

**MACHINERY BREAKDOWN INSURANCE POLICY
PROPOSAL FORM**

(The property proposed for insurance is not covered until the proposal is accepted and premium paid)

1. Intermediary Name																			
2. Intermediary Code																			
3. Name of the Proposer																			
4. Present Address of the Proposer																			
5. Permanent Address of the Proposer																			
6. Phone Number / Mobile Number																			
7. Email id																			
8. Bank Account Details	<p>Account No.</p> <p>Account Type: Savings/Current</p> <p>Name of the Bank & Branch:</p> <p>MICR Code (9 digit MICR code number of the bank and branch appearing on the cheque issued by the bank):</p> <p>IFSC Code (11 character code appearing on your cheque leaf):</p>																		
9. Nomination: In case of More than 1 Nominee, please attach a separate annexure mentioning all the details of nominees with their share in %	<table border="1"> <thead> <tr> <th>NOMINEE DETAILS</th> <th>1st Nominee</th> <th>2nd Nominee</th> <th>3rd Nominee</th> <th>4th Nominee</th> </tr> </thead> <tbody> <tr> <td>Name of Nominee</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Date of Birth of Nominee(In DD/MM/YYYY)</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				NOMINEE DETAILS	1 st Nominee	2 nd Nominee	3 rd Nominee	4 th Nominee	Name of Nominee					Date of Birth of Nominee(In DD/MM/YYYY)				
NOMINEE DETAILS	1 st Nominee	2 nd Nominee	3 rd Nominee	4 th Nominee															
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>				
Bank account details of the nominee		1st Nominee	2nd Nominee	3rd Nominee	4th Nominee
Account no.:					
Account Type (Saving/Current)					
Name of the Bank & Branch:					
MICR code(9 digit)					
IFSC code(11 character code):					
<p>DETAILS OF APPOINTEE (Details to be filled only if nominee is a minor)</p> <p>Appointee Name: _____</p> <p>Relationship with Proposer: _____</p>					

10. Paid up capital of the firm	
11. Name of the Insured (Policy to be issued in favor of)	
12. Do you wish to cover the interest of any financial institution-if yes, give the names of all financial institutions.	
13. Location details (Complete Address) of the risk to be insured.	
14. District in which the risk is located	
15. State in which the risk is located	
16. Pin code of the location of risk	
17. Risk Occupancy	
18. Period of Insurance: Start Date (dd/mm/yyyy). Note: Please ensure that the policy date and time is on or after the date of payment of premium to us.	
19. Period of Insurance: End date (dd/mm/yyyy) Note: Policy period should be for a maximum of one year. If you choose a shorter period than one year, then our short period scales	

of premium computation shall be adopted.	
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20. Do the Machineries listed represent the whole of the plant?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
21. a) Are you at present Insured? b) If so, with whom?	a) <input type="checkbox"/> Yes <input type="checkbox"/> No b)	
22. Has any Company a) Declined to insure any of the Machinery now proposed? b) Required an increased premium or imposed special conditions? c) Requested for repairs or made other special stipulations for risk improvement?	a) <input type="checkbox"/> Yes <input type="checkbox"/> No b) <input type="checkbox"/> Yes <input type="checkbox"/> No c) <input type="checkbox"/> Yes <input type="checkbox"/> No	
23. a) Are you aware of any defects / damages existing in the machinery? b) If so, give details thereof	a) <input type="checkbox"/> Yes <input type="checkbox"/> No b)	
24. a) Has your machinery sustained any damage from breakdown or other cause during last 3 years? b) If so, give details of damage/s and repairing cost	a) <input type="checkbox"/> Yes <input type="checkbox"/> No b)	
25. a) Are regular periodical inspections of the machinery carried out? b) If so, by whom and at what intervals?	a) <input type="checkbox"/> Yes <input type="checkbox"/> No b)	
26. On payment of additional premium do you wish to cover the following? If yes provide limits of indemnity:		
a) Escalation Amount/ Percentage	<input type="checkbox"/> Yes <input type="checkbox"/> No	Rs.
b) Express Freight (excluding Airfreight, overtime and Holiday rates of wages)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Rs.
c) Air Freight	<input type="checkbox"/> Yes <input type="checkbox"/> No	Rs.

d) Owners surrounding property	<input type="checkbox"/> Yes <input type="checkbox"/> No	Rs.
e) Third Party Liability (Personal Injury/Property Damage)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<ul style="list-style-type: none"> • AOA: Rs. • AOY: Rs.
f) Additional Customs Duty	<input type="checkbox"/> Yes <input type="checkbox"/> No	Rs.

SCHEDULE OF MACHINERY TO BE INSURED

Note:

- Each Machinery should be entered separately with necessary specification as mentioned in Schedule Column No. 3
- The Sum insured must be calculated on the present-day new replacement value of the Machinery to be insured including provision for packing, freight and also value of erection costs customs duty, etc., to afford full protection under this policy.
- If any of the Machinery is a 'stand-by' this fact should be mentioned.
- All portable Machinery must be so designated. All items in the open must be so described separately
- Separate value for foundations masonry and brickwork or Oil in transformers and other electrical equipments are to be specified if cover is required.

S. No.	Quantity	Description Type, Model, Capacity of Machines / Serial Nos./ HP/ KVA Volts, AMPS, RPM	Maker's Name and Country of origin	Year of Make	Sum Insured
1					
2					
3					
4					
5					

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 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 _____

Signature of Proposer _____ Signature of

Witness _____

Date: _____ Place:

Relationship with

Proposer: _____

Address of

Witness: _____

Signature(s): _____ Date:

Title: _____

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

INSURANCE ACT 1938, SECTION 41 - 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 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.
2. Any person making default in complying with the provisions of this section shall be punishable with fine, which may extend to ten lakh rupees.

INSURANCE IS THE SUBJECT MATTER OF SOLICITATION