PROPOSAL FORM FOR PLATE GLASS INSURANCE POLICY

For Official Use Only

Agent/ Broker Name

Marketing Officer

Marketing Officer Branch Address

Phone No. Group I. D. No. Client I. D. No.

GUIDELINES FOR COMPLETION OF THE FORM

Please provide all required information fully and correctly. Where any question does not apply, please mention clearly that the same is not applicable.

Insurance is a contract of utmost good faith requiring the Insured not only to disclose all material facts but also not to suppress any material facts in response to the questions in the proposal form. If you think any fact is material, please disclose it.

Please use additional sheets wherever space is not sufficient to fill up the details.

Kindly contact the Company's Offices or the Agents for any doubts or clarifications on the Proposal Form.

NOTE: The liability of the Company does not commence until this proposal has been accepted by the Company and premium paid.

SCOPE OF COVER: This Policy shall cover glass which is plain and of ordinary glazing quality and/or glass with embossing, silvering, lettering, bending/curving or ornamental work against breakage by any accidental, external and visible means.

SIGNIFICANT EXCLUSIONS: Please refer to the Policy document.

NOTE: The forgoing is only an indication of the cover offered. For details please refer to the policy document.

CLIENT INFORMATION

Proposer's Name

Proposer's Mailing Address

City/Town State Pin Code

Contact No Fax No.

Email ID

Proposer's trade or business

Particulars of Work

Do you wish to avail policy documents in physical form Yes No

Nominee Name

Relationship with the Insured

Mobile No. Email ID

Present & Permanent Address

Authorized person for Minor Nominee

Bank Details

Details of Multiple/Other insurance covering same risks with any other Insurance Company: _____

_____

_____

Are you or any of the proposed applicants/beneficial owner a PEP* or Family member/ Close relatives/Associates of PEPs*?

 Yes No

If yes, please give details (Nature of relationship and position held by PEP): _____

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

Type of Proposer ☐ Individual ☐ MSME/SME ☐ Partnership firm ☐ Company ☐ Govt. ☐ Others _____

Constitution of Business: ☐ Non Resident Entity ☐ Foreign company registered in India ☐ Foreign LLP ☐ Partnership ☐ Government Department ☐ Hindu Undivided Family ☐ LLP Partnership ☐ Local Authorities ☐ Private Limited Company ☐ Proprietorship ☐ Public Ltd Co ☐ Others _____

Customer Type: ☐ General ☐ EOU/STP/EHTP ☐ Government ☐ Overseas ☐ Related parties ☐ SEZ ☐ Others _____ Annual Income: (In Rupess): _____

Do you file income tax return? ☐ Yes ☐ No Do you own a bank account? ☐ Yes ☐ No

Country _____ PAN No. _____

Paid-up capital of the firm (in ` million) _____ Business Sector: ☐ Urban ☐ Rural

Particulars of Work _____

Hypothecating Bank Name _____ Hypothecating Bank Address _____

*Registered GST: ☐ Yes ☐ No (One Policy One Invoice)

If Yes, then please provide GSTIN _____

Address (Registered under GST) _____

One Policy Multiple Invoice: ☐ Yes ☐ No (If yes, it can be taken as an Annexure to Proposal Form as detailed below)

If Yes, then please provide _____

State-wise GSTIN	Address Registered under respective GSTIN

Note: In all above cases, complete address of the customer is required to be taken.

CONTACT DETAILS

Contact Person's Name _____

Mailing Address _____

City/Town _____ State _____ Pin Code _____

Contact Number (Landline-With STD Code) _____ Mobile No. _____

Email ID _____

RISK DETAILS

i. Period of Insurance: From D D M M Y Y Y Y To Midnight D D M M Y Y Y Y

ii. Details of property to be insured: _____

Please provide the description of the property to be insured in the following format:

Sr. No.	Type of glass	Whether in front return door, fanlight, counter case shelf or mirror and whether glass is fixed	Position of glass	Size Height x Width (in cms)	Value of ornamental work/ Lettering/Painting	Value of glass	Annual Premium
	Plain Glass						
	Ornamental Glass						
	Corner Glass						
	Special type of glass*						

* Please furnish necessary details like colour photographs, invoice / purchase/acquisition details, manufacturer, year of manufacture, etc.

iii. Has any insurance company in the past,

a. Declined your proposal ? ☐ Yes ☐ No

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

c. Accepted your proposal on special terms and conditions ? ☐ Yes ☐ No

If answer is yes to any of the above, please provide details of the same in a separate sheet

iv. Have you suffered any loss or damage to any plate glass in the past (whether insured or not) ? ☐ Yes ☐ No

v. Please provide details of past insurance taken

Name and Address of Previous Insurer	Policy Number (s)	Insurance From	Insurance To	Claims History (for the past 3 yrs.)		
				Year	No. of Claims	Amount

vi. Name and address of Financier (if a Bank or Financial Institution has a financial interest in the property) :

vii. Address of the premises where glass to be insured is located

viii. Are the premises at the corner of a street ? ☐ Yes ☐ No

ix. Is there any extra/other risk on the premises ? ☐ Yes ☐ No
If Yes, give details _____

x. Have the premises been constructed or altered during the last 12 months ? ☐ Yes ☐ No
If Yes, give details _____

xi. Does this proposal include all insurable glass on the premises ? ☐ Yes ☐ No
If No, give details _____

xii. Is all glass property included in this proposal free from cracks or other defects ? ☐ Yes ☐ No
If No, give details _____

xiii. Are you occupying the premises as a tenant ? ☐ Yes ☐ No

xiv. Are the premises located on a high way ? ☐ Yes ☐ No

xv. Does the premises have any security arrangements ? ☐ Yes ☐ No
If Yes, please describe the arrangements. _____

xvi. Are the premises near an Airport ? ☐ Yes ☐ No

xvii. Are the premises insured against damage or loss due to fire ? ☐ Yes ☐ No
If Yes, give details _____

Any other additional information relevant to the policy applied for : _____

PAYMENT INFORMATION

MODE OF PAYMENT

☐ Cheque/ DD Cheque No _____ Demand Draft No. _____

Drawn No. _____ Date D D M M Y Y Y Y

Saving Bank A/C No. _____ Amount in Figures _____

Amount in Words _____

BANK DETAILS

Refund of Premium (Policyholder/Proposer)

Account Holder Name _____

Bank Name _____

Account No. _____ IFSC Code _____

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 ICICI Lombard GIC ltd. to the proposer and that he/she confirmed that he/she has understood the same and he/she agrees to abide by all terms and 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 correctly recorded the answers given by the proposer and that the proposer has fixed 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 the Proposer

Name of the Witness

Signature of Proposer

Signature of Witness

Place: _____ Date D D M M Y Y Y Y

Relationship with Proposer

Address of Witness

DECLARATION BY PROPOSER

I/We agree that the Company may at any time during the validity of the Policy or at the time of processing any claim under this Policy, If any, in its sole discretion, require me/us to provide proof, documented or otherwise, that insurable interest proportionate to my/our status as declared under the Section "Risk Details" of this proposal exists, and that I/We shall promptly comply with such requirement of the Company at all such times.

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 proposal form/personal statement, declaration and connected documents, or any material information has been with held by me/us or anyone acting on my/our behalf to obtain any benefit under this Policy.

I/We, the undersigned hereby declare and warrant that the above statements are true, accurate and complete. I/We desire to effect an insurance as described herein with the Company and I/We agree that this proposal and declarations shall be the basis of contract between me/us and the Company and I/We agree to accept a Policy subject to the conditions prescribed by the Company.

I/We agree that the issuance of Policy/Cover Note shall be subject to realisation of premium cheque.

I, We hereby agree and confirm that if the amount collected is less than the premium quoted or revised as per changes in sum proposed for insurance or scope of cover desired by me/us, the proposal shall be considered for acceptance for a reduced sum appropriate to the premium collected and the Policy shall be finalised accordingly.

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 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 understand that the Company has right to call for documents to establish source of funds

I/We hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I/we undertake to inform you of any changes therein, immediately, not later than 30 days.

In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am/we are aware that I/we may be held liable for it.

Place: _____

Date: D D M M Y Y Y Y

Client's Signature and Stamp

STATUTORY WARNING

PROHIBITION OF REBATES

(Under Section 41 of Insurance Act 1938)

(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 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 [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:

(Provided that acceptance by an insurance agent of commission in connection with a policy of any class of insurance business taken out by himself in relation to risks associated with his own life, health or property shall not be deemed to be acceptance of a rebate of premium within the meaning of this sub-section if at the time of such acceptance the insurance agent satisfies the prescribed conditions establishing that he is a bona fide insurance agent employed by the insurer.)

(2) Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to ten lakh rupees.

Referred by Agent Code

Agent Name

Sector Urban Rural Social

NEFT/EFT MANDATE FORM

(Payment through EFT Mechanism)

CORPORATE DETAILS

Group/ Network Name

Address

Landmark

City State

Pincode Pan Card No.**

PAN Card Holder's Name

ACCOUNT DETAILS

Bank Name

Branch Name

Payee Name

MIRC No. IFSC Code

Account Type Full Account No.

Name as per Bank Records

Cancel cheque No.**

(Please attach a blank cancelled cheque copy with payee name printed on the cheque and Pan Card Copy)

If customer name/ account no /IFSC code is not available on cancelled Cheque then NEFT mandate form with Bank Sign & seal and customer signature is mandatory.

I hereby declare that the particulars given above are correct and complete. If the transaction is delayed or not effected at all reasons of incomplete or incorrect information, I would not hold the user institution responsible.

Signature & Stamp of the Payee

Verified By

(Bank Official Stamp and Authorized Signature)

Terms and Conditions for Payments through RTGS/NEFT

1. The details provided by the Customers in the Mandate Form shall be considered as final and ICICI Lombard General Insurance Company Ltd. shall not be responsible for cross verification of any of the details provided therein.
2. The RTGS/ NEFT facility shall be effective for the respective Customer(s) within 15 days of the receipt of the Mandate Form by ICICI Lombard General Insurance Company Ltd. and/ or within such period as may be reasonably required by ICICI Lombard General Insurance Company Ltd. to activate the RTGS/ NEFT facility.
3. The Customer agrees that under the RTGS/ NEFT facility, there may be a risk of non-payment in the Account of Customer on the day of the credit of Payments due to change in the applicable regulations pertaining to RTGS/ NEFT facility or due to any other reasons without any fault/inaction/failure on part of ICICI Lombard General Insurance Company or any factor beyond the control of ICICI Lombard General Insurance Company Limited.
4. The Customer agrees to indemnify, without delay or demur, ICICI Lombard General Insurance Company Ltd. and its agents and keep ICICI Lombard General Insurance Company Ltd. and its agent indemnified harmless at all times from and against any and all claims, damages, losses, costs, and expenses (including attorney's fees) which ICICI Lombard General Insurance Company Ltd. may suffer or incur, directly or indirectly, arising from or in connection with, amongst other things, either of the aforesaid reasons stated in above clauses.
5. The Customer agrees that transaction(s) through RTGS/ NEFT facility may attract inward RTGS/ NEFT charges, which if levied by the Customer's bank, shall be borne by the Customer
6. ICICI Lombard has the absolute discretion to amend or supplement any Terms and Conditions stated herein at any time and will endeavour to give prior notice of Ten days for such changes wherever feasible for the terms and conditions to be applicable. By using the new services, or at the completion of such period, whichever is earlier, the Customer shall be deemed to have accepted the changed terms and conditions.
7. Submission of documents or bank details or any other information does not in any way, shape or form, imply or express or suggest admission of liability by the company.
8. Notices under these terms and conditions may be given in writing by delivering them by hand or e-mail or on ICICI Lombard General Insurance Company Ltd. Website www.icicilombard.com or by sending them by post to the last address of the Customer.
9. These terms and conditions will be governed by the laws of India and any legal action or proceedings arising out of these Terms and Conditions shall be initiated in the courts or tribunals at Mumbai in India.
10. I / We further undertake to refund any excess amount whether demanded by ICICI Lombard General Insurance Company Ltd. or not, which has been credited in excess to my account at any time due to any reason within 7 days of such receipt of such communication from ICICI Lombard of such excess credit or such information of excess credit coming to the knowledge of the Customer through any other source.
11. I/ We agree that my/our claim payment will be credited from the date ICICI Lombard General Insurance Company Ltd. gets confirmation from its bankers, This facility will continue unless it is revoked by any party and any issuance of relevant credit instruction from ICICI Lombard General Insurance Company Ltd. to its bankers will be valid till such instruction is complete irrespective of the fact that the notice period has expired provided such a credit request has been made by ICICI Lombard General Insurance
12. Company Ltd. before the expiry of the notice period of the Customer.
13. (Please attach a blank cancelled cheque or photocopy of a cheque for verification of the particulars provided in this regard)

Signature and Stamp of Customer