

**PLATE GLASS AND NEON SIGNS/GLOW SIGN INSURANCE POLICY  
PROPOSAL FORM**

<b>Name of the Proposer</b>														
<b>Communication Address of the Proposer</b>														
<b>Permanent Address</b>														
<b>Name of Person to whom the policy has to be dispatched</b>	<b>Telephone No.</b>		<b>Fax No.</b>											
	<b>E Mail ID</b>													
<b>Agent /Broker Name</b>			<b>Agent /Broker Code</b>											
<b>Period of Insurance</b>	<b>From</b>	____ hrs ____ / ____ / ____ (dd/mm/yyyy)	<b>To midnight of</b>	____ / ____ / ____ (dd/mm/yyyy)										
<b>Bank Account Details</b>	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):													
<b>Occupation/ Business Activity</b>														
<b>Paid Up Capital</b>														
<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 %	<table border="1"> <tr> <th>NOMINEE DETAILS</th> <th>1<sup>st</sup> Nominee</th> <th>2<sup>nd</sup> Nominee</th> <th>3<sup>rd</sup> Nominee</th> <th>4<sup>th</sup> Nominee</th> </tr> <tr> <td>Name of Nominee</td> <td></td> <td></td> <td></td> <td></td> </tr> </table>				NOMINEE DETAILS	1 <sup>st</sup> Nominee	2 <sup>nd</sup> Nominee	3 <sup>rd</sup> Nominee	4 <sup>th</sup> Nominee	Name of Nominee				
NOMINEE DETAILS	1 <sup>st</sup> Nominee	2 <sup>nd</sup> Nominee	3 <sup>rd</sup> Nominee	4 <sup>th</sup> 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):					

	<b>DETAILS OF APPOINTEE (Details to be filled only if nominee is a minor)</b>  Appointee Name: _____ Relationship with Proposer: _____
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**Details of Locations to be covered under the policy**

Sr. No.	Risk location Address	District	Pin Code
1.			
2.			
3.			
4.			
5.			

**Details of Plate Glass and Neon Signs/Glow Signs to be insured**

Sr. No.	Location / Position in the premises	Type of Plate Glass/Glow sign/ Neon Sign	Dimensions of Plate Glass/ Glow Sign/ Neon Sign	State whether plain plate or plain sheet, painted, rough, silvered, embossed, stained, bent or ornamental.	Sum Insured
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

<b>Note : (If the space provided is not sufficient separate sheet to be attached)</b>	
<b>Note: In the event of loss, all glass shall be considered as plain unless the contrary shall have been specially stated hereinabove.</b>	
Are the premises situated at the corner of a street or exposed to any special risk?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Is there at present any broken or damaged Plate Glass/Neon Sign / Glow Sign? If so, please describe its position and size. ....		<input type="checkbox"/> Yes <input type="checkbox"/> No	
..... Has the risk been previously insured?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Has any Company refused to accept or continue your insurance or increased the premium thereof?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Premium Summary (All amounts in Rs.)</b>			
<b>Total Premium</b>			
<b>Less: Discount if any</b>			
<b>Premium After Discount</b>			
<b>Add: Service Tax (as applicable)</b>			
<b>Total Amount</b>			
<b>Past Loss Record</b>			
<b>Date of Loss</b>	<b>Incident &amp; Cause</b>	<b>Loss Amount</b>	<b>Improvement Made after the Loss</b>

<b>Declaration</b>
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**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: \_\_\_\_\_

**Premium Collection Particulars**

<b>Amount (Cheque/DD):</b>		<b>Cheque/DD No. :</b>	
<b>Cheque/DD Date :</b>		<b>Place :</b>	

**Section 41 of 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 of risk relating to lives or property in India, any rebate of 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.

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