

# 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**

I/we hereby confirm that all premiums have been/will be paid from bonafide sources and no premiums have been/will be paid out of proceeds of crime related to any of the offence listed in Prevention of Money Laundering Act, 2002. I understand that the Company has the right to call for documents to establish sources of funds. The insurance company has right to cancel the insurance contract in case I am/have been found guilty by any competent court of law under any of the statutes, directly or indirectly governing the prevention of money laundering in India.

• **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

**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)	<input type="text"/>																							
Name of the specified Person and code	<input type="text"/>																							
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 : _____	<input type="text"/>	<input type="text"/>
DATE : <input type="text"/>	<b>SIGNATURE OF PROPOSER</b>	<b>NAME &amp; TITLE OF SIGNATORY</b>

**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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