

## FG PACK & PROTECT PROPOSAL FORM

**Important guidelines for completing this form.**

- 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.
- 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.
- This form can be used to apply for FG Pack & Protect.
- It is important to answer all the questions in full.
- The liability of Future Generali India Insurance Co. Ltd. (the Company) does not commence until the Company has accepted the proposal and the premium has been received, in full, by the Company.

Sr. No.	Information required	Details	
1	Name of the Proposer ( in full block letters)		
2	Residential Address (Complete address with pin code)		
3	Business/Occupation /Profession of the Proposer		
4	Period of Insurance	From:	To:
5	Coverage	<input type="checkbox"/> 1(a){Suitcases/trunks/bags/backpack (or similar luggage carriers)}  <input type="checkbox"/> 1 (a) + 1(b) Contents - ‘Articles and / or personal effects of the Insured (other than property of the Business).’  <i>As defined in the Policy Wordings</i>	
	Note: Insured’s definition includes family members [Legally wedded spouse, dependent children and dependent parents]		
6	Description of Carrier/Luggage to be covered (Please read following instructions before filling the details) -		
	Sr. No.	Description of the Luggage (Suitcase/Trunk/ Bag)	Sum Insured (in Rs.)
	1		
	2		
	3		
	Sr. No.	Contents (if opted for)	Sum Insured (in Rs.)
	1		
	2		
	3		

7	Geographical Limit (shall be India, unless specifically extended for worldwide coverage)	<input type="checkbox"/> <u>India</u> <input type="checkbox"/> <u>Worldwide</u>		
8	Is your carrier/luggage up to 6 months old? Yes/No			
	If Yes, please share details of the invoice. (Name of Manufacturer, Date of Invoice)			
9	Is the property currently insured under similar kind of insurance product? If so, please state			
	a) Name of the Insurance Company			
	b) Policy No.			
	c) Sum Insured			
	d) Period			
10	Have you suffered any loss relating to the Luggage in the past 3 Years? If so, give full details thereof. ( irrespective of whether insured or not)			
	Date of occurrence of loss	Details of loss	Amount of loss (in Rs.)	Name of the Insurance Company
11	Has any company in respect of Luggage insurance:			
a)	Declined your proposal?			
b)	Cancelled or refused to renew your policy?			
c)	Accepted your proposal on special terms & conditions?			
12	Is there any other material information relevant to the acceptance of this proposal which must be known by the Company?			

### Declaration by Insurance Agent/Intermediary

I, \_\_\_\_\_, in my capacity as an Insurance agent/POSP/Specified person of the Corporate agent/authorised person of the Broker/IMF, do hereby declare that I have explained the product features, including its suitability, and 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 the Proposer, in this Proposal Form, to the questions contained herein and that any details sought herein shall form the basis of the contract of insurance between the Company and the Proposer, if this Proposal is accepted by the Company. I have further explained that if any untrue statement(s)/information/response(s) is/are contained in this Proposal form, including addendum(s), affidavit(s), statement(s), submission(s), or if there has been a non-disclosure of any material fact, the policy issued thereon shall, at the option of the Company, be treated as null and void and the premium amount paid against the policy may be forfeited by the Company.

Name of Insurance agent/POSP/Specified person of the Corporate agent/authorised person of the Broker/IMF:

Agency Code/licence No:

Date:

Place:

Signature

### **Vernacular declaration**

I hereby confirm that the product features and terms of the above product have been explained to the prospect in detail (including product suitability) and to the prospects' complete satisfaction. (In case prospect signs in a different language/or is not literate). I, further, declare that I have clearly explained the content of this form to the proposer and, thereafter, the proposer has fixed the thumb impression above after fully understanding the content thereof.

Intermediary / Agent Name:

Intermediary / Agent Signature:

Witness Name:

Witness Signature:

Date:

Place

### **Payment Details**

Premium paid by Cash / Cheque No \_\_\_\_\_ Date \_\_\_\_\_

Bank \_\_\_\_\_

Amount \_\_\_\_\_ (Rs.)

PAN \_\_\_\_\_

**(if premium payable is 1 lac and above or is Rs. 50 thousand and above when paid in cash (Please attach proof))**

Place: \_\_\_\_\_ Date: \_\_\_\_\_

**Proposer's Signature(s)/thumb impression:** \_\_\_\_\_

**GSTIN:** \_\_\_\_\_ (If more than one GSTIN, kindly attach an annexure with details)

**Important:** Please fill up the Bank Account Details to receive Claim/ Refund payments if any, directly into your bank account through NEFT (it is mandatory if the premium paid is more than Rs. 10,000/-).

**BANK DETAILS (REQUIRED FOR REFUND/CLAIMS)**

As per Regulatory requirements, we can effect payment of refund/claims only through Electronic Clearing systems (ECS)/National Electronics Fund Transfer (NEFT)/ Real Time Gross Settlement (RGTS)/Interbank Mobile Payment Service (IMPS)

Name of the Account Holder

Name of the Bank

Branch Bank

Account No.

Bank IFSC Code

Account Type   SB Account   Current Account   Others (please specify)

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 Rs. 10,000.

**Declaration**

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. and I/We agree to accept a policy, subject to the conditions prescribed by FUTURE GENERALI INDIA INSURANCE CO LTD.

© 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 FUTURE GENERALI INDIA INSURANCE CO LTD 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 declare that the premium is paid from the Bank Account of Mr. /Ms. \_\_\_\_\_, the payment is allowed under the Income Tax Act 1961, and there is insurable interest with the payee.
- Ⓒ I/we am/are *(please tick all that are applicable)*

%High Net Worth Individual/s %Non Residential Indian/s %Politically Exposed Person/s %Jeweller/s %Non Governmental Organization %Film Actor/s %Producer/s

- Ⓒ If any information/statement given in the proposal is found to be untrue, the corresponding insurance policy, that may be issued, shall be treated as void ab initio and the premium paid shall be forfeited to FUTURE GENERALI INDIA INSURANCE CO LTD.
- Ⓒ I/We agree to receive service related information from FUTURE GENERALI INDIA INSURANCE CO LTD 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/us.

**Date\*:**

**Place\*:**

**Proposer's Name\***

**(affix stamp, where proposer is a juristic person)**

**Proposer's Signature/ Thumb Impression\*:**

FOR INTERMEDIARY USE ONLY

Intermediary Code	Intermediary Name	Intermediary's Signature	Intermediary's Contact No.

Insurance Act 1938 Section 41- Prohibition or Rebates

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 or risk relating to lives or property in India, any rebate of the 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.
2. 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.

**ACKNOWLEDGEMENT**

We acknowledge with thanks the receipt of your proposal dated \_\_\_\_\_ (DD/MM/YY) towards FG Pack & Protect Policy in favour of \_\_\_\_\_. We also acknowledge receipt of premium amount by way of cash/ cheque/ demand draft/ others, vide instrument/transaction reference no. \_\_\_\_\_, for an amount of ₹ \_\_\_\_\_. Please note that neither the submission to us of a completed proposal for insurance nor any payment for any policy sought obliges us to agree to issue a policy, which decision is and always shall be in our sole and absolute discretion. If we accept the proposal, it shall be subject to the policy terms and conditions and we shall have no liability to make any payment if the appropriate premium amount is not received by us in full and in time, or is not realised. If we do not accept the proposal, we will inform you within 15 days from the date of receipt of this proposal and refund any payment received from you without interest.

Date: \_\_\_\_\_ Place: \_\_\_\_\_ Signature of Receiver and Official Seal \_\_\_\_\_