

# 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

To

### 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

To

### 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**

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  Partnership  International Organization  Cooperatives  Section 25 Company

**Bank Details**

Name of the Account Holder: \_\_\_\_\_  
Name of the Bank: \_\_\_\_\_ Branch: \_\_\_\_\_  
Type of Account:  SB Account  Current Account Others (Please specify) \_\_\_\_\_  
Account Number: \_\_\_\_\_  
IFSC Code: \_\_\_\_\_

**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) \_\_\_\_\_  
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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