I/we hereby declare and confirm that the premium has been paid out of legally acquired sources of income and the subsequent premiums if any, will continue to be paid out of legally declared and assessed source of income.

Date:

\* Signature (Proposer)

Place:

Name:

**\* Certified that that the contents of the proposal form and documents have been fully explained to the Proposer and that he/they have fully understood the significance of the proposed contract.**

Date:

\*\* Signature (on behalf of the Proposer)

Place:

Name:

\*\* This is required only where, for any reason, the proposal and other connected papers are not filled by the Proposer.

**INSURANCE ACT 1938 SECTION 41- Prohibition of Rebates**

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 a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectus or tables of the insurer.

ANY PERSON MAKING FAULT IN COMPLYING WITH THE PROVISIONS OF THIS SECTION SHALL BE PUNISHABLE WITH FINE WHICH MAY EXTEND TO TEN LAKHS RUPEES.