



redefining /
general insurance

**Bharti AXA General Insurance
Company Limited**

☎ 1800-103-2292 (Toll Free)
✉ customer.service@bharti-axagi.co.in
✉ SMS <SERVICE> to 5667700
🌐 www.bharti-axagi.co.in

SmartPlan Householder's Package Policy - Proposal Form

SHQ

Important Note

Please fill this form in **Block Letters** and **Tick the Boxes** where appropriate

Please answer all questions completely. This policy commences only after the proposal is accepted and subject to realisation of premium.

1 Intermediary details

Name Code
 Branch Name Code
 Sales Manager's Name Code
 Campaign Name Code
 Business Indicator Rural Indicator Yes No

2 Proposer's details

Name Mr. Nationality Indian Others

 in case of others
 please mention below

 Communication (Postal)
 Address
 Pin code State
 Contact Nos. Residence +91 Office +91
 Mobile No. E-mail ID
 Profession or Occupation
 Gender: Male Female
 Marital Status: Married Unmarried Date of Birth:
 Occupation / Profession :- Public sector Private sector Defense Sales & Marketing
 Software Education Doctor
 others (Please specify) _____
 Period of Insurance From Time : AM/PM To
 Time : AM/PM

3 Details of premises to be insured

Communication (Postal)
 Address

 Pin code State

Class of Construction Standard Kutchha
 Age of Construction Upto 10 Years 10 to 20 Years 20 to 30 Years 30 to 50 Years
 Distance from Water Front Upto 500 Meters More than 500 Meters
 Location of Property Basement only Ground Floor & above 30 to 50 Years
 Others (Please Specify) _____

Is the Property located in:

Low lying area? Yes No
 Area prone to Natural Catastrophes? Yes No
 Flood prone Area? Yes No

Please fill in details for the Sections opted by you :

Section I:

Building

Sum Insured

A) Structure Rs.

B) Underground Services Rs.

Total Rs.

- a) Do you want coverage for Tenant Fixtures? Yes No
 b) Do you want to opt for Lock & Key Coverage? Yes No
 c) Do you want coverage for Fire Extinguishing Expenses? Yes No
 d) Do you wish to opt for Terrorism Extension? Yes No

(Please note that Terrorism extension will apply to both building and contents.)

Section II:

a) Home Contents Rs.

b) Valuables

Details of the valuables proposed for insurance:

Sl. No.	Description	Quantity	Weight (in gms.)	Sum Insured (Rs.)
Total				

c) Appliances

Details of appliances proposed for insurance:

Sl. No.	Description	Make & Model	Year of Mfg.	Identification No.	Sum Insured (Rs.)
Total					

d) Fixed Plate Glass and Sanitary ware

Details of fixed plate glass and sanitary ware proposed for insurance:

Sl. No.	Location within the premises proposed for cover	Dimensions	Sum Insured (Rs.)
Total			

Additional Benefits

e) Do you want to opt for Automatic Inclusion Addition?

Yes No

f) Do you want to cover Loss of documents?

Yes No

g) Do you want to cover expenses for Household Removal (removal of household goods)?

Yes No

Section III:

Personal Accident

Details of persons proposed for insurance:

Sl. No.	Name	Gender	Age	Profession/ Occupation	Annual Income (Rs.)	Capital Sum Insured (CSI) (Rs.)	Relationship With Proposer	Cumulative Benefit	Nominee
Total									

Please give details of CSI & benefits under any existing Personal Accident Insurance Policy.

Section IV:

Loss of Rent

Sum Insured Rs.

Section V:

Additional rent for alternate accommodation

Sum Insured Rs.

Section VI:

Pedigree Pet Insurance

Sum Insured Rs.

Section VII:

Baggage Insurance

Sum Insured Rs.



Section VIII:**Legal Liability****a) Towards employees (Domestic Servants)**

No. of Domestic Servants	Nature of work / duties	Estimated wages (Rs.)
	Driver	
	Security Guard	
	Domestic Help	
	Cook	
	Others (Please Specify)	
Total Annual Wages		

b) Third Party Liability

Limits of Liability - Any One Accident : Any One Year = Rs. : Rs.

(Maximum limit of liability for the entire policy period is limited to 50% of Sum Insured under Section I or Rs.1,500,000/- whichever is less.)

c) Do you want to opt for Food and Beverages extension?

Yes No

(Limit of liability for this extension is limited to 10% of Limits under Third Party Liability section)

Details of Loss Experience for the items opted for coverage under various sections enumerated above for the last three years

Sl. No.	Date, Month and Year of Loss	Nature of Loss	Items Affected	Amount of Loss

Details of any Expiring Insurance Policy

Sl. No.	Name & Address of Insurance Company	Sum Insured		Period of Insurance	
		Section I	Section II	From	To

Has any insurer ever declined or cancelled similar insurance policy held by you? Yes No

Please give us, any other information relevant to this insurance

4 Payment Details

Kindly select one Cheque D.D./P.O. Cash Others

Cheque/D.D./P.O. no. Dated

Bank Name

Premium Amount Rs.

In words



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5 Bank Details of the Insured (In case of any dues from the company, the amount will be credited to this bank account)

Bank Name	<input type="text"/>
Account Number	<input type="text"/>
IFSC Code	<input type="text"/>
Branch Name & Address	<input type="text"/> <input type="text"/>

6 Declaration

Please let us know if the below statement is applicable to you :

“Have you ever been entrusted with prominent public functions, for example, Heads of State or of Government, senior politicians, senior government, judicial or military officials, senior executives of state owned corporations or important political party officials.” Yes No

I / We do hereby declare that the above statements and answers given by me / us in this proposal form are true to the best of my knowledge and belief. It is hereby understood and agreed that the statements, answers and particulars provided herein above are the basis on which this insurance is being granted and that if, after the insurance is affected, it is found that any of the statements, answers or particulars are incorrect or untrue in any respect, the Company shall have no liability under this insurance. I/we undertake to exercise all ordinary and reasonable precautions for safety of the property as if it were uninsured.

Data Privacy Notice:

I/We hereby provide consent to the Company for collecting/retaining any information relating to Me/Us including Sensitive Personal Information (“hereinafter cumulatively referred to as “INFORMATION”), that is either available with the Company or disclosed by Me/Us while obtaining the policy of Insurance from the company or otherwise. I/We further understand that the Company may use the INFORMATION for servicing the Insurance policy obtained by Me/Us and for same may share the INFORMATION with any reinsurer, insurance association, medical authorities, other Insurers, statutory authorities, court, governmental body, regulator etc., or with services provider(s) engaged by the Company for servicing the Insurance policy, underwriting the risk, settlement of claim etc. without obtaining our specific consent for such sharing and we hereby provide our consent to Company for same.

I/We understand that whenever I/We would like to update/correct the INFORMATION, we will intimate the Company for the same, so as to enable the Company to amend/correct the INFORMATION accordingly. Further in the event I/We would like to withdraw My/Our consent provided herein, I/We would intimate the Company of the same in writing and also understand that, in the event of such withdrawal by Me/Us, the Company reserves the right to not provide Me/Us the Services for which it has sought the INFORMATION.

Date: _____

Place: _____

Proposer's Signature

8 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 prospectus 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.

For more details on risk factors and terms & conditions, please read the sales brochure carefully before concluding a sale. PF/SHQ/THINQ/08-15. Insurance is the subject matter of solicitation.