

Nature of Business or Trade: ☐ Trader ☐ Manufacturer ☐ Others (Please specify) _____

Basis of occupation of the premises : ☐ Proprietor ☐ Tenant

CKYC Number (if available):

I. Particulars of Plate Glass to be insured

Position of each square of pane of glass	Size of each square of pane of glass		Description of glass State whether plain, plate or plain sheet, silvered embossed, stained bent or ornamental etc	Value (Rs)
	Height in cm	Width in cm		

Note: In the event of a loss all glass is considered plain and of ordinary glazing quality unless specifically stated to the contrary here and in the schedule to the policy.

II. General Questions

- Are the premises situated at the corner of a street or exposed to any special risk? ☐ YES ☐ NO. If 'Yes', please give brief description: _____
- On which floor are the insured premises situated? ☐ Cellar ☐ Ground Floor/ First floor? _____ floor
- Is there any plate glass in the insured premises that is not included in the schedule? ☐ YES ☐ NO.
- If 'Yes', please give brief description: _____
- Is there at present any broken or damaged plate glass? ☐ YES ☐ NO. If 'Yes', please describe its position and size: _____

III. Previous Insurance / Previous damages

- Has any insurance company in respect of plate glass insurance ever:
 - Declined your proposal? : ☐ YES ☐ NO
 - Cancelled or refused to renew your policy? : ☐ YES ☐ NO
 - Accepted your proposal on special terms and conditions? ☐ YES ☐ NO
- Has the risk been previously insured? ☐ YES ☐ NO

If Yes, please give the following information:

 - Name of the Insurance Company: _____
 - Policy No.: _____
 - Period of Insurance: _____

2.4. Rate charged: _____

2.5. Any special terms & conditions imposed : _____

3. Have been there any previous breakages? : ☐ YES ☐ NO

4. Do you have other insurance policies currently (Fire etc.)? ☐ YES ☐ NO . If Yes, please mention the insurance company.

5. Do you need cover against riot, strike, terrorist activities on the payment of additional premium?:

☐ YES ☐ NO _____

6. 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/-

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): _____

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 FUTURE GENERALI INDIA INSURANCE CO LTD (FGIICL) and I/We agree to accept a policy, subject to the conditions prescribed by FGIICL.
- ii. I understand that, if any information/statement given in the proposal is found to be untrue by FGIICL, the corresponding insurance policy, that may be issued, shall be treated as void ab initio and the premium paid shall be forfeited to FGIICL.
- 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 FGIICL 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 have 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)
- | | | |
|--|--|---|
| <input type="checkbox"/> High Net Worth Individual/s | <input type="checkbox"/> Non-Resident Indian/s | <input type="checkbox"/> Politically Exposed Person |
| <input type="checkbox"/> Non-Governmental Organisation | | |
- v. I agree to receive service-related information from FGIICL 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 FGIICL and/ or FGIICL authorised person/ agency, shall be stored by FGIICL, throughout the currency of my relationship with FGIICL, and used for the purposes relating to my proposal for insurance cover and/or servicing policies issued in my favour, whether by FGIICL or its authorized partners. I also understand that the said storage is necessary for my consumption of the services and consent to not hold FGIICL and/or its authorized partners/ agency/ person liable for legitimate utilization of the submitted information/data.
- vii. I consent to the fact that FGII 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 FGII hereafter. In case of any modification, the applicable information will be provided to FGII 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 FGIICL Privacy Policy, available at <https://general.futuregenerali.in/privacy-policy>.

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 FGIICL 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 FGIICL, be treated as null and void and the premium amount against the policy may be forfeited by FGIICL.

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

Intermediary's Code: _____

Intermediary's Signature _____

ANTI MONEY LAUNDERING

FGIICL adheres to the anti-financial crime practices, including anti-money laundering, counter-financing of terrorism and anti-bribery and anticorruption, which ensure to not allow use of FGIICL as a tool/platform for financial crimes. The policyholder, beneficiary, claimant, or nominee are, therefore, required to assist with FGIICL with relevant records/information/assistance, as may be necessary to address the anti-financial crime practices.

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.



Future Generali India Insurance Company Limited, IRDAI Regn. No. 132 | CIN: U66030MH2006PLC165287
Regd. and Corp. Office: 801 and 802, 8th floor, Tower C, Embassy 247 Park, L.B.S. Marg, Vikhroli (W), Mumbai - 400083
Call us at: 1800-220-233 / 1860-500-3333 / 022-67837800 | Website: <https://general.futuregenerali.in> | Email: future@futuregenerali.in

PRFPG01_Ver_03