

## Bajaj Allianz General Insurance Company

Regd. Office &amp; Head Office: Bajaj Allianz House, Floor, Airport Road, Yerawada, Pune 411006

CIN: U66010PN2000PLC015329 UIN : IRDAN113RP0002V03201415

## For Office Use only:

Scrutiny No	Receipt No	Policy No

## For Agent Use Only:

IMD Code	Sub IMD Code	Mobile No.

Emp/ LG Code

## MY HOME INSURANCE ALL RISK POLICY: PROPOSAL FORM

- Please answer all questions in BLOCK letters.
- The Liability of the Company does not commence until this Proposal has been accepted by the Company and premium has been paid.
- This Proposal will be the basis of any subsequent policy that the Company issues to you. It is therefore essential that you provide all the information in this Proposal FULLY AND ACCURATELY and that you provide the Company with any and all additional information relevant to risk to be insured or its decision as to acceptance of the risk or the terms upon which it should be accepted.

## Proposer Details

- 1) Proposer's Full Name:
- 2) Are you an existing Bajaj Allianz Customer: Yes / No. If yes, please mention the Policy No: OG - - - - -
- 3) Gender:  Male /  Female /  Others 4) Date of Birth:  DD  MM  YY  YY 5) PAN No:
- 6) UID/Unique ID:  7) Bajaj Allianz Employee Code, if Proposer is BAGIC/BALIC Employee:
- 8) Occupation:  Business /  Service /  Student /  Housewife /  Retired /  Others \_\_\_\_\_
- 9) Are You a: Tenant OR Owner Occupant

## 10a) Details of the Residential Property to be Insured:

- Resident Structure  Flat  Apartment  Independent Building
- House No & Name:
- Landmark/Locality:
- Road/Area Name:
- City:  State:  Pincode:

## 10b) Correspondence Address: (All communications will be sent to the below address) (SAME AS ABOVE)

- House No & Name:
- Landmark/Locality:
- Road/Area Name:
- City:  State:  Pincode:

- 11a) Telephone No.:  11b) Mobile Number:

- 12) In case of any offer, you would prefer to be contacted by:  Phone /  Email \_\_\_\_\_ @ \_\_\_\_\_

## 13) For Coverage of "BUILDING":

- i) Age of the "BUILDING":  Year(s)  Month(s)
- ii) Walls made of  Bricks  Cement  RCC  Stone  Mud  Clay  Wood  Any other item (Please Specify) \_\_\_\_\_
- iii) Roof made of  Tiles  Concrete  RCC  Asbestos  Corrugated  Cement  Wood  Thatched  
 Any other item (Please Specify)

## 14) Plan: (Pls select any one Plan from the below Six Plans)

- PLATINUM PLAN I  DIAMOND PLAN I  GOLD PLAN I
- PLATINUM PLAN II  DIAMOND PLAN II  GOLD PLAN II

## 15) Policy Period Opted: \_\_\_\_\_ day(s)/ \_\_\_\_\_ Years (Please refer below Policy Period Options (i) and (ii) )

- i. Short Term Policy of up to 15/30/60/90/120/150/180/210/240/270 days

or

- ii. Annual Policy of 1 Year/2 Years/3 Years/4 Years/5 Years

## Payment Details

- Mode of Payment:  Cheque  DD  Cash  Others
- Cheque - Given by:  Spouse  Father  Mother  Son/Daughter  Employer/Employee  Financier



To support our Go Green initiative, we will send policy copy link on your registered mobile number / email id. This is a digitally signed valid document. Please tick the box, if you still want to receive physical copy of your insurance policy.

## 16) Sum Insured:

S. no.	Cover	Sum Insured* (in Rs.)	Excess Options
1	<p align="center"><b>"Building" Structure</b> (For Platinum Plan On Agreed Value basis ,please mention the Total Area Mentioned in the Registered Sale Deed Agreement : _____ Sq Ft)</p>		<p align="center"><b>Excess Option for "Building"</b> Rs. 5,000 and multiples thereof maximum upto Rs.50,000</p> <p>Please mention excess opted Rs. _____</p>
2	<p align="center"><b>"Contents"</b></p> <p><b>a) *Portable Equipments/Portable Items</b> (Only Portable Equipments/ Portable Items cover (a) cannot be opted without opting for contents cover under (b) below)</p> <p><b>b) *Contents excluding Portable Equipments</b> (*Please provide separate Sum Insured for Portable Equipments and Contents excluding Portable Equipments in (a) and (b) above)</p> <p><b>Is Worldwide Coverage Extention required for Portable Equipments/ Portable Items :</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(Note: Contents for which supporting invoice is not available kindly declare details of such contents along with Sum Insured )</p>	<p>a) _____</p> <p>b) _____</p>	<p align="center"><b>Excess Options for "Contents"</b> Rs. 1,000 and multiples thereof maximum upto Rs.20,000</p> <p>Please mention excess opted Rs. _____</p>

- \*Note:** 1. Kindly see prospectus to know the method of arriving at the Sum Insured for Building and Contents  
2. Where you opt for insurance of Structure and Contents the Sum Insured for Contents shall not be less than 10% of the Flat/Apartment/ Independent Building Sum Insured subject to minimum of Rupees 5 lakhs .  
3. Where you opt for insurance of Contents only, the Sum Insured shall not be less than Rupees Five Lakhs.  
4. In case the value of the contents is collectively less than Rupees Five Lakhs , you shall be required to declare the individual values of the contents.  
5. Kindly note that Contents excludes Jewellery and Valuables, Works of Art, Paintings, Curios, Bonds, Cheques, Documents, Cash and Currency Notes and Coins, Credit Debit Cards., Pedal Cycle, Domestic Appliances, Electrical and Electronic Equipments (other than Portable Equipment/Portable Items) older than 10 years, Portable Equipment (other than Mobile Phones) older than 5 Years and Mobile Phones older than 3 years.  
6. Standalone Cover for Jewellery & Valuables and /Or Curios, Paintings & Work of Arts cannot be Opted unless Contents are Insured.  
7. Portable Equipment/Portable Items shall not be covered in case of Insured being an entity/firm  
8. Jewellery and Valuables shall not be covered in case of Insured being an entity/firm

Do you want to opt for escalation provision (Applicable for building structure)? Yes / No

If Yes , Pls mentioned the Escalation % :  % (Maximum Up to 25%)

## Details of Contents (If Applicable)

Sr No	Description of the Item	Age	Sum Insured
	Total		

## 17) Details for "Jewellery and Valuable" Coverage:

Sr No	Description of the Item	Weight (in gm)	Sum Insured	Valuation Report Attached (Yes /No)
Total (Full Sum Insured)				

Is Worldwide Coverage Extention Required for Jewellery and Valuable:  Yes  No

Do you want to opt for coverage for for "Jewellery and Valuable" on a loss limit basis?  Yes  No

If the answer to above question is "Yes" kindly choose percentage of loss limit of the full Sum Insured for "Jewellery and Valuable"  25%  40%

Excess Options for ""Jewellery and Valuable" (Rs. 5,000 and multiples thereof maximum upto Rs.50,000) Please mention excess opted Rs. \_\_\_\_\_

## 18) Details for Works for Art, Painting and Curios Coverage:

SL. No.	Description of the Item (Works of Art ,Painting/ Curios ,Other, Please describe)	Details of Artist	Valuation Report Attached (Yes/ No)	Invoice Copy attached (Yes/ No)	Sum Insured

## 19) Do you wish to opt for any of the following Add on Cover (Kindly tick add on covers you want to opt for):

Add On Cover	Please Tick Add On Cover You want to Opt	Sum Insured (in Rs.)	Indemnity Period
1. LOSS OF RENT			<input type="checkbox"/> Months Maximum 24 months
2.TEMPORARY RESETTLEMENT COVER		(Maximum Sum Insured is Rs.25000)	Same as Policy Period
3.KEYS & LOCKS REPLACEMENT COVER If Opted , Pls mentioned Vehicle Registration number: _____			Same as Policy Period
4.ATM WITHDRAWAL ROBBERY COVER (AOA Limit: Rs.10000,AOY Limit :Rs.30000) (Bodily Injury Cover : Maximum up to Rs.10000)			Same as Policy Period
5.LOST WALLET COVER (Limit any one loss :Rs.2500,Limit any one year :Rs.5000)			Same as Policy Period
6.DOG INSURANCE COVER			Same as Policy Period
7. PUBLIC LIABILITY COVER			Same as Policy Period
8.EMPLOYEES COMPENSATION COVER Pls tick against whom cover is opted along with number of members: Bearers- / Khitmatgars- / Hamals- /Cooks- / Sweepers- / Mali- /Mehters- / Motor Car Driver- / Cleaners and Attendants- .			Same as Policy Period

(Note: Above Add-On covers can only be opted in case of Annual Policies)

## 20) Details for Dog Insurance Cover, if Opted:

Sex	Age	Breed	Description of the Animal				Market Value/S.I.
M/F	Years		Colour	Ears	Tail Switch	Distinguishing Features/ Microchip Identification Marks	Rs.

Note: Health and valuation certificate of qualified Veterinary Doctor has to be submitted mentioning the microchip number for identification along with latest photograph at the time of proposal

## 21) Details of Other Insurance Policies Covering the same Building /Contents / Jewellery &amp; Valuables /Works of Arts , Paintings, Curios under the policy:

Policy No.	Name and Address of Insurance Co.	Sum Insured	Covers	Period of Insurance	
				From dd/mm/yy	To dd/mm/yy

## 22) a. Have you suffered any loss of or damage to the Structure /Contents / Jewellery &amp; Valuables /Works of Arts, Paintings, Curios in the past?

(Irrespective of whether insured or not)

b. If so, give full details thereof as under:

Date of Occurrence	Details of loss	Amount of loss Rs.	Name of the Insurance

## 26. Has any company in respect of Insurance

a. Declined your Proposal?

b. Cancelled or refused to renew your policy?

c. Accepted your proposal on special terms and conditions?

## Declaration

I/We, the undersigned hereby declare and warrant that the insurance contract and policy to be issued by Bajaj Allianz General Insurance Company Ltd [Company] is subject to the declarations, warranties, statements and particulars given in this proposal form. I/We declare that the statements and particulars given in this Proposal form are complete, true and accurate to the best of my personal knowledge and belief. I/we have clearly understood the terms and conditions [T & C] to the insurance contract and agree that the statements and particulars given in this proposal form shall be held to be promissory and shall be the basis of the insurance contract between me/us and the Company shall have no liability under the insurance contract if it is found that any of my/our statements or particulars or declarations in this proposal form or other documents are incorrect and or untrue or suppressed any information or provided misleading or false information in any respect on any matter to the grant of a cover. I/we will accept the usual T & C and form of the policy prescribed and issued by Company. The salient features of the policy, terms and conditions of this proposal have been explained to me/us, and I/we agree to the same.

Proposed Policy Period: From :       To :      Date:      

Signature of the Proposer

Place:

\* 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 DEFAULT IN COMPLYING WITH THE PROVISION OF THIS SECTION SHALL BE PUNISHABLE WITH FINE, WHICH MAY EXTEND TO TEN LAKH RUPEES.