

General Insurance



Proposal Form for Reliance Marine Cargo Policy

The Policy does not commence until the proposal is accepted and premium paid

Inte	rmediary Details (To be	filled in BLOCK LETTERS)
Inter	mediary Name	Code
Bran	ch Name	Code
Sale	s Manager Name	Code
Pers	sonal Details	
1.		Ws
2.	Address	
	Flat Building	
	Road/Street/Sector	
	Area	
	Taluka/Village/District/City	Pin Code
	State	Country Country
3.	Customer ID, If any	
	Contact Person, if any.	Phone Phone
	Email	PAN No.
4.	Source of Funds	Business Profession Salary Agricultural Income Savings Others
5.	Monthly Income:	☐ Upto ₹ 20,000 ☐ ₹ 20,001 to ₹ 50,000 ☐ ₹ 50,001 to ₹ 1,00,000 ☐ ₹ 1,00,000 and above
Pro	ooser's Bank Details	
6.	Name of the Bank Account	Holder Mr. Mrs. Ms. FIIRST, MIDDLE, LE, LAST
7.	Bank Account No.:	8. Account: Saving Current
9.	Name of the Bank	
10.	Branch	
11.		de number of the bank and branch appearing on the cheque issued by the bank)
12.	·	de appearing on your cheque leaf)
I Wis		e premium payment / any payment / claims will be directly credited to my aforesaid Bank Account.* I payments made to the insured only through electronic mode.
Card	go Details	
In ad		u are also required to answer questions x and xi only in case of specific policy and questions xii, xiii and xiv only cific policy.
13.	Goods proposed for insurar	nce
14.	Specify whether New or Se	econdhand
15.	Packing used	
16.	Conveyance(s)	
17.	Containerization details	
18.	Terms of Sale	
19.	RR/GR/BL/AWB No. and da	ate, if any.
20.	Details of the carrying vess	sel/vehicle such as name/no. and name of the transporter
21.	Basis of valuation	

22.	Value of Cargo					
23.	Sum proposed for Ins	urance				
24.	Annual turnover					
25.	Limit per sending					
26.	Limit per location					
Cov	ver Details					
27.	Type of Policy require	d(Please tick which	ever is applicable)			
	2. Others(Please sp	ecify):				
28.	Voyage details	From		То		_
29.	Distance less than 10	0 kms			Yes	□ No
30.	Policy period	From d	d m m y y y	To d	d m m y y y y	
31.	Multi transit involved				Yes	□ No
32.	Is storage extension r	equired? ———				
33.	Periodicity of Declarat	tion(other than spe	cific policy)	Monthly Quarterly	Others	
34.	Type of Cover (Please	e specify)				
35.	Do you wish to bear a	portion of each and	d every loss (voluntary	y excess):	Yes	□ No
	If YES, please specify	the % of loss: —				
Clai	ims Experience : (Fo	r last three years	s excluding current	: year)		
	Department	Year	Cover	Preminum (Rs.)	Clai	ms(Rs.)
	Department	Year	Cover	Preminum (Rs.)	Clair Paid	ms(Rs.) Outstanding
	Department Marine	Year	Cover	Preminum (Rs.)		
		Year	Cover	Preminum (Rs.)		
		Year	Cover	Preminum (Rs.)		
		Year	Cover	Preminum (Rs.)		
		Year	Cover	Preminum (Rs.)		
	Marine	Year	Cover	Preminum (Rs.)		
	Marine Total	Year	Cover	Preminum (Rs.)		
	Marine Total	Year	Cover	Preminum (Rs.)		
Oth	Marine Total Other than Marine Total ers				Paid	Outstanding
	Marine Total Other than Marine Total ers			Preminum (Rs.)	Paid	Outstanding
Oth 36.	Marine Total Other than Marine Total ers Has any other insurer	refused to accept t	his insurance or impo		Paid	Outstanding
Oth	Marine Total Other than Marine Total ers	refused to accept t	his insurance or impo		Paid	Outstanding
Oth 36.	Marine Total Other than Marine Total ers Has any other insurer	refused to accept t	his insurance or impo		Paid	Outstanding
Oth 36.	Marine Total Other than Marine Total ers Has any other insurer Rate of premium char	refused to accept t	his insurance or impo		Paid	Outstanding
Oth 36.	Total Other than Marine Total ers Has any other insurer Rate of premium char	refused to accept t	his insurance or impo	sed conditions to accept the	Paid	Outstanding
Oth 36. 37. Pay	Total Other than Marine Total ers Has any other insurer Rate of premium char	refused to accept t	his insurance or impos surer, if any.	sed conditions to accept the	Paid same. If YES, give details	Outstanding
Oth 36. 37. Pay Che Ban	Total Other than Marine Total ers Has any other insurer Rate of premium char rment Details Cheque que or DD Amount	refused to accept t	his insurance or impos surer, if any.	sed conditions to accept the s	Paid	Outstanding

Declaration

Duty of disclosure: The policy shall be void and all premium paid shall be forfeited to the Company in the event of misrepresentation, mis-description or non disclosure of any material fact.

I/We declare that the answers given by me/us are true and correct and that I/We have not withheld any information, which might influence acceptance of this proposal. I/We agree that this declaration and the answers given by me/us shall be the basis of the insurance contract between me/us and Reliance General Insurance Company Limited and shall deemed to be incorporated in the policy.

I/We agree and undertake to convey to Reliance General Insurance Company Limited any additions/alterations carried out in the risk proposed for insurance after submission of this proposal form.

Place:								
Date:	d	d	m	m	У	У	У	У

Prohibition of rebates - Section 41 of The Insurance Act 1938

- 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 punishable with fine which may extend to Rs. 500/-