## PLATE GLASS INSURANCE PROPOSAL FORM

FOR OFFICE USE:



**IMPORTANT:** Insurance is the contract of utmost good faith requiring 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. This proposal for insurance will be the basis of any subsequent insurance policy that we issue to you. It is essential that you answer fully and accurately all the questions contained in this proposal, and that you provide us with any and all additional information relevant to the risk to be insured for our decision as to the acceptance of the risk or the terms upon which it should be accepted. You failure to comply with this obligation now may result in the rejection of your claim and the avoidance of your policy when a claim is made. If you are in any doubt about the information to be given, please seek the advice and guidance of your insurance adviser or agent. If there is insufficient space in this proposal form for you to provide relevant information, whether as requested or otherwise, please attach a separate sheet to this proposal form and return it to us.

Business Channel:					Intermediary Code:																							
					☐ Banca					☐ Corporate/Broking ☐ Direct																		
					RM/SP Code:																							
					GSTN: If applicable																							
Period of Insurance				From D				D	D M M			Υ	Y Y Y Y			To D D			М	мму			YYY					
Nam	e of	f the	Propo	ser 8	& Add	iress		ı	1		1		1	1	1	1	1	1	1	1			1			1	1	1
Add	ess	of t	ne Ins	ured	Loca	tion		ı	ı	ı	ı		1			1		ı	ı			1	ı			ı	ı	
Stat	е																			Pin	code	•						
Telephone no.						Mobile																						
	of o	occup	ness of ation of lars of o	of the	prem	nises Iss to	: be i	□ Pro	prieto ed	or 🗆 T	enan	t T	ease	speci	,,		avail											
Position of eac square of pane								quare of pane of glass					Description of glass State whether plain, plate or plain sheet, silvered embossed, stained bent										:	Value (Rs)				
	glass				Height in cm				Width in cm				or ornamental etc															
			event e polic		loss	all gla	ass is	cons	sidere	d plai	n an	d of	ordin	ary g	Jlazin	g qua	lity ur	nless	speci	fically	state	ed to	the c	ontra	ry he	ere a	nd in	the
II.		Ger	eral (	Quest	ions																							
1.	Α	re th	e prem	nises s	situat	ed at	the co	orner	of a s	street	or ex	cpose	d to a	any s	pecial	risk?	□ YE	S 🗆N	IO. If	`Yes"	, plea	ase giv	ve brie	ef des	script	ion:		
2.			ich flo				•								-						_							
3.	Is	s the	e any	plate	glass	in th	e insu	red p	remis	es th	at is ı	not in	clude	ed in	the so	hedul	e? □	YES	□NO.	If 'Ye	s", pl	ease (	give b	rief d	lescri	ption		
4.	Is	s the	e at p	resen	t any	broke	en or (	dama	ged p	late g	lass?	□ YE	S 🗆	NO. 1	If 'Yes	", ple	ase de	escrib	e its į	ositio	n and	d size	:					

Plate Glass Policy UIN: IRDAN132RP0007V01200809 Page **1** of **3** 

III.	Previous Insurance / Previous damages											
1.	Has any insurance company in respect of plate glass insurance	e ever:										
	1.1. Declined your proposal? ☐ YES ☐NO											
	1.2. Cancelled or refused to renew your policy? ☐ YES ☐NO											
	1.3. Accepted your proposal on special terms and conditions? ☐ YES ☐NO											
2.	Has the risk been previously insured? ☐ YES ☐NO											
	If Yes, please give the following information:											
	2.1. Name of the Insurance Company:											
	2.2. Policy No.:											
	2.3. Period of Insurance:											
	2.4. Rate charged:											
	2.5. Any special terms & conditions imposed:											
3.	, .	5 DNO										
4.	Do you have other insurance policies currently (Fire etc.)?											
٦.	bo you have other insurance policies currently (the etc.):	TES LINO . If res, please mention the insurance company.										
5.	Do you need cover against riot, strike, terrorist activities on t	he navment of additional premium?: IT VES ITNO										
٥.	Do you need cover against not, strike, terrorist activities on t	ne payment of additional premium: . If TE3 INO										
Pay	ment details:											
	1. (5)											
	de of Payment /ment Details											
	ount in (₹)											
	e of Payment (DD/MM/YY)											
	N (If premium is 1 Lac and Above.) TIN (If more than one GSTIN, kindly attach an											
	nexure with details)											
	te : Please fill up the request for authorization form to re ough NEFT if the premium paid is more than Rs 10000/-	ceive Claim/Refund payments, if any, directly into your bank account										
		or to terminate the insurance contract unilaterally and/or freeze the funds if										
the	customer, or persons associated with him/her found to l	pe named in any recognized blacklist.										
Dec	clarations:											
i.		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.	Lunderstand that if any information/statement given in the	proposal is found to be untrue by FGIICL, the corresponding insurance policy, that										
11.	may be issued, shall be treated as void ab initio and the prem											
	HTAXY 1 1 1 1 1 d d d											
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											
	named in any recognized sanction list/happen to have violate	ed 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)											
1,,	☐ High Net Worth Individual/s ☐ Non-Residential Indian	n/s   □ Politically Exposed Person/s										
	☐ Jeweller/s ☐ Non-Governmental Or											

including WhatsApp, and understand that no unsolicited information will be sent to me.

I agree to receive service-related information from FGIICL and its service providers from time to time, through electronic and telecom modes,

☐ Producer/s

Plate Glass Policy UIN: IRDAN132RP0007V01200809 Page **2** of **3** 

- 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.

Data:

Dlaco:

r loposer's digitature.
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, 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 $\Box$
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**

Proposor's Signature:

FGIICL adheres to the anti-financial crime practices, including anti-money laundering, counter-financing of terrorism and anti-bribery and anti-corruption, 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: fggare@futuregenerali.in

PRFPG01\_Ver\_03

Plate Glass Policy UIN: IRDAN132RP0007V01200809 Page **3** of **3**