

RAHEJA QBE GENERAL INSURANCE COMPANY LIMITED

**Proposal Form**

**Burglary and/or Housebreaking Insurance Policy**

**Intermediary Details**

Name		Code	
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**Proposer's Details (Name and Address for Communication)**

Name	
Present Address	
Permanent Address	
Fixed Line Contact No.	
Mobile No.	
Email ID	
Trade or Business	
Bank Account Details	Account No. Account Type: Savings/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):

# RAHEJA QBE GENERAL INSURANCE COMPANY LIMITED

<b>Nomination:</b>  In case of More than 1 Nominee, please attach a separate annexure mentioning all the details of nominees with their share in %	<b>NOMINEE DETAILS</b>	<b>1<sup>st</sup> Nominee</b>	<b>2<sup>nd</sup> Nominee</b>	<b>3<sup>rd</sup> Nominee</b>	<b>4<sup>th</sup></b>																													
	Name of Nominee																																	
	Date of Birth of Nominee(In DD/MM/YYYY)																																	
	Percentage of Nomination	_____%	_____%	_____%																														
	Relation with the Insured																																	
	Mobile No.																																	
	Email ID																																	
	Present Address																																	
	Permanent Address																																	
	<p>In the event of death of the Proposer, any payment due under the Policy shall become payable to the nominee, as per the 'Nomination' clause defined by the IRDAI and the receipt of the proceeds by such nominee would be sufficient discharge to the Company. For all other persons covered under the Policy, the Proposer will be the nominee</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td style="width: 20%;">Bank account details of the nominee</td> <td style="width: 10%;">1st No min ee</td> <td style="width: 10%;">2nd Nomin ee</td> <td style="width: 10%;">3rd Nomi nee</td> <td style="width: 10%;">4th No min ee</td> </tr> <tr> <td>Account no.:</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Account Type (Saving /Current )</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Name of the Bank &amp; Branch:</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>MICR code( 9 digit)</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>IFSC code( 11 character code):</td> <td></td> <td></td> <td></td> <td></td> </tr> </table> <p style="margin-top: 10px;"><b>DETAILS OF APPOINTEE (Details to be filled only if nominee is a minor)</b></p> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <span>Appointee</span> <span>Name:</span> </div>					Bank account details of the nominee	1st No min ee	2nd Nomin ee	3rd Nomi nee	4th No min ee	Account no.:					Account Type (Saving /Current )					Name of the Bank & Branch:					MICR code( 9 digit)					IFSC code( 11 character code):			
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Name of the Bank & Branch:																																		
MICR code( 9 digit)																																		
IFSC code( 11 character code):																																		

**RAHEJA QBE GENERAL INSURANCE COMPANY LIMITED**

Paid Up Capital	
Financial Interests	

**Period of Insurance:** From \_\_\_\_\_ To \_\_\_\_\_  
\_\_\_\_\_

**Location of Risks to be covered** (*Burglary Insurance is a Location Specific policy-In case of any change in location, the same does not get covered unless informed to the insurer and agreed by the insurer by means of an endorsement to the policy*)

Sl. No.	Street Address	District	State	Pin Code	Occupancy (Warehouse/ Godown/ Shop/ Office/ Others /please

**Please place a tick mark against the extensions desired by you.**

☐ Theft Cover ☐ Floater Cover ☐ Declaration Policy ☐ Floater Declaration Policy ☐ Cover on First Loss Basis

1) Mention any specific precautions you have adopted for safeguarding your property.

b) Protection provided to Doors: \_\_\_\_\_

c) Protection for Windows: \_\_\_\_\_

d) Protection for Skylights: \_\_\_\_\_

e) Protection for Ventilators: \_\_\_\_\_

\_\_\_\_\_

f) Protection for Exhaust Fans: \_\_\_\_\_

g) Protection for Lights: \_\_\_\_\_

h) Protection for Air Conditioners: \_\_\_\_\_

2) Are you a sole occupant? ☐ Yes ☐ No

If not, who are other occupants, their names and nature of occupancy? \_\_\_\_\_

3) Are the premises occupied by you at night? ☐ Yes ☐ No

If yes, by whom? \_\_\_\_\_

4) Construction details

b) Walls : ☐ Brick ☐ RCC ☐ Concrete Blocks ☐ Stone ☐ AC Sheet ☐ Open Sided

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c) Roof: ☐ RCC ☐ AC Sheet ☐ Tiles ☐ Thatched ☐ Open

d) Age of the Buildings: \_\_\_\_\_

e) Height of the Buildings: \_\_\_\_\_

f) Number of Storeys: \_\_\_\_\_

**Note:** If there are many blocks with mixed construction, please mention the construction details of the blocks with majority of the Sum Insured. In the remarks column, please state construction details of other blocks.

5) Are the premises guarded by exclusive armed Watchmen? ☐ Yes ☐ No

6) Are the premises at any time left unoccupied? If so how often and for how long? ☐ Yes ☐ No

7) Are all valuables secured in a safe(s) outside business hours? ☐ Yes ☐ No

Whether the safe is fixed to a wall or concrete bed? ☐ Yes ☐ No

No

Give the following details:

b) Maker's name: \_\_\_\_\_

e) Depth: \_\_\_\_\_

c) Height: \_\_\_\_\_

f) Weight of Safe (s): \_\_\_\_\_

d) Width: \_\_\_\_\_

8) How many keys are there to the safe (s) and with whom are they kept? \_\_\_\_\_  
Can the safe(s) be opened by only a combination of two or more keys? ☐ Yes ☐ No

Please give details. \_\_\_\_\_

9) a) Are stock and sales book maintained? ☐ Yes ☐ No

b) How frequently are these entered? ☐ Monthly ☐ Quarterly ☐ Half yearly ☐ Yearly

c) How often is stock taken? ☐ Monthly ☐ Quarterly ☐ Half yearly ☐ Yearly

d) Where are these books kept out of business hours? \_\_\_\_\_

10) Have any premises occupied by you been entered by thieves? ☐ Yes ☐ No

If so, give full particulars stating when and how access was obtained and the extent of the loss. \_\_\_\_\_

What precautions have been adopted to prevent such a recurrence? \_\_\_\_\_

11) Name of your existing insurance company \_\_\_\_\_

Policy No. \_\_\_\_\_ Period of insurance. \_\_\_\_\_

12) Has any company in respect of your Burglary Insurance:

Declined your proposal? ☐ Yes ☐ No

Cancelled or refused to renew your policy? ☐ Yes ☐ No

**RAHEJA QBE GENERAL INSURANCE COMPANY LIMITED**

Accepted your proposal on special terms and conditions?

☐ Yes ☐ No

- 13) a) Have you ever claimed upon any insurance for loss by burglary or house breaking? ☐ Yes ☐ No
- b) If yes, please provide the Premium and Claims paid/outstanding for the last five years/available years.

Year	Premium	Claims Paid & Outstanding	Claims Ratio in %
Year 1			
Year 2			
Year 3			
Year 4			
Year 5			
Total			

14) Amount for which contents are currently insured against fire and name of the Insurer. \_\_\_\_\_

- 15) Is the burglar alarm system under a maintenance contract? ☐ Yes ☐ No
- 16) Is the insured location protected by a burglar alarm system? ☐ Yes ☐ No
- 17) Are there any other security systems or aids deployed? ☐ Yes ☐ No

If so, provide details. \_\_\_\_\_

18) Do you intend to cover Burglary as result of Riot, Strike and Malicious Damage on payment of additional premium ☐ Yes ☐

No

19) Do you want to cover losses due to theft peril also on limit of liability basis in addition to Burglary on payment of additional premium? ☐

Yes ☐ No

20) Description of Assets to be insured

Sl. No.	Description Asset to be Insured	Sum Insured	First Loss Limit (If opted)	Specify Basis of valuation - Market Value/ Reinstatement Value
A	Stocks in trade			Market Value only
B	Goods held in trust or on commission for which the			<input type="checkbox"/> Reinstatement <input type="checkbox"/> Market
C	Furniture, fixture, fittings, utensils and appliances used in			<input type="checkbox"/> Reinstatement <input type="checkbox"/> Market

Raheja QBE General Insurance Company Limited

WING-A, 501-502, 5th Floor, Fulcrum, IA Project Rd, Sahar Village, Andheri East, Mumbai, Maharashtra 400059

Tel: 1800 102 7723

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D	Coins and currency notes			Actual
E	Valuables (please specify)			<input type="checkbox"/> Reinstatement <input type="checkbox"/> Market
F	Others (Please specify).....			<input type="checkbox"/> Reinstatement <input type="checkbox"/> Market
<b>TOTAL</b>				

NB: 1 - To obtain full indemnity it is necessary to insure for the full value the property in the premises.

NB: 2 - Market Value (for other than stocks) represents the replacement value of the item as New at time of Damage or Loss less due allowance for betterment, wear and tear and/or depreciation. Market value for stocks means the procurement value of stocks from the same or similar source.

### Duty of disclosure

The policy shall be void and all premium paid shall be forfeited to the Company in the event of misrepresentation, mis-description or nondisclosure of any material fact.

### Declaration

I / We do hereby declare that the above statements and answers given by me / us in this proposal form are true to the best of my 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 affected, 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.

Date: dd / mm/ yyyy      Place: \_\_\_\_\_      Proposer's Signature \_\_\_\_\_

### DECLARATION FOR COMPLIANCE WITH ANTI MONEY LAUNDERING REGULATIONS

I hereby declare and warrant that to the best of my knowledge and belief the answers given above, documents or papers submitted, are complete in all respects and represent the true position and that I have not withheld any information material to this proposal. I agree that this proposal, the declarations and accompanying documents or papers shall form the basis of the contract proposed between me and Raheja QBE.

I/We hereby give my/our consent to Raheja QBE General Insurance Company Limited ('the Company') to verify and obtain my/our identity/address proof as well as the identity /address proof of the insured through Central KYC

RAHEJA QBE GENERAL INSURANCE COMPANY LIMITED

Registry or UIDAI or through any other modes for the purpose of undertaking KYC.

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.

I/We agree that the Policy shall become voidable at the option of the Company, in the event of any untrue or incorrect statement, misrepresentation, non-description or non-disclosure in any material particular in the personal statement, declaration and connected documents, or if any material information has been withheld by me/us or anyone acting on my/our behalf to obtain any benefit under this Policy.

I hereby declare and warrant that to the best of my knowledge and belief the answers given above and documentation submitted are true, complete and accurate and that I have not withheld any information material to this proposal. I agree that the information in this form and the accompanying documentation submitted shall form the basis of the contract proposed between me and the Company.

Are you or any of the proposed applicants/beneficial owner a PEP\* or a close relative of a PEP\*? YES / NO

If yes, please give 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

**Declaration when the proposal form is filled by a person other than the proposer/ the proposer signs in a vernacular language/ proposer is illiterate.**

I hereby declare that I have read out and explained the content of this proposal form and all other connected documents incidental to availing the insurance policy from Raheja QBE GIC Ltd. to the proposer and that he/ she confirmed that he/ she has understood the same and that he/ she agrees to abide by all the terms & conditions of the same.

I hereby declare that I have fully explained to the proposer the answers to the questions that form the basis of the contract of insurance have also explained the contents in this form to the proposer in \_\_\_\_\_ language, that I have truly and correctly recorded the answers give by the proposer and that the proposer has affixed his/ her thumb impression on the proposal form in my presence, after fully understanding the contents thereof. Further, this declaration does not confirm issuance of policy or assumption of risk thereof. I hereby state that the contents of the form and documents have been fully explained to me and that I have fully understood the significance of the proposed contract.

Name of Proposer \_\_\_\_\_ Name of  
Witness \_\_\_\_\_

RAHEJA QBE GENERAL INSURANCE COMPANY LIMITED

Signature of Proposer \_\_\_\_\_ Signature of

Witness \_\_\_\_\_

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

Relationship with

Proposer: \_\_\_\_\_

Address of

Witness: \_\_\_\_\_

Signature(s): \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_

**Vernacular Declaration:**

Declaration in case the proposal is filled other than the Proposer/the proposer sign in vernacular language/proposer is illiterate (to be certified by someone other than agent/employee of the company)

(The content of this form and its particulars have been explained by me in vernacular to the Proposer who has understood and confirmed the same.)

Name of the Translator: \_\_\_\_\_

Signature of the Translator: \_\_\_\_\_

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

Name of the insured: \_\_\_\_\_

Signature of the insured: \_\_\_\_\_

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

**A policyholder or prospect, who is a person with disability, may duly authorize a representative to give declaration on his/her behalf.**

**Prohibition of Rebates (Section 41) of the Insurance Act 1938**

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 or 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 prospectus or tables of the Insurer.

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Any person making default in complying with the provisions of this section shall be punishable with fine, which may extend to five hundred rupees.