

BURGLARY INSURANCE POLICY (RETAIL) PROPOSAL FORM



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PROPOSAL FORM – BURGLARY INSURANCE POLICY (RETAIL)

(Acceptance of this proposal is subject to the rules & regulations of MHDl Burglary Policy. The property is not covered until the proposal is accepted and premium paid.)

Agent/Broker Name			
Agent/Broker Code			
Agent Mobile Number		Email Address	
Name of the Proposer			
Address of the Proposer		City _____ State _____ Pin <input type="text"/>	
		Code <input type="text"/>	
Mobile Number		Email Address	
Policy to be issued in favour of	<i>(List of all the parties who have insurable interest)</i>		
Financial Institution Interest (if any) <i>(Attach annexure in case of multiple institutions)</i>		
Business of the Proposer			
Period of Insurance	From..... To		
Whether you have insured the same property with any other Insurance Company with the same type of coverage. (Give details)			Yes/No
Whether you have insured the same property for coverage under Fire Insurance. (Give details)			Yes/No
Whether Insurance was declined by any other Company or imposed any Special Conditions (Give details)			Yes/No
Risk Location/s to be Insured – Give complete address with pincode		City _____ State _____ Pin <input type="text"/>	
		Code <input type="text"/>	
Occupancy of the Risk Location		<i>(Describe the activities carried out in the premises)</i>	
<i>Note – in case of multiple locations please attach annexure indicating risk location addresses and occupancies of each location. Burglary Insurance is a location specific policy and any change in Location(s) needs to be informed to the Insurer and an endorsement passed for it to get covered</i>			
Construction Details		Please state material used for Wall..... Floor.....Roof.....	
<i>Note: Buildings having walls and/ or roofs of wooden planks/thatched leaves and/or grass/hay of any kind/bamboo/plastic cloth/asphalt cloth/canvas/tarpaulin and the like are treated as “Kutchra” construction</i>			
What Protection is Provided to		Doors	
		Windows	
		Sky Lights, Ventilators, Exhaust Fans, Lights, Air Conditioners, Trap Doors	
		Any other openings	
		Mention and special precautions you have adopted for safeguarding your property	

Will the premises at any time be left un-occupied? If so, how often and for how long		Yes/No				
Is a security present for 24 hours and how many? If not, alternate security systems/aids adopted.		Yes/No				
Alarm System Details		Is the premises fitted with an alarm system	Yes/No			
		Is it under a maintenance contract? (quarterly, half yearly or yearly)	Yes/No			
Details of Safe installed at Risk Location. (Note – in case of multiple locations please attach annexure)	Maker's Name					
	Height					
	Width					
	Depth					
	Weight					
	No. of Keys available and with whom					
Can the safe (s) be opened by a single key or by a combination of two or more keys?		Yes/No				
Coverage details		Riot, Strike & Malicious Damage (RSMD)	Yes/No			
		Theft	Yes/No			
		First Loss Percentage				
Are stocks and sales books maintained			Yes/No			
Frequency of stock taking						
		Where are these books kept outside business hours?				
Sum Insured Details		Please mention block wise sum insured for various risk locations below				
Risk Location /Block	Plant & Machinery	Furniture/ Fixtures/ Fittings	Stocks and Stock in process	Money/Cash/ Coins in safe	Others (specify)	Total Sum Insured
<i>Note – in case of multiple locations please attach annexures/additional sheets</i>						
Special Coverage for Stocks Only (give full description of contents of the premises)					Sum Insured	
(A) Floater - Stocks at various locations can be covered on floater basis for a single Sum Insured.						
(B) Declaration - Stocks which fluctuate in value can be covered on (monthly) declaration basis.						
(C) Floater Declaration - Stocks which fluctuate in value as well as stored in various locations can be covered on (monthly) floater declaration basis.						
(D) Stock stored in Open (Located outside the factory compound)						
(E) Storage of Cash/ Money outside safe						
Premium / Claim details for the past 5 years						
Period of Insurance and Details of Loss			Claims Amount		Premium	

<p>If there were incidents of burglary, give full particulars stating when and how access was obtained. What precautions have been adopted to prevent such recurrence?</p>		
<p>NB:1</p> <p>To obtain full indemnity it is necessary to insure for the full value the property in the premises.</p> <p>NB:2</p> <p>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.</p>		
<p>Premium Payment Details:</p>		
<p>Total Premium Amount (Including GST) – INR _____</p>		
<p>Payee Name - _____</p>		
<p>Kindly select : <input type="checkbox"/> Cheque <input type="checkbox"/> DD <input type="checkbox"/> NEFT <input type="checkbox"/></p>		
<p>Cash</p>		
<p>Cheque /DD/ PO /UTR No. _____</p>		
<p>Date _____ IFSC _____</p>		
<p>Amount in Rs. _____</p>		
<p>Bank Name _____ Branch _____</p>		
<p>PAN Number _____</p>		
<p>Aadhaar Number _____</p>		
<p><i>Documents to be attached as per requirement for fulfillment of KYC Norms.</i></p>		
<p>GST Registered</p>		<p>Yes/ No</p>
<p>GSTIN Number</p>		
<p>GST State</p>		

ELECTRONIC INSURANCE DETAILS

Do you wish to have this Policy credited to an eIA? (Please select anyone)

- No, I do not have an eIA and do not wish to open one Yes, Credit this Policy to my e-Insurance account

If yes, please share existing e-Insurance Account No _____

Please select Insurance Repository Name (you have opened your account with)

M/s NSDL Database Management Limited M/s Karvy Insurance Repository Limited

M/s Central Insurance Repository Limited M/s CAMS Repository Services Limited (Please select anyone)
Or

I do not have existing e-Insurance account and I am interested in creating a new e-Insurance account
(Please submit electronic insurance account opening form (eIA form) along with relevant documents)

My CKYC No. (Central Know Your Customer registry number) is (if available): _____

Representative Details (only if eIA is to be opened for any other person other than Proposer and primary Insured)

First Name

Middle Name

Last Name

Gender

DOB

PAN

Address Line 1

Address Line 2

Address Line 3

Pin code

Telephone Number

Mobile Number

Relationship

Other Relationship

Email Id

UID

Landmark

State

City

Country

Authorization for electronic policy fulfillment and service communications (Please read carefully and put a check mark against each before signing)

INTERMEDIARY DECLARATION

Intermediary PAN number:

Intermediary Aadhaar number:

I, _____ (Full Name) in my capacity as an Insurance Advisor/Specified Person of the Corporate Agent/Authorized employee of the Broker/Relationship Officer, do hereby declare that I have explained all the contents of this Proposal Form, including the nature of the questions contained in this Proposal Form to the proposer including statement (s), information and responses(s) submitted by him/her in this Proposal Form to questions contained herein or any details sought herein will form the basis of the Contract of Insurance between the Company and the Proposer, if this Proposal is accepted by the Company for issuance of the Policy. I have further explained that if any untrue statement(s)/information/response(s) is/are contained in this Proposal Form / including addendum(s), affidavits, statements, submissions, furnished/ to be furnished, or if there has been a non-disclosure of any material fact, the Policy issued to his/her favour pursuant to this Proposal may be treated by the Company as null and void and all premium paid under the Policy may be forfeited to the Company.

License No./ID (Advisor/Corporate Agent/Broker/Relationship Officer)

Date: DD MM YYYY

Signature of the Insurance Advisor: _____

DECLARATION BY INSURED

I/We hereby declare and warrant that the above statements are true and complete in all respects and that there is no other information which is relevant to my application for insurance that has not been disclosed to you. I/We agree that this proposal and the declarations shall be the basis of the contract between me/us and Magma HDI General Insurance Co. Ltd

I/We, also declare that if any additions or alterations are carried out in the risk proposed after the submission of this proposal form then the same would be conveyed to the insurers immediately.

I/We hereby declare and undertake that the amount paid by me/us as premium for aforementioned policy is out of my/our lawful and declared source of income.

I hereby consent to and authorize Magma HDI General Insurance Company Limited to make welcome calls, service calls or any other communication (electronic or otherwise) with respect to the proposed or existing policy of Company from time to time and subject to the provisions of applicable law.

I/We hereby give my/our consent to 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 permitted modes for the purpose of undertaking applicable KYC.

I wish to get all policy related communications on my Whatsapp (other app) number.

Place

Date

Signature of Proposer

AML Guidelines

1. I/we hereby confirm that all premiums paid / payable in future are from bonafide sources and not paid out of proceeds of crime and that such premiums are not disproportionate to my/our income. I / we understand that the Company has the right to call for documents to establish sources of funds and to cancel the insurance policy in case I / we are found guilty by any competent court of law under any of the statutes, directly or indirectly governing the prevention of money laundering law in India.

Date: DD/MM/YYYY

Signature of the Proposer: _____

Are you or any of the proposal applicants PEPs* or a close relative/associate of PEPs*?

£ YES £ NO

If yes, please share the details of "Politically Exposed Persons"(PEPs):

* (PEPs) are individuals who have been entrusted with prominent public functions by a foreign country, including the heads of States or Governments, senior politicians, senior government or judicial or military officers, senior executives of state-owned corporations and important political party officials

2. Additional Information:

Nationality: Indian

Non-Indian

If, Non-Indian, please specify Country:--

3. Type of Organisation:

(i) Corporations

(ii) Trust

(iii) Government

(iv) Partnership

(v) Non-Government Organisations

(vi) Co-operatives

(vii) Society

(viii) Private Limited Company

- (ix) Public Limited Company
- (x) others, please specify-----

4. Source of Funds:

Business: ----- Salaried:----- Others (please specify)-----

VERNACULAR DECLARATION

I hereby declare that I have fully explained the contents of the proposal form and all other documents incidental to availing the insurance from **Magma HDI General Insurance Company Limited** to the proposer in the language understood by him/her. The same has been fully understood by him/her and the replies have been recorded as per the information provided by the proposer. Replies have been read out to, fully understood and confirmed by the proposer.

Place: Proposer's Signature_____

Company stamp

Date: (DD-MM-YYYY) Name: _____ Designation _____

Prohibition of Rebates Under Section 41 of Insurance Law (Amendment) Act, 2015

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 a policy accept any rebate, except such rebate as may be allowed in accordance with the published 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 lakhs rupees.