BHARTI AXA GENERAL INSURANCE COMPANY LIMITED, RMZ Infinity, B - Tower, 2nd Floor, No. 3, Old Madras Road, Bangalore - 560016. Tel: 080-40260100.

Bangalore - 560016. Tel: 080-40260100.

Toll Free Helpline: 1800-103-2292

E-mail: customer.service@bharti-axagi.co.in

SMS <SERVICE> to 5667700

Website: www.bharti-axagi.co.in



general insurance

CONSEQUENTIAL LOSS (FIRE) INSURANCE POLICY

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.)			
INTERMEDIARY DETAILS			
Name Code			
Branch Code			
Manager's Name			
Business Type Rural Non-rural			
PROPOSER'S DETAILS			
Name Mr./ Mrs./ Ms./ Dr./ M/s.			
Contact Person (in case of Corporate) Mr./Ms.			
Communication (Postal) Address			
Pin code State State			
Contact Nos. Mobile No. Office +91			
Residence +91			
Business Category Gender* Male Female			
Policy Period DIDIMINITIAL To DIDIMINITIALY Nationality* Indian Others			
In case of others please mention below			
Paid up Capital Crs			
FINANCIER DETAILS			
1) Name of Financier			
Address of Financier			
Pin code			
2) Name of Financier			
Address of Financier			
Pin code Pin code			

Age of Building

Standard

Superior

Type of construction

Kutcha

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Add on covers opted

2) Risk Location

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VOLUNTARY DEDUCTIBLE DETAILS			
Do you want to opt for Voluntary Deductible? Yes	No		
In case of Ye	s please select the slab mentioned below:		
Voluntary Deductible Slabs	Please Tick		
1) 7 days Gross Profit subject to minimum of Rs.10 lakhs			
2) 14 days Gross Profit subject to minimum of Rs.20 lakhs			
3) 21 days Gross Profit subject to minimum of Rs.30 lakhs			
4) 28 days Gross Profit subject to minimum of Rs.35 lakhs			
5) 35 days Gross Profit subject to minimum of Rs.40 lakhs			
6) 60 days Gross Profit subject to minimum of Rs.45 lakhs			
CLAIMS EXPERIENCE	DETAILS		
Please give Premium and claim details for last 3 policy periods.			
1) Delian Deviced	Describes Daid		
1) Policy Period	Premium Paid		
Incurred Claim Amount	Nature of Claim		
2) Policy Period	Premium Paid		
Incurred Claim Amount	Nature of claim		
(Paid+Outstanding)			
3) Policy Period	Premium Paid		
Incurred Claim Amount	Nature of claim		
(Paid+Outstanding)			
PREMIUM PAYMENT DETAILS			
Kindly select one Cheque D.D./P.O.	Credit Card Cash		
Cheque/D.D./P.O. no. Dated D D M M Y Y Y Y			
Bank Name			
Credit Card no. Master Visa			
Expiry Date DIDININI Y I Y I Y I Y I Y I Y I Y I Y I Y			
In words.			
DECLARATION			
I/We hereby declare that the statements, answers given by me / us in this proposal f understood and agreed that the statements, answers and particulars provided here	orm are true to the best of my knowledge and belief. It is hereby in above are the basis on which this insurance is being granted		
and that if, after the insurance is effected, it is found that any of the statements, ar Company shall have no liability under this insurance.	swers or particulars are incorrect or untrue in any respect, the		
If any additions or alterations are carried out in the risk proposed after the submission of this proposal form, then the same would be conveyed to			
Bharti AXA General Insurance Co. Ltd.			
Date:			
Place:			
	Signature		

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 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 prospectus or tables of the Insurer.
- $2. \quad \text{Any person making default in complying with the provisions of this section shall be punishable with fine, which may extend to five hundred rupees.}$