## 5. Have any of the items opted for coverage under various Sections enumerated above suffered any damage previously? If so, give detail of the same, Attach a separate sheet, if necessary.

Date of occurrence	Details of Items Lost	Details of Loss	Amount of Loss (Rs.)	Name of the Insurance Company					
				I					
				I					
6. Detail of previou	Detail of previous claims experience (claims as a percentage of premium)								
7. Give details of e	xisting insurance, if any								
Policy No.	Policy No.								
Company									
Expiry Date									
8. Any other inform	nation relevant to this insura	ince							

Payment Details		
Cheque	DD	
Cheque or DD Amount	/- Amount in words (	)
Bank Name		
Cheque/DD No.	Cheque/DD Date [d_d m_m y_y_y_	/

# Declaration by Proposer

Downloaded from www.insureatclick.com - Broker : Loyal Insurance Brokers Ltd.

<b>3</b>	
belief. It is hereby understood an	ements, answers and particulars given by me / us in this proposal form are true to the best of my / our knowledge and d agreed that the statements, answers and particulars provided hereinabove are the basis on which this insurance is e insurance is effected, it is found that any of the statements, answers or particulars are incorrect or untrue in any e no liability under this insurance.
I/We agree and undertake to con insurance after submission of this	ivey to Reliance General Insurance Company Limited any additions/alterations carried out in the risk proposed for s proposal form.
Place:	
Date:	Signature of Proposer
Assignment	
I,	do hereby assign the monies payable by Reliance General Insurance
Company Limited in the event of	
	(relation to the insured) and I further declare that his / her / their receipt shall be sufficient
discharge to the Company.	
Date	Place Signature
Witness	Signature
Name	
Address	
Address Flat Building	Road/Street/Sector
	Image: Sector in the sector
Flat Building	

# 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/-

# **ReLI**ANCE

General Insurance

# **Proposal Form for Reliance Householder's Package Policy**

The property proposed for insurance is not covered until the proposal is accepted and premium received

Inte	rmediary Details (To be fill	led in E	BLOC	K LI	ETTE	RS)																							
Inter	mediary Name				1		1		1	1	1	1			1		1			Code		1	1		1				
Brar	ich Name			1					1	1		1			1	1				Code									
Sale	s Manager Name			1						1				1						Code					1				
Pro	poser's Details (To be filled	in BLO	скі	.ETT	ERS	)																							
1.	Proposer's Full Name	Mr	r. 🗌	Mrs	. L		1	1		I		1								1	1	1	1		I		1		
2a.	Address for Communication																												
	Flat Building									1					1	1			1		1								
	Road/Street/Sector						1		1	1					1	1	1		1		1	1	1						
	Area									1					1	I					1		1				1	1	
	Taluka/Village/District/City				1					1	1				1	1	1			Pin Co	de		1		1		1		
	State									1	1				1		1			Countr	у		1		1		1		
	Phone								1	1		1			1	1		M	obile		1		1						
	Email															Fax			1	1 1	1	1	1		I			1	
2b.	Address of the Premises to b	be Insu	ired																										
	Flat Building											I				1			1		1		1						
	Road/Street/Sector			1	1					1	1				1		1			1 1	1		1		1		1		
	Area			1	I					I	I				1		1				1				I		1		
	Taluka/Village/District/City									1					1	1	1			Pin Co	de				1				
	State									1	1				1		1			Countr	у		1		1				
	Phone								1	1		1				1		M	obile		1		1					1	
	Email															Fax				1 1	1	1	1		1		1		
3.	Period of Insurance	From	C		d n	n <sub>I</sub> n	n y		уту		У					То	C		d m	n m y	у	у	у	'					
4.	Please fill up the details for the Sections: I. Fire & Allied Perils Please state the basis of the A. Building (RIV / MV) i. Superstructure ii. Plinth & foundation																				V) oi	r Ma	arket	t <b>Va</b> l	lue(	MV).			
	B. Contents (RIV / MV)																			Rs.									
	Do you require Terrorism cov	ver?																		Yes			No						
																			_			_							
	II. Burglary & Housebreak	ing																		Sum	ı Ins	sure	d	I					
	Contents																			Rs.									
	Please note that the basis of the	ne valu	ation	ado	pted	for	Secti	ions	BBS	hall	lbe	con	sider	ed f	or S	ectior	n II a	also											

Helpline 1800 3002 8282 (toll free) 022 3989 8282 (charges apply) Claims 1800 103 1999 (toll free) 022 4111 2600 (charges apply) www.reliancegeneral.co.in

Certified Company

# III. All Risk (Jewellery and Valuables)

S. No.	Description	Quantity	Weight (in gms.)	Sum Insured (Rs.)
1		1	l -	
		1		
		1		
			Total	

# IV. Domestic Electrical and Mechanical Appliances

S. No.	Description	Make & Model	Year of manufacture	Identification No.	Sum Insured (Rs.)
				Total	

### ν. Domestic Electronic Appliances

C	Oo you require Terrorism cover ?	1		Yes [	No
S. No.	Description	Make & Model	Year of manufacture	Identification No.	Sum Insured (Rs.)
				Total	

# VI. Television / VCR / VCP / VCD / DVD / Player

S. No.	Description	Make & Model	Year of manufacture	Identification No.	Sum Insured (Rs.)
				Total	

# VII. Fixed Plate Glass

S. No.		Item

# VIII. Baggage

IX. Pedal	Pedal Cycle							
S. No.	Description	Make & Model	Year of manufacture	Identification No.	Sum Insured (Rs.)			
					<u> </u>			
		<u> </u>	<u> </u>	<u> </u>	<u> </u>			
			<u> </u>	 				
				Total				

# X. Personal Accident

Name	Relationship with proposer	Date of Brith	Profession/ Occupation	Annual Income (Rs.)	Capital Sum Insured (CSI) (Rs.)		Cumulative Benefit	CSI under any existing P.A policy & (table of benefit)
L	1							
L	1							
L	1	I						[]
Do you wish to cover	Do you wish to cover reimbursement of medical expenses due to accident ?							

# XI. Legal Liability

A. Towards Employees (Domestic servants)

No. of Domestic servants	Nature of work / duties	Estimated wages (Rs)

## B. Towards third parties :

Limit for Any One Accident = Limit for Any One Year = Rs.

(Liability limited to 50% of sum insured under section I or Rs. 25,00,000/- whichever is less)

	Sum Insured (Rs.)
Total	

Sum Insured (Rs.)