

Proposal Form - Plate Glass Insurance

GUIDELINES TO FILL THE FORM (Information given herein will be treated in strict confidence)

- Please fill the form in BLOCK LETTERS and leave one box blank between two words. All details 1. marked with * are mandatory.
- 2. Please answer all the questions completely. If a particular question is not applicable to you and/or your business please mark that question as not applicable "N/A".
- Please attach extra sheets wherever the space is insufficient to provide the additional underwriting 3. information. Please use a (\checkmark) wherever applicable
- 4. 'You/Your' wherever used in this proposal means the "Proposer" considered for this insurance
- Kindly contact the Company's Office or Agent for any doubts or clarifications on the proposal form. 5.

Note: The liability of the Company does not commence until this proposal has been accepted by the Company and the premium paid.

| ſ | Toll Free Number 1800-209- 5846 | (1800-209- LTIN |
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Website www.ltinsurance.com

sмs 'LTI' to 56070**58** (56070**LT**)

| FOR OFFICE USE ONLY | |
|------------------------------|--|
| Branch Code: | |
| Intermediary Code*: | |
| Intermediary Location Code: | |
| Intermediary Employee Code: | |
| Intermediary Reference Code: | |
| Sales Manager Code: | |

| Title (Pls. Tick): Mr. Ms. Mrs. M/s. | _ | | | | | | |
|--|---|--|--|--|--|--|--|
| Name*: FIIRSTI I IIII MIIDDLEI IIIIIIIIIIIIIII | | | | | | | |
| Correspondence Address: | | | | | | | |
| Block/Flat No.*: | | | | | | | |
| Street Name*: | | | | | | | |
| Landmark*: | | | | | | | |
| City/Village*: | | | | | | | |
| Post Office: PAN No.: PAN No.: | | | | | | | |
| Mobile No.*: Landline*: | | | | | | | |
| Email ID 1*: | | | | | | | |
| Email ID 2: | | | | | | | |
| Business Of Proposer: | | | | | | | |
| Policy to be issued in favour of (list out all the parties who have insurable interest) including the financial institutions.: | | | | | | | |
| | | | | | | | |
| Period of Insurance: From DIDIMIMIYIYIYI To DIDIMIMIYIYIYI | | | | | | | |
| | | | | | | | |
| DETAILS OF PROPERTY PROPOSED FOR INSURANCE | _ | | | | | | |
| 1. Locations of the Premises at which the property is proposed for insurance: | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| 2. Nature of occupancy at these location(s): | | | | | | | |
| 8. Since how long you are occupying the Premises? | | | | | | | |
| . Are the Premises - At the corner of a street In an exposed position? | | | | | | | |
| Please provide details: | | | | | | | |
| . Is there at present any broken or damaged glass? Yes No | | | | | | | |
| If Yes, describe its position and size: | | | | | | | |
| 6. Does this proposal include all insurable glass on the Premises? Yes No | | | | | | | |
| If No, please provide details: | | | | | | | |

| 7. Has | there been any pr | revious breakage? | Yes No | | | | | | | | | |
|--|---|----------------------|---|---------------------------|------------------------------------|---|--|--|--|--|--|--|
| lf 'Y | es', give particular | rs: | | | | | | | | | | |
| 8. Are | Are the Premises located on Highway? | | | | | | | | | | | |
| 9. a. Is the risk insured for Plate Glass with any other insurance company? | | | | | | | | | | | | |
| b. | b. If 'Yes', please provide - | | | | | | | | | | | |
| | Name of the Insurance Company: | | | | | | | | | | | |
| | Policy Period: From DIDIMIMIYIYIY To DIDIMIMIYIYIYI Policy No.: | | | | | | | | | | | |
| | Any special terms | and conditions in | nposed: | | | | | | | | | |
| 10. Do y | you need coverage | e for: | | | | | | | | | | |
| Riot, Strike & Malicious Damage Terrorism Loss or damage to frame or frame works Act of God Perils | | | | | | | | | | | | |
| SUM TC |) BE INSURED | | | | | | | | | | | |
| Sr. No. | 71 | | ation of Plate Glass front / rear / side) | No. of Panes | Size Height x Width (in cms) | Total Value of Plate Glass | | | | | | |
| 1. | Plain Glass | | | i anes | | | | | | | | |
| 2. | Ornamental G | | | | | | | | | | | |
| 3. | Corner Glas | | | | | | | | | | | |
| 4. | Special type of | | | | | | | | | | | |
| | | | tographs invoice/purchase/acc | quisition details manufac | turer, year of manufacture, etc. | | | | | | | |
| | | | e risk to be insured includir | | | | | | | | | |
| | ate of Loss | | Details of Loss / Damag | | Claim Amount (₹) | Name of Insurers | | | | | | |
| | | | | 5 | | | | | | | | |
| | | | | | | | | | | | | |
| 12. Has | any insurance co | mpany in the past | , in respect of Plate Glass | insurance: | | | | | | | | |
| | Declined your p | | | | Cancelled or refused to renew yo | pur policy | | | | | | |
| | | | al terms and conditions. | | , | | | | | | | |
| lf Ye | | | | | | | | | | | | |
| DECLAR | | | | | | | | | | | | |
| | | | ade by me/us in this Propos act between me/us and L& | | | pelief and I/We hereby agree that this | | | | | | |
| | dditions or alterat NCE COMPANY LI | | | er the submission of th | is Proposal Form then the same | should be conveyed to L&T GENERAL | | | | | | |
| relating | to me / us, with th | heir affiliate/group | | ommunicating any pron | | ess, phone number and e-mail id etc. er transactional / features / products / | | | | | | |
| | | | | | | | | | | | | |
| Plac | e: | | | | _ | | | | | | | |
| Date | e: | | | | | Signature of Proposer | | | | | | |
| PROHIB | ITION OF REBATE | E - SECTION 41 O | F THE INSURANCE ACT 1 | 938 | | | | | | | | |
| kind of I | risk relating to live | es or property in I | ndia any rebate of the who | ble or part of the comn | nission payable or any rebate of t | ntinue an insurance in respect of any he premium shown on the Policy, nor lance with the published prospectuses | | | | | | |

or tables of the Insurer.

2. Any person making default in complying with the provision of this section shall be punishable with fine which may extend to ₹ 500/-.