

BURGLARY (HOUSEBREAKING) INSURANCE PROPOSAL FORM

IMPORTANT GUIDELINES:

1. Before completing this proposal form, read the prospectus/key features document/policy wordings to understand the meaning of the terms used herein.
2. Insurance is the contract of utmost good faith requiring of the Proposer and the Insured not only to disclose all material facts but also not to suppress any material facts in response to the questions in the proposal form.
3. It is important to fill all questions in full. If you have insufficient space to complete any of your answers, please attach a separate signed and dated sheet and identify the question number concerned.
4. Cover shall commence not earlier than the date and the time of acceptance and subsequent to receipt of the premium.

FOR OFFICE USE

Intermediary Name: _____

Intermediary Code: _____

Business Channel: ☐ Agency ☐ Banca ☐ Corporate/Broking ☐ Direct

RM/SP Name: _____

RM/SP Code: _____

RM/SP Contact No: _____

GSTN: If applicable _____

POSP PAN (if applicable) _____

Period of Insurance	From ____AM/PM of ____	To midnight of ____
Name and Present address of the Proposer (in full)		
Permanent address of the Proposer (in full) (if left blank, will be construed as being same as Present Address)		
Name of the Financial Institution/s (if any financial interest is involved)		
CKYC Number (if available)		
Nature of Trade or Business		
Address of the Premises to be Insured		

Whether Warehouse, Godown, Shop or Office?	
How long have you been an occupant of premises?	
Are you the sole occupant?	☐ YES ☐ NO
If not, who are other occupants?	
What Materials are used for construction? e.g. Concrete Bricks, Iron Sheet or Timber etc.	
a) Walls	
b) Roof	
c) Floor	
What protection is provided to	
a) Doors?	
b) Windows?	
c) Skylights, Ventilators, Exhaust Fans, Lights, Air conditioners, Trap doors?	
d) Any Other openings?	
e) Mention any special precautions you have adopted for safeguarding your property.	
Are the premises occupied by you at night? If not, by whom?	☐ YES ☐ NO

Will the Premises at any time be left unoccupied?	☐ YES ☐ NO
If so, how often and for how long?	
Are all valuables secured in safe(s), outside business hours? Give	
(1) Maker's name	
(2) Height	
(3) Width	
(4) Weight of Safe(s)	
How many keys are there to the safe(s) and with whom are they kept? Can the safe(s) be opened by a single key or by a combination of two or more keys?	
Are Stock and Sales books maintained? How frequently are these entered?	☐ YES ☐ NO

How often is stock taken?	
Where are these books kept outside business hours?	
Have any premises occupied by you been entered by thieves? If YES, give full particulars stating when and how access was obtained and the extent of the loss. What precautions have been adopted to prevent such a recurrence?	☐ YES ☐ NO
Is the risk currently insured against Burglary? If so. a) The name of Insurance Company. b) Policy No. c) Period	
Has any Company in respect of your Burglary Insurance (1) Declined your proposal? (2) Cancelled or refused to renew your policy? (3) Accepted your proposal on special terms and conditions	☐ YES ☐ NO
Have you ever claimed upon any Company for loss by Burglary or House Breaking? If so, give details.	
Amount for which contents are currently Insured against Fire and name of the Company.	
Give full description of contents (i.e. the property to be Insured) of the premises.	
Do you need cover against Riot and Strike, terrorist activities on payment of additional Premium?	☐ YES ☐ NO

PROPERTY TO BE INSURED (Give full details) a) Stocks-in-Trade (as described in 14 above) b) Goods held by the Proposer in trust or on commission for which he is responsible. c) Furniture, Fixtures, Fittings, Utensils? And Appliances in trade. d) Coins and/or Currency Notes in Locked safe. e) Others (To be specified)	Rs. Rs. Rs. Rs. Rs.
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Total Sum Insured	Rs.
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Payment details:

Mode of Payment	
Payment Details	
Amount in (₹)	
Date of Payment (DD/MM/YY)	
PAN (If premium is 1 Lac and Above.)	
GSTIN (If more than one GSTIN, kindly attach an annexure with details)	

Note: Please fill up the request for authorization form to receive Claim/Refund payments, if any, directly into your bank account through NEFT if the premium paid is more than Rs 10000/-

Note: The Company reserves the right to reject the said proposal or to terminate the insurance contract unilaterally and/or freeze the funds if the customer, or persons associated with him/her found to be named in any recognized blacklist.

Bank details of proposer for refund or claim purpose:

Name of bank account holder (*mention specifically, if different from name of policyholder*):

Bank Name & Branch: _____
 Bank Account Number: _____
 IFS Code: _____

Nominee Details:

Name: _____
 Date of Birth: _____
 Relationship with the proposer: _____

Mobile Number: _____ E-Mail ID: _____

Address of Nominee: _____

Present address: _____

Permanent address: (*if left blank, will be construed as being same as Present Address*)

Bank Account Details of Nominee: _____

Name of Account holder: _____

Bank Name & Branch: _____

Bank Account Number: _____

IFS Code: _____

Authorized person details (in case nominee is a minor): _____

N.B.: To obtain full indemnity it is necessary to insure for the full value of the property in the Premises.

DECLARATIONS

- i. I/We hereby declare and warrant that the above statements are true and complete in all respects and that there is no other information which is relevant to my application for insurance that has not been disclosed to you. I agree that this proposal and the declaration shall be the basis of the contract between me and GENERALI CENTRAL INSURANCE CO LTD (GCICL) and I/We agree to accept a policy, subject to the conditions prescribed by GCICL.
- ii. I understand that, if any information/statement given in the proposal is found to be untrue by GCICL, the corresponding insurance policy, that may be issued, shall be treated as void ab initio and the premium paid shall be forfeited to GCICL.
- iii. I/We, hereby, declare that the premium amount, corresponding to this proposal, is paid out of the legally declared and assessed sources of my/our income and not out of proceeds of crime related to any offence under the Prevention of Money Laundering Act, 2002 and rules framed thereunder. I/We understand that GCICL reserves the right to call for documents and information to establish the source of funds, as also the right to reject the said proposal or to terminate the insurance contract unilaterally and/or forfeit the premium amount, if I/We am/are found to be named in any recognized sanction list/happen to have violated any provisions of law. OR

I/We hereby confirm that the premium payment has been paid by _____, who is having an insurable interest in my/our policy under this application form. In case of any refund, please process the same in below mentioned proposer's bank account.

- iv. I/we am/are (please tick all that are applicable)
☐ High Net Worth Individual/s ☐ Non-Resident Indian/s ☐ Politically Exposed Person
☐ Non-Governmental Organisation
- v. I agree to receive service-related information from GCICL and its service providers from time to time, through electronic and telecom modes, including WhatsApp, and understand that no unsolicited information will be sent to me.
- vi. I am aware and agree that the information/data provided by me, through this application, to GCICL and/or GCICL authorized person/ agency, shall be stored by GCICL, throughout the currency of my relationship with GCICL, and used for the purposes relating to my proposal for insurance cover and/or servicing policies issued in my favour, whether by GCICL or its authorized partners. I also understand that the said storage is necessary for my consumption of the services and consent to not hold GCICL and/or its authorized partners/ agency/ person liable for legitimate utilization of the submitted information/data.
- vii. I consent to the fact that GCI may download my/proposer's CKYC record from the Central KYC Records Registry, in relation to the verification of my/proposer's KYC records as part of this proposal. I understand that acceptable officially valid documents shall be relied upon for the said verification of KYC records. I also consent to receive information from the Central KYC Registry through SMS/email on the abovementioned mobile phone number/email address. It is, also, confirmed that the KYC records available in the CKYC Registry are current and valid, as on the date of this proposal, and can be used by GCI hereafter. In case of any modification, the applicable information will be provided to GCI for updating the CKYC Registry Records.

- viii. I/We/Proposer agree(s) that the information/data, contained in this proposal, shall be processed for purposes related to this proposal and the insurance policy that may be issued hereon. I/We/Proposer understand(s) that all such information/data will be handled as per the GCICL Privacy Policy, available at <https://generalicentralinsurance.com/>

True to our Go Green initiative, we will send a link to your e-mail address and/or mobile number, as you've mentioned in this proposal, where available/chosen, your eIA and you may download and save the digitally signed and authenticated policy document therefrom. If you still wish for a physical copy, you may tick on this box ☐

Date:

Place:

Signature of the Proposer(s)

(Affix stamp, where proposer is a juridical person)

FOR INTERMEDIARY USE ONLY

I, _____, in my capacity as an Insurance Agent/POSP/Specified Person of the Corporate Agent/Authorized Person of the Broker/IMF, declare that I have explained the product features, including its suitability, and the contents of this proposal form, including the nature of the questions and the responses submitted thereto, to the proposer. It has been, further, informed to the proposer that the details provided herein shall form the basis of the contract of insurance between GCICL and the proposer. It has, also, been explained that if any untrue response(s) is/are contained in this proposal form or there has been any non-disclosure of material facts, the policy issued thereon shall, at the option of GCICL, be treated as null and void and the premium amount against the policy may be forfeited by GCICL.

Name of Insurance Agent/POSP/Specified Person of the Corporate Agent/Authorized Person of the Broker/IMF:

Intermediary's Code: _____

Intermediary's Signature: _____

SECTION 41. OF INSURANCE ACT, 1938-PROHIBITION OF REBATES

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 whole or part of the commission payable or any rebate of the 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 prospectuses or tables of the Insurer.

Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to Ten Lakh Rupees.

Generali Central Insurance Company Limited (Formerly known as Future Generali India Insurance Company Limited) | Registered Office: Unit No. 801 & 802, 8th Floor, Tower C, Embassy 247 Park, LBS Marg, Vikhroli (West), Mumbai – 400083 | **IRDAI Regn. No.:** 132 | **CIN:** U66030MH2006PLC165287 | **Website:** <https://generalicentralinsurance.com/> | **Email** ID: GCicare@generalicentral.com | **Toll-free Phone:** 1800 220 233 / 1860 500 3333/ 022 6783 7800