

# Personal Extended Protection Policy

# Proposal Form



WITH YOU ALWAYS

### Insured Details (In block letters)

Name of insured:

Residential Address:

City  State

PIN  STD Code

Date of Birth  Occupation

Contact Information Mobile  Phone  /

Email

Number of payment cards you would like to insure with us: \_\_\_\_\_

Card Number	Type	Issuer	Expiry Date

Period of Insurance : From \_\_ / \_\_ Hrs. On  To Mid Night of

Coverage for SIM card required: Yes  No

If yes, pl. provide details of Service provider and Sim Serial Number: \_\_\_\_\_

Are the cards currently in good standing? \_\_\_\_\_ (cards must be in good standing to qualify for coverage)

Please check the coverage you would like to have and state the desired limits and deductible: \_\_\_\_\_  
(All figures in Rupees)

Coverage	Occurrence Limits	Aggregate	Deductible	Total Premium
<b>A. Personal Identity Protection</b>				
<input type="checkbox"/> Identity theft				
<input type="checkbox"/> Lost wages sub-limit				
<input type="checkbox"/> Fraudulent charge				
<input type="checkbox"/> ATM assault and robbery				
<input type="checkbox"/> Lost wallet coverage				
<b>B. Personal Traveling Protection</b>				
<input type="checkbox"/> Personal trip liability coverage				
<input type="checkbox"/> Personal trip effects coverage				
<input type="checkbox"/> Money & cheques sub-limit				
<input type="checkbox"/> Home protection while you are away				
<input type="checkbox"/> Money & cheques sub-limit				
<b>C. Personal Credit Card Protection</b>				
<input type="checkbox"/> Price protection				
<input type="checkbox"/> Purchase protection				
<input type="checkbox"/> Key replacement coverage				
<b>Subtotal</b>				
<b>Discount %</b>				
<b>Basic Premium</b>				
<b>Add: Service Tax</b>				
<b>Total Premium</b>				

