

PROPOSAL FORM

Application No: _____

Please note:

1. Please tick the boxes wherever applicable.
2. Failure to disclose facts material to the assessment of the risk or providing misleading information may render the contract void.
3. Read the Policy Wordings before filling up this proposal form to understand the meaning of the terms used herein better.
4. The property proposed for insurance is not covered until the proposal is accepted and premium is received.

Policy Issuing Office Address & Code		
Intermediary/Agent /POSP Name	Intermediary/Agent /POSP Code (if any)	
Intermediary/Agent/POSP Contact No.		

Policyholder Details

1. Policyholder Type: Individual Entity

2. Name of the Policyholder: 1. _____
 2. _____
 3. _____

3. PAN Details: _____

4. Communication Address: _____

 City: _____ State: _____ PIN Code: _____

5. Contact Details: Landline: _____ Mobile: _____
 Email ID: _____

6. Policy Period: _____ Months / _____ Years
 Note: (Duration of Cover with longest duration should be mentioned as Policy Period)

7. GST Details: _____

In case of Individual Policyholder, please fill below the additional below details:

1. Date of Birth:

D	D	M	M	Y	Y	Y	Y
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2. Sex: Male Female Others: _____

3. Marital Status: Married Single Divorced Widowed

4. Occupation: _____

5. Are you a TATA Group Company Employee: Yes No
 If Yes, Name of Group Company: _____ ID No: _____

Family Member Details

Sr.No	Name of Family Member

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Details of Property	
1. Risk Location Address	<p>_____</p> <p>_____</p> <p>City: _____ State: _____ PIN Code: _____</p>
2. Type of Building	<input type="checkbox"/> Flat/Apartment <input type="checkbox"/> Independent Building
3. Are you a tenant or an owner of the Building	<input type="checkbox"/> Tenant <input type="checkbox"/> Owner If Owner, please tick against whichever is applicable 1. Self Occupied _____ 2. Let Out <input type="checkbox"/> a. Primary Residence <input type="checkbox"/> b. Non-Primary Residence <input type="checkbox"/>
4. Age of Building:	Please tick against whichever is applicable 1. Upto 10 years <input type="checkbox"/> 2. 10 Years to 30 Years <input type="checkbox"/> 3. 30 years - 50 years <input type="checkbox"/> 4. 50 years - 75 Years <input type="checkbox"/> 5. 76 years - 100 Years <input type="checkbox"/>
5. Fire Fighting Equipment available at the Property	1. Hand Appliances (Fire Extinguishers): <input type="checkbox"/> Yes <input type="checkbox"/> No 2. Automated Systems: <input type="checkbox"/> Yes <input type="checkbox"/> No (Pl. specify, if Yes) _____
6. Security Features at the Property	1. Physical Security: <input type="checkbox"/> Yes <input type="checkbox"/> No 2. Alarms and/or CCTV Cameras: <input type="checkbox"/> Yes <input type="checkbox"/> No 3. Any other security feature (Please specify): _____

Coverage Details	
Please note: Either Building Cover or Contents Cover is mandatory to be opted for this Policy.	

I. Building All Risk	
1. Cover opted	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Building Sum Insured	1. Carpet Area or Area of the Building: (in Sq. ft. or Sq. mtr.) _____ Please select the unit of measurement applicable ____ Sq. ft. ____ Sq. Mtr. 2. Basis of Sum Insured: a. Re-construction Value Basis (applicable for both Flat/Apartment or Independent Building): _____ i. Cost of Construction per Sq Ft or Sq Mtr: _____ b. Agreed Value Basis (applicable for both Flat/Apartment only): _____ If you have opted for Agreed Value Basis, please choose the basis of Sum Insured calculation from the below details. i. Carpet Area of the structure as mentioned in the Registered Sale Deed Agreement X the Ready Reckoner rates issued by the Revenue Department of the State Government for the locality in which the Flat/Apartment is situated: _____ ii. Amount as in Registered Sales Deed Agreement: _____ iii. Amount mentioned in the Valuation Report of a Government Approved Valuer: _____

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3.	Cover Period	_____ Months / _____ Years
4.	Details of Additional Structures:	_____ _____
5.	Total Sum Insured for Building (INR)	_____
5.	Other Details	I. Basement Included: <input type="checkbox"/> Yes <input type="checkbox"/> No II. Please specify if walls or roof are made of anything other than RCC/Bricks/Cement/Stone Walls: _____ Roof: _____
6.	Mortgagee Name (if Property is Mortgaged)	

II. Contents All Risk		
1.	Cover opted	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Sum Insured for Contents (INR)	
2.	Cover Period	_____ Months / _____ Years
1.	1. Kindly note that Contents excludes Portable Electronics, Jewellery, Fine Art and Valuables, Bonds, Cheques, Personal Papers and Payment Cards. 2. Single Item limit for Contents will be 20% of SI or INR 4,00,000 whichever is lower. Please provide the details of the items exceeding this limit below.	
Sr.No	Description of Item	Value

III. Portable Electronics All Risk				
1.	Cover opted	<input type="checkbox"/> Yes <input type="checkbox"/> No		
2.	Sum Insured for Portable Electronics (INR)			
3.	Cover Period	_____ Months / _____ Years		
1.	1. Portable Electronics Sum Insured is limited to 10% of the Contents Sum Insured. In case, Sum Insured for Portable Electronics exceed this limit, please provide the list of all the Portable Electronic items along with their value below. 2. Single Item limit for Portable Electronics will be 20% of Portable Electronics Sum Insured. In case, Sum Insured for any single item is greater than this, please provide the details of the item below.			
Sr.No	Category (Mobile/Laptop/Wearables/Others (Please specify))	Make/Model	Year of Purchase	Sum Insured

1.	Geographical scope of coverage under Portable Electronics is all over India. In case you wish to extend the coverage outside the geographical scopes of India, please select 'YES' below.
Do you wish to opt for Worldwide Cover Extension?	<input type="checkbox"/> Yes <input type="checkbox"/> No

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IV. Jewellery All Risk																																		
1.	Cover opted	<input type="checkbox"/> Yes <input type="checkbox"/> No																																
2.	Sum Insured for Jewellery (INR)																																	
3.	Cover Period	_____ Months / _____ Years																																
<p>Kindly provide details of Jewellery items that you wish to cover. Kindly provide Valuation report /Invoice /Bills for the below:-</p> <ul style="list-style-type: none"> In case you want to cover Jewellery items worth more than INR 25 Lakhs or In case any Single Jewellery item is worth more than INR 5 Lakhs or more than 20% of total Jewellery Sum insured (whichever is lower) <p>Details for "Jewellery" coverage:</p> <table border="1"> <thead> <tr> <th>Sr.No</th> <th>Description of the item</th> <th>Weight (in gms)/carat</th> <th>Agreed Value Sum Insured</th> <th>Valuation Report Attached Yes/No</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr> <td>Total</td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table> <p>1. Geographical scope of coverage under Jewellery is all over India. In case you wish to extend the coverage outside the geographical scopes of India, please select 'YES' below.</p> <p>Do you wish to opt for Worldwide Cover Extension? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>					Sr.No	Description of the item	Weight (in gms)/carat	Agreed Value Sum Insured	Valuation Report Attached Yes/No																					Total				
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Total																																		

V. Fine Arts and Valuables All Risk																								
1.	Cover opted	<input type="checkbox"/> Yes <input type="checkbox"/> No																						
2.	Sum Insured for Fine Arts and Valuables (INR)																							
3.	Cover Period	_____ Months / _____ Years																						
<p>Kindly provide details of Fine art and Valuable items that you wish to cover. Kindly provide Valuation report /Invoice /Bills for the below:-</p> <ul style="list-style-type: none"> In case you want to cover items worth more than INR 25 Lakhs or In case any Single item is worth more than INR 5 Lakhs or more than 20% of total Fine Art and Valuable Sum insured (whichever is lower) <p>Details for Fine Arts and Valuables coverage:</p> <table border="1"> <thead> <tr> <th>Sr. No</th> <th>Category (Painting/Sculptures/Portable Equipments/ Watches/Accessories/Collectibles/Others (Please specify))</th> <th>Item Specifications</th> <th>Agreed Value Sum Insured</th> <th>Valuation Report / Invoice Copy Attached (Yes/No)</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table> <p>1. The cover for Fine Arts and Valuables is applicable all over India. In case you wish extend the coverage outside the geographical scopes of India, please select 'YES' below.</p> <p>Do you wish to opt for Worldwide Cover Extension? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>					Sr. No	Category (Painting/Sculptures/Portable Equipments/ Watches/Accessories/Collectibles/Others (Please specify))	Item Specifications	Agreed Value Sum Insured	Valuation Report / Invoice Copy Attached (Yes/No)															
Sr. No	Category (Painting/Sculptures/Portable Equipments/ Watches/Accessories/Collectibles/Others (Please specify))	Item Specifications	Agreed Value Sum Insured	Valuation Report / Invoice Copy Attached (Yes/No)																				

Other Details for the Policy	
Excess/Deductible opted (INR)	
Terrorism Cover	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please specify if the Building is currently Unoccupied or going to be Unoccupied during the Policy Period	

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Add-On Covers

Do you wish to opt for any of the following Add-On Cover (Kindly tick Add-On covers you want to opt for):

Sr. No.	Add-On Covers	Please Tick Add-On Cover You want to Opt	Total Sum Insured (in Rs)	Cover Period
1.	Personal Accident			
2.	Breakdown of Domestic Electrical and Electronic Appliances (Available only if Contents Cover opted)			
3.	Public Liability Cover			
4.	Fraudulent Charges			
5.	EMI Protection		Cover Opted for: _____ Months	
6.	Baggage Loss			
7.	Preventive Maintenance Expense			
8.	Value Added Service – Pick Up and Drop (Available only if Portable Electronics and / or Breakdown of Domestic Electrical and Electronic Appliance Cover is opted)			

Personal Accident Details (To be filled if Cover Opted)

Applicable only to persons in the age group of 12-70 years

Name of Insured	Date of Birth DD/MM/YYYY	Relationship with the Policyholder	Sum Insured	Name of Nominee /Assignee	Relationship with the Insured	In case Nominee is Minor, Name of Appointee	Relationship with the Nominee
Total Sum Insured							

Breakdown of Domestic Electrical and Electronic Appliances Details (To be filled if Cover Opted)

Sr.No.	Description/Make/Model of Item	Year of Make	Serial Number	Total Sum Insured

Previous Insurance Details

1. Previous Insurer:	
2. Policy Number:	
3. Policy Period:	_____ to _____
4. Claim during preceding three years	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Please provide details if the answer to the above Question No.4 is 'Yes'	

Other Insurance Details

Is there any policy in place for the same property?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please provide the details	

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Additional Information

Please provide us with any additional information that may help us in underwriting this risk, including details relating to the lifestyle and risk management of the assets.

Premium Installment Details

Applicable only for Policies with a minimum tenure of 2 Years.

Please select the Premium Payment Mode opted: Yearly/One-Time Payment

Payment Details

Amount (in ₹): _____

Instrument Type: Cash Cheque Debit Card Credit Card Others

Cheque/DD No. _____ Date: _____

Bank Name: _____ Branch: _____

Name of Cardholder: _____

Name of Premium Payer: _____

Details of NEFT/IMPS/UPI/Wallet: _____

PAN Card Number: _____ In absence of PAN Card, please give details of any other authorized photo identification card.

Sources of funds (please tick wherever applicable): Salary Business Others (Please Specify) _____

AML Guidelines

- 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.
- 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 country : _____

Type of Organization

Corporations Governments Non Governmental Organizations Society

Trust Partnership International Organization Cooperatives Section 25 Company

Declaration (for other than Personal Accident Section)

- I/We desire to insure with TATA AIG General Insurance Company Limited in respect of the home described in this proposal form and confirm that the statements contained in this application are my/our true and accurate representations.
- I/We undertake that if any of the statements are found to be false or incorrect, the benefits under this policy would stand forfeited.
- I/We agree that this application and declaration shall be promissory and shall be the basis of the contract between me/us and TATA AIG General Insurance Company Limited.
- I/We confirm that I/We have read and understood the coverages, the terms and conditions and agree to accept the company's policy of insurance along with the said conditions prescribed by the Company.
- I/We also declare and undertake that if any additions or alterations are carried out by me/us in this proposal form or if there is any change in the information as submitted by me/us after the submission of this proposal form then the same would be conveyed to TATA AIG General Insurance Company Limited immediately failing which it is agreed and understood by me/us that the benefits under the policy would stand forfeited

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6. I/We agree to the Company taking appropriate measures to capture the voice log for all such telephonic transactions carried out by me/us as required by the procedures /regulations internal or external to the Company and shall not hold the Company responsible or liable for relying on such recorded telephonic conversation I/We agree that the insurance would be effective only on acceptance of this application by the Company and the payment of the requisite premium by me/us in advance. In the event of non-receipt of the amount of premium by the Company the policy shall be deemed cancelled 'ab-initio' and the Company shall not be responsible for any liabilities of whatsoever nature under this Policy".

Declaration and Warranty on behalf of all persons proposed to be insured for Personal Accident Cover

- 1) I/We hereby declare, on my behalf and on behalf of all persons proposed to be insured that the above statements, answers and/or particulars given by me are true and complete in all respects and to the best of my knowledge and that I/We am/are authorized to propose on behalf of these other persons.
- 2) I understand that the information provided by me will form the basis of insurance policy, is subject to the Board approved underwriting policy of the Insurance company and that the policy will come into force only after full receipt of the premium chargeable.
- 3) I/We further declare that I/We will notify in writing any change occurring in the occupation or general health of the life to be insured/Policyholder after the proposal has been submitted but before communication of the risk acceptance by the company.
- 4) I/We declare and consent to the company seeking medical information from any hospital who at anytime has attended on the life to be insured/Policyholder or from any past or present employer concerning anything which affects the physical and mental health of the life to be assured/Policyholder and seeking information from any insurance company to which an application for insurance on the life to be assured/Policyholder has been made for the purpose of underwriting the proposal and/or claim settlement.
- 5) I/We authorize the company to share information pertaining to my proposal including the medical records for the sole purpose of proposal underwriting and/or claims settlement and with any Governmental and/or Regulatory Authority.

Date: _____ **Policyholder's Signature** _____
Place: _____

For Producer's Use Only

Producer's Code: _____ Field Receipt No.: _____ Date: _____
 Premium ₹ _____ Cash / Cheque No.: _____ Bank: _____
 Business of : Rural Social Sector Others _____

 Producer's Signature

Bank Details

As per the Regulatory requirements, we can effect payment of refund / claims only through Electronic Clearing System (ECS) / National Electronic Funds Transfer (NEFT) / Real Time Gross Settlement (RTGS) / Interbank Mobile Payment Service (IMPS). For this purpose please submit the following details of the insured's bank account#

Name of the Account Holder: _____
Name of the bank: _____ **Branch:** _____
Type of Account: SB Account Current Account Others (please specify) _____
Account No: _____ **IFSC Code of Bank:** _____

If the premium cheque is not paid from the above mentioned account then a cancelled cheque leaf of the above mentioned account is to be attached.
 Mandatory if annualized premium is more than ₹25,000.

Insurance is the subject matter of solicitation. For more details on risks factors, terms and conditions, covers and exclusions please read policy wordings carefully, before concluding a sale.

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

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Vernacular Declaration (Certification in case the Policyholder 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 Policyholder who has understood and confirmed the same.

Signature/Thumb Impression of the Policyholder: _____

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 Policyholder 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 Policyholder, 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: _____

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.

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.

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