

Proposal Form
(Plate Glass and/or Sanitary Fittings)
INTERMEDIARY DETAILS
Branch Code

Employee Code

Intermediary Code

PROPOSERS DETAIL

a) Proposer's Full Name: _____

b) Mailing Address: _____

Pin. Code: _____ Phone No/ Mobile: _____ Email ID: _____

c) Period of Insurance (dd /mm/yyyy): From _____ to _____

d) Nature of Trade or Business (Please provide full description): _____

e) Name of the Financial Institutions (if any financial interest is involved):

RISK PREMISES DETAILS

a) Address of the premises to be insured: _____

b) Use of Premises (Please tick):

Dwelling

☐

Office

☐

Shop

☐

Warehouse

☐

Manufacturing

☐

Others, please specify

☐

 c) Are the premises guarded by Watch _____? ☐ Yes ☐ No

If yes, by how many and during what time? _____

 d) Are the premises any time left unoccupied? ☐ Yes ☐ No

If so, how often and how long? _____

e) Location of insured's premises

☐

Main road

☐

Not on main road

 If on Main Road, then distance from Main Road? less than 50 Meters ☐ above 50 Meters ☐

f) If prone to shock damage

☐

Yes

☐

No

g) Surroundings property details (e.g. hazardous industry)

If Yes then mention the type and details:_____

e) Plate glass /Sanitary fittings Insurance Detail:

S.No	Description & make	Dimension(height, width,& thickness in inches)	Sum insured

PAST INSURANCE/CLAIMS DETAILS

a) Details of Previous Insurance (if any):

i) Name of the Company: _____

ii) Policy Type: _____

iii) Period of Insurance: From _____ To _____

b) Previous claim details, if any: _____

c) Has any company in respect of Plate Glass /Sanitary Fittings Insurance:

- | | | |
|--|------------------------------|-----------------------------|
| 1. Declined your proposal? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. Cancelled or refused to renew your proposal? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. Accepted your proposal on special terms & conditions? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

If yes, Give details _____

Any other Insurance with Shriram General Insurance _____

PAYMENT DETAILS

Cheque _____ DD _____ Pay – Order _____

Any Other ☐ Please Specify) _____ ☐ Amount (Rs.) _____ ☐

Amount in Words (Rupees _____)

Bank Name _____ Cheque/DD Date _____

DECLARATION

I/We hereby declare that the particulars contained herein are true and correct and that no material fact has been withheld, misstated or misrepresented and also that this proposal-cum-schedule forming part of the company's standard policy shall be basis of contract between me/us and the insurance company. I/We further declare that the sum insured herein represent the full value of the property described herein. I/We further hereby declare that the proposed assets are bought out of legal funds and I / we have an insurable interest in the assets to be insured.

Date:

Signature of Proposer

Place:

Section 41 of Insurance Act 1938

PROHIBITION OF REBATES –

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 provision of this Section shall be punishable with fine, which may extend to five hundred rupees.

Note: For Premium in excess of of Rs. 1 Lac, the self attested copy of PAN Card and address proof duly certified by an authorised person of Shriram General Insurance Co. Ltd. is attached herewith.