

## Proposal Form for Householders' Package Policy

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

### Intermediary Details (To be filled in BLOCK LETTERS)

Intermediary Name	<input type="text"/>	Code	<input type="text"/>
Branch Name	<input type="text"/>	Code	<input type="text"/>
Sales Manager Name	<input type="text"/>	Code	<input type="text"/>

### Proposer's Details (To be filled in BLOCK LETTERS)

1. Proposer's Full Name  Mr.  Ms.  Mrs.

2a. Address for Communication

Flat/Building

Road/Street/Sector

Area

Taluka/Village/District/City  Pin Code

State  Country

Phone  Mobile

Email  Fax

Source of Funds  Business  Profession  Salary  Agricultural Income  Savings  Others

Monthly Income  Upto ₹ 20,000  ₹ 20,001 to ₹ 50,000  ₹ 50,001 to ₹ 1,00,000  ₹ 1,00,001 and above

PAN No.:  UID Aadhar No.

### 2b. Address of the Premises to be Insured

Flat/Building

Road/Street/Sector

Area

Taluka/Village/District/City  Pin Code

State  Country

Phone  Mobile

Email  Fax

3. Period of Insurance From  To

4. Does any part of risk is situated in basement  Yes  No

If Yes , kindly provide the use of basement and de-watering facility available

5. Please fill up the details for the Section opted by you in the format herein below (Please note that section I(B) is compulsory)

#### Sections:

#### I. Fire & Allied Perils

Please state the basis of the valuation adopted for under Sections IA & IB - whether on Reinstatement Value (RIV) or Market Value(MV).

#### A. Building (RIV / MV)

	<input type="text"/>	Sum Insured	<input type="text"/>
I. Superstructure	₹		<input type="text"/>
ii. Plinth & foundation	₹		<input type="text"/>
B. Contents (RIV / MV)	₹		<input type="text"/>





6. Have any of the items opted for coverage under various Sections enumerated above suffered any damage previously?

If so, give detail of the same, Attach a separate sheet, if necessary.

Date of occurrence	Details of Items Lost	Details of Loss	Amount of Loss (₹)	Name of the Insurance Company

7. Detail of previous claims experience (claims as a percentage of premium) \_\_\_\_\_

8. Give details of existing insurance, if any \_\_\_\_\_

Policy No. \_\_\_\_\_

Company \_\_\_\_\_

Expiry Date \_\_\_\_\_

9. Any other information relevant to this insurance \_\_\_\_\_

**Payment Details**

Cheque                       DD

Cheque or DD Amount \_\_\_\_\_ /- Amount in words ( \_\_\_\_\_ )

Bank Name \_\_\_\_\_

Cheque/DD No. \_\_\_\_\_ Cheque/DD Date [ d , d | m , m | y , y , y , y ]

**Proposer's Bank Details**

Name of the Bank Account Holder  Mr.  Mrs.  Ms. [ F I R S T | M I D D L E | L A S T ]

Bank Account No.: \_\_\_\_\_ Account:  Saving  Current

Name of the Bank \_\_\_\_\_

Branch \_\_\_\_\_

MICR Code (9 digit MICR code number of the bank and branch appearing on the cheque issued by the bank) \_\_\_\_\_

IFSC Code (11 character code appearing on your cheque leaf) \_\_\_\_\_

I Wish:  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.

**Declaration by Proposer**

I/We hereby declare that the statements, answers and particulars given by me/us in this proposal form are true to the best of my/our knowledge and belief. It is hereby understood and agreed that the statements, answers and particulars provided herein above are the basis on which this insurance is being granted and that if, after the insurance is effected, it is found that any of the statements, answers or particulars are incorrect or untrue in any respect, the Company shall have no liability under this insurance.

Special Declaration related to PA

- "I/We hereby declare, on my behalf and on behalf of all persons proposed to be insured, that the above statements, answers and/or particulars given by me/us are true and complete in all respects to the best of my/our knowledge and that I/We am/are authorized to propose on behalf on these other persons.
- I/We understand that the information provided by me/us will form the basis of the insurance policy, is subject to the Board approved underwriting policy of the insurance company and that the policy will come into force only after full receipt of the premium chargeable.
- I/We further declare that I/we will notify in writing any change occurring in the occupation or general health of the life to be insured/proposer after the proposal has been submitted but before communication of the risk acceptance by the company.
- I/We declare and consent to the company seeking medical information from any doctor or from a hospital who at anytime has attended on the life to be insured/proposer or from any past or present employer concerning anything which affects the physical or mental health of the life to be assured/proposer and seeking information from any insurance company to which an application for insurance on the life to be assured/proposer has been made for the purpose of underwriting the proposal and/or claim settlement.
- I/We authorize the company to share information pertaining to my proposal including the medical records for the sole purpose of proposal underwriting and/or claims settlement and with any Governmental and/or Regulatory authority."

I/We agree and undertake to convey to Reliance General Insurance Company Limited any additions/alterations carried out in the risk proposed for insurance after submission of this proposal form.

I/We further agree and undertake not to receive from Reliance 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.

Place: \_\_\_\_\_

Signature of Proposer

Date: [ d , d | m , m | y , y , y , y ]

\_\_\_\_\_

**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.

**Assignment**

I, \_\_\_\_\_ do hereby assign the monies payable by Reliance General Insurance Company Limited in the event of my death to Mr / Ms / Mrs \_\_\_\_\_ (Name) \_\_\_\_\_ (relation to the insured) and I further declare that his / her / their receipt shall be sufficient discharge to the Company.

Date  Place \_\_\_\_\_ Signature \_\_\_\_\_

Witness \_\_\_\_\_ Signature \_\_\_\_\_

Name

Address \_\_\_\_\_

Flat/Building  Road/Street/Sector

Area  City

Pin Code  State  Country

Phone  Mobile

IRDAI Registration No.103.