

Proposal Form
(Burglary Insurance)

INTERMEDIARY DETAILS

Branch Code

Employee Code

Intermediary Code

PROPOSERS DETAIL

a) Proposer's Full Name: _____

b) Mailing Address: _____

Pin. Code: _____ Phone No: _____ Mobile: _____

Email ID: _____

c) Period of Insurance (dd /mm/yyyy): From _____ to _____

d) Nature of Trade or Business (Please provide full description): _____

e) Name of the Financial Institutions (if any financial interest is involved):

RISK PREMISES DETAILS

a) Address of the premises to be insured: _____

b) Use of Premises (Please tick):

Dwelling ☐ Office ☐ Shop ☐ Warehouse ☐

Manufacturing ☐ Others, please specify _____ ☐

c) How long have you been an occupant of the premises? _____

I) Are you the sole occupant?

YES ☐

NO ☐

II) If not, who are the other occupant? _____

c) What material is used for the construction, e.g. RCC/Brick/Iron Sheet/Timber etc?

- I) Walls
II) Roof
III) Floor

d) **Security System of Premises:**

i) Surveillance Camera

Yes ☐ No ☐

ii) Burglary Alarm System

Yes ☐ No ☐

If yes, state

I. Band

II. Whether connected to a central monitoring system?

Yes ☐ No ☐

III Grilled Doors

Yes ☐ No ☐

IV 24 Hours Watchman Service

Yes ☐ No ☐

V Security Checkpoint

Yes ☐ No ☐

VI Others, specify _____

VII Details of the Safe:

Make: _____ Height: _____ Width: _____

Depth: _____ Weight: _____

VIII No of Keys: _____

IX Where the keys are placed: _____

X Can safe be opened by single key or more than one, specify _____

XI Are the premises occupied by you in the night? Yes ☐ No ☐

If not, by whom _____

XII Are the premises guarded by Watchman? Yes ☐ No ☐

If yes, by how many and during what time? _____

XIII Are the premises any time left unoccupied? Yes ☐ No ☐

If so, how often and how long? _____

XIV Are the stocks and sales book maintained? Yes ☐ No ☐

How frequently are these entered? _____

xvi) How often is stock taken? _____

xvii) Where are these Books kept out of business hours? _____

 xviii) Amount for which contents are currently insured against fire and name of the insured

 xix) Give full description of contents (i.e. property to be insured) of the premises: (Attach a separate sheet, if required)

PAST INSURANCE/CLAIMS DETAILS

a) Details of Previous Insurance (if any):

i) Name of the Company: _____

ii) Policy Type: _____

iii) Period of Insurance: From _____ To _____

b) Previous claim details, if any: _____

c) Has any company in respect of Burglary Insurance:

1. Declined your proposal?

 Yes ☐

 No ☐

2. Cancelled or refused to renew your proposal?

 Yes ☐

 No ☐

3. Accepted your proposal on special terms & conditions?

 Yes ☐

 No ☐

If yes, Give details _____

PROPERTY TO BE INSURED

S.No	Item	Description	S.I (in Rs.)
1	Stock belonging to insured		

2	Goods held in trust or on commission		
3	Furniture, fixture, fittings, utensils & appliances		
4	Valuables		
5	Others (items to be specified)		
	Total		

ADD-ON COVERS OPTED

- i. Do you require theft extension? Yes ☐ No ☐
- ii. Do you require Purchase Protection Rider? Yes ☐ No ☐
- iii. Do you require Fidelity Guarantee Extension? Yes ☐ No ☐

In case of Fidelity Guarantee., please provide the following details:

Sl. No.	Name of the Covered Person	Designation of the Person	Work responsibility of the Employee	Amount of Guarantee (in Rs.)
Total				

If space is insufficient, please attach details in a separate sheet.

In case of Floater cover please specify sum Insured _____

PAYMENT DETAILS

Cheque DD Pay – Order

Any Other (Please Specify)

Amount (Rs.) _____ /-

Amount in Words (Rupees _____)

Bank Name _____ Cheque/DD Date _____

DECLARATION



Annexure IV

I/We hereby declare that the particulars contained herein are true and correct and that no material fact has been withheld, misstated or misrepresented and also that this proposal-cum-schedule forming part of the company's standard policy shall be basis of contract between me/us and the insurance company. I/We further declare that the sum insured herein represent the full value of the property described herein. I/We further hereby declare that the proposed assets are bought out of legal funds and I / we have an insurable interest in the assets to be insured.

Date:

Signature of Proposer

Place:

Section 41 of Insurance Act 1938

PROHIBITION OF 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 of 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 provision of this Section shall be punishable with fine, which may extend to five hundred rupees.

Note: For Premium in excess of of Rs. 1 Lac, the self attested copy of PAN Card and address proof duly certified by an authorised person of Shriram General Insurance Co. Ltd. is attached herewith.

Shriram General Insurance Co. Ltd.

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