

PLATE GLASS INSURANCE – COMMERCIAL

Proposal Form



WITH YOU ALWAYS

1. Name of Proposer

Mr. / Mrs. / Ms. / M/s. / Dr.

Address of Proposer

												City			
State												Pin Code			
Tel.:(O)												Fax			
Mobile:												E-mail			

2. Type of business:

3. Period of Insurance:

From

D	D	M	M	Y	Y	Y	Y
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 To

D	D	M	M	Y	Y	Y	Y
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4. Name of the business carried on in the premises

5. Are you a Proprietor or Tenant

6. Risk Location

7. Is there at present any broken or damaged glass? If so, describe its position and size.

8. Is there any glass in the premises not included in the Schedule? If so, specify details

9. Has Plate Glass to be insured, previously been covered by other insurance companies?

a. If so, by which company?

b. Period of Insurance

From

D	D	M	M	Y	Y	Y	Y
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 To

D	D	M	M	Y	Y	Y	Y
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10. Would like to cover all Fixed plate glass of your premises

☐ Yes

☐ No

If No, please specify details

11. Details of Fixed Glass

Location of glass	Dimensions of Plate glass	Description of glass State whether Plain Plate or Plain Sheet Painted Rough, Silvered, Embossed, Stained, Bent or Ornamental	Sum Insured
a)			
b)			
c)			
d)			

12. Claim Experience for last 3 years:

Policy Year	Premium Paid	Claim Incurred

Note: In the event of a loss/damage all Glass is considered plain unless the contrary is specially stated in the Policy. No Lettering, Embossing Silvering, or any ornamental work is considered unless stated in the policy. To obtain full indemnity, it is necessary to insure the properties for the full value.

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 ☐ Partnership ☐ International Organization ☐ Cooperatives ☐ Section 25 Company ☐

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)	<input type="text"/>
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