



Proposal Form Burglary and/or Housebreaking Insurance Policy

Intermediary Details						
Name					Code	
Proposer's Details (Nam	e and A	ddress for Co	mmunication))		
Name						
Communication Address						
Permanent Address						
Fixed Line Contact No.						
Mobile No.						
Email ID						
Trade or Business						
Bank A/c No. (Optional)						
Paid Up Capital						
Financial Interests						
Period of Insurance: Fro	covered	(Burglary Insuran	ce is a Location S _l	pecific policy-In case o	of any change in loc	
SI. No.	ess	District	State	Pin Code	(Warehouse/	Occupancy Godown/ Shop/ Office/ (please Specify))
Please place a tick mark	_		_	-	- II	an Final Land Burk
Theft Cover Float			•		•	on First Loss Basis
	ention any specific precautions you have adopted for safeguarding your property.					
•	´					
c) Protection for Win						



	e) Protection for Ventilators:				
f) Protection for Exhaust Fans:					
	g) Protection for Lights:				
	h) Protection for Air Conditioners:				
2)	Are you a sole occupant?				
	If not, who are other occupants, their names and nature of occupancy?				
3)	Are the premises occupied by you at night?				
	If yes, by whom?				
4)	Construction details				
	b) Walls: Brick RCC Concrete Blocks Stone AC Sheet Open Sided				
	c) Roof: RCC AC Sheet Tiles Thatched Open				
	d) Age of the Buildings:				
	e) Height of the Buildings:				
	f) Number of Storeys:				
	the Sum Insured. In the remarks column, please state construction details of other blocks.				
5)	Are the premises guarded by exclusive armed Watchmen?				
-	Are the premises at any time left unoccupied? If so how often and for how long?				
6) Are the premises at any time left unoccupied? If so how often and for how long? Yes Yes Yes					
.,	Are all valuables secured in a safe(s) outside business hours? Whether the safe is fixed to a wall or concrete bed? Yes I 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?				
0)	Can the safe(s) be opened by only a combination of two or more keys?				
	Please give details.				
9)	a) Are stock and sales book maintained?				
•	b) How frequently are these entered?				
	c) How often is stock taken?				
	d) Where are these books kept out of business hours?				
10)	10) Have any premises occupied by you been entered by thieves?				



	If so, g	ive full parti	culars stating	when and how access was obtained ar	nd the extent of th	e loss		
	What p	precautions	have been add	opted to prevent such a recurrence?				
11)	Name	of your exis	ting insurance	company				
	Policy	No		Period of ins	urance			
12)	Has ar	ny company	in respect of y	our Burglary Insurance:				
	Declin	ed your prop	oosal?			☐ Yes		No
			ed to renew yo	our policy?		☐ Yes		
			•	al terms and conditions?		☐ Yes		No
13)	•		•	any insurance for loss by burglary or h	nouse breaking?	☐ Yes		No
	b) If \	/es. please i	orovide the Pre	emium and Claims paid/outstanding for	the last five vear	s/available	vear:	S.
	<i>5</i> / ;	, 00, p.0000 j		onian and Clamo pala culcianang io	ino laot invo your	o, a v anabio	, your	. .
		Year	Premium	Claims Paid & Outstanding	Claims Ra	atio in %		
		Year 1						
		Year 2						
		Year 3						
		Year 4						
		Year 5						
		Total						
14)	Amour	nt for which	contents are c	urrently insured against fire and name	of the Insurer			_
15)	s) Is the burglar alarm system under a maintenance contract?							
16)	s) Is the insured location protected by a burglar alarm system?					No		
17)	7) Are there any other security systems or aids deployed?							
	If so, provide details.							
18)	Do you	ı intend to c	over Burglary	as result of Riot, Strike and Malicious D	Damage on payme	ent of addit	tional	
	premiu	ım?				Yes		No
19)	9) Do you want to cover losses due to theft peril also on limit of liability basis in addition to Burglary on payment					nent		
	of add	tional premi	um?			Yes		No



20) Description of Assets to be insured

SI. No.	Description Asset to be Insured	Sum Insured	First Loss Limit (If opted)	Specify Basis of valuation - Market Value/ Reinstatement Value
Α	Stock in trade			Market Value only
В	Goods held in trust or on commission for which the insured is			☐ Reinstatement ☐ Market
С	Furniture, fixture, fittings, utensils and appliances used in your			Reinstatement Market
D	Coins and currency notes in a			Actual
E	Valuables (please specify)			☐ Reinstatement ☐ Market
F	Others (Please specify)			Reinstatement Market
	TOTAL			

- 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 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 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	er a PEP* or a close relative of a PEP*? YES / NO
If yes, please give det	tails:	
*Politically Exposed F	Persons (PEPs) are individuals who	are or have been entrusted with prominent public functions in a foreign
3, 3,	of States/Governments, senior politi important political party officials, etc	cians, senior government/judicial/military officers, senior executives of state
Date: dd / mm/ yyyy	Place:	Proposer's Signature

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.

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