

BAGGAGE INSURANCE – COMMERCIAL

Proposal Form



WITH YOU ALWAYS

1. a) Name of the Proposer in full (In Block Letters)

b) Communication Address

City

State

Pin Code

Tel.:(O)

Fax

Mobile:

E-mail

c) Occupation/ Profession of the Proposer

2. Period of Insurance From To

- (a) What is probable duration of Journey? ☐ Yes ☐ No
- (b) Whether cover is also required outside India? ☐ Yes ☐ No

If Yes, give details.

3. **Description Of Baggage To Be Covered:**
Description of packages belonging to the proposer and family member(s) (i.e. suitcase, trunk, hold-all etc.). Give value of the contents of each including the values of the packages themselves, jewellery and valuables such as Furs, Field Glasses, Cameras, Taperecorders, Radios and similar items should be separately specified and values stated.

SR NO.	DESCRIPTION OF THE PROPERTY	SUM TO BE INSURED(RS.)
1.		
2.		
3.		
4.		

(Attach separate sheet , if required)

- N.B. 1. Articles acquired enroute are not covered unless specifically declared.
2. To obtain full indemnity it is necessary to insure the package for full value.

4. Have you suffered any loss relating to baggage in the past?

If so, Yes give full details thereof as under: (Irrespective of whether insured or not)

Date of occurrence	Details of Loss	Amount-Rs.

5. Is the property currently insured under Baggage Insurance Policy. If so, please state:

(a) Name of the Insurance Company

(b) Policy No. Period From To

6. **Has any Company in respect of baggage Insurance:**

- (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

7. Is there any other material information relevant to the acceptance of this proposal which must be known by the Company?

AML Guidelines

1. I/we hereby confirm that all premiums paid / payable in future will be 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.

2. I / we are not Politically Exposed Persons * nor are their close relatives / family members / associates . I / we shall keep the company informed if we subsequently become a Politically Exposed Person / close relative / family member / associate of Politically Exposed Persons.

"Politically Exposed Persons" shall have the meaning assigned to it under Prevention of Money-Laundering (Maintenance of Records) Amendment Rules, 2023 as amended from time to time."

• **Nationality :** Indian ☐ Non-Indian ☐ If Non-Indian, please specify the Country: _____

• Type of Organization

Corporations ☐ Governments ☐ Trust Partnership ☐ Non Governmental Organizations ☐ Society ☐
Trust ☐ Cooperatives ☐ Section 25 Company ☐ International Organization ☐

PAN card number (Mandatory):

Bank Details

Name of the Account Holder:	<input type="text"/>																					
Name of the Bank:	<input type="text"/>										Branch:	<input type="text"/>										
Type of Account:	<input type="checkbox"/> SB Account		<input type="checkbox"/> Current Account		Others (Please specify) <input type="text"/>																	
Account Number:	<input type="text"/>																					
IFSC Code:	<input type="text"/>																					

Declaration:

The content of this form along with product benefits, terms/conditions and exclusions have been clearly explained to me. I/we have understood these and confirm to abide by the policy terms & conditions.

Signature of the Proposer : _____

Name & Signature of agent/intermediary : _____ Code: _____

Vernacular Declaration (Certification in case the proposer has signed in vernacular/thumb print):

The content of this form along with product benefits, terms/conditions and exclusions have been clearly explained by me in vernacular to the proposer who has understood and confirmed the same.

Signature of the Proposer : _____

Name & Signature of agent/intermediary : _____

Agent Declaration:

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 response(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, the Company shall have the right to vary the benefits which may be payable and further more if there has been a non-disclosure of any material fact, the policy issued to his/her favor pursuant to this Proposal may be treated by the Company as null and void and all premiums paid under the Policy may be forfeited to the company.

License No.(Intermediary/Corporate Agent/Broker/Relationship Officer)

Name of the specified Person and code _____

Place: _____ Date: _____ Signature of Agent: _____

Prohibition of Rebates - Section 41 of the Insurance Act, 1938 as amended by Insurance Laws (Amendment) Act, 2015

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 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 prospectus or tables of the insurer. 2. Any person making default in complying with the provisions of this section shall be liable for penalty which may extend to ten lakh rupees.

Insurance is the subject matter of the solicitation. For more details on risk factors, terms and conditions, please read Policy Wordings carefully, before concluding a sale.

Section 64 VB of the Insurance Act 1938

Commencement of risk cover under the policy is subject to receipt of premium by Tata AIG General Insurance Company Limited.

PLACE : _____

DATE :

SIGNATURE OF PROPOSER

NAME & TITLE OF SIGNATORY

TATA AIG GENERAL INSURANCE COMPANY LIMITED

Registered Office: Peninsula Business Park, Tower A, 15th Floor, G.K. Marg, Lower Parel, Mumbai – 400013

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IRDA of India Registration No: 108 | CIN:U85110MH2000PLC128425