

INTERMEDIARY DETAILS (To be filled in Block letters)

Branch Code Employee Code Intermediary Code

HOUSEHOLDER UMBRELLA - PROPOSER'S DETAILS (To be filled in Block letters)

1. a) Proposer Full Name: _____

1. b) Address of premises: _____

Distt: _____

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

2. Year of Construction: _____ Area: _____

3. Type of Building: Independent base mention the Floor _____ -

4. If Building is not self owned then name of Mortgagee/Financier: _____

5. Coverage & Sum Insured:

SECTION N	DESCRIPTION	Plans with Sum Insured (in RS.)			
		Plan A	Plan B	Plan C	Plan D
1	(A) Fire & Allied Perils, Building/flat	4 Lacs	6 Lacs	10 Lacs	15 Lacs
	(B) Fire & Allied perils, contents	50000	1 Lac	2.5 Lacs	5 Lacs
2	Burglary	50000	1 Lac	2.5 Lacs	5 Lacs
3	(A) T.V/Video Equipments	15000	20000	35000	50000
	(B) Electronic equip/MBD for other domestic appliances	10000	25000	35000	50000
4	Loss of Cash due to Assault to Insured: AOA/AOY=5000/5000	5000	5000	5000	5000
5	Personal Accident	50000	1 Lac	2.5 Lacs	5 Lacs

5.

SECTION	Plan wise Premium (Inclusive of service tax - in RS.)			
	1	2	3	4
Full Coverage (With section 1A)	900	1700	3100	5000
Without Section 1 (A)	700	1400	2600	4000

- Full Coverage (with section 1A) - In case building is owned by the insured.
- Without Section 1A - Contents such as furniture, fixture & fittings are covered under contents, if owned by the insured.

*The details of contents to be filled in the format given on the next page of the proposal form.

6. Opted Coverage and Category (Please tick):

A. Plan: A. B. C. D.

B. Converge: Without Section 1(A) With Section 1(A)



7. Details of Contents:

*Please fill the details of contents in the given below format:

	S.No	Assets/Particulars	Make	Model	Value (in Rs.)
Electronic Equipments /Home appliances	1.	Television Set			
	2.	Refrigerator			
	3.	Microwave/Oven			
	4.	Washing machine			
	5.	Mixer			
	6.	Geezer			
	7.	Hair Drier			
	8.	VCD/DVD			
	9.	Iron			
	10.	Water Purifier			
	11.	Dish washer			
	12.	Cooler			
	13.	Fan			
	14.	Air Conditioner			
	15.	Others (specify)			
Utensils/ Crockery	16.	Utensil/ Crockery (tea set, dinner set etc), Gas Stove/ Cylinder			
	17.	Others (specify)			
Furniture	18.	Bed			
	19.	Sofa Set			
	20.	Dinning Table			
	21.	Dressing Set			
	22.	Others (specify)			
Bedding	23.	Curtains			
	24.	Blanket			
	25.	Mattresses / Pillow			
	26.	Bed sheets/ Pillow cover			
	27.	Others (specify)			
Cloths	28.	All types of cloths			
		Others (specify)			
Others	31.	Any Others (except above, please specify)			
Total Value					



8. Detail of PA:

Sr.No	Name	Age	Sex
1.			

9. Assignee Details (Applicable to Personal Accident Insurance)

Sr.No	Name	Relation	Share

10. Details of Previous Insurance (Last 3 years, if any):

Sr.No	Company Name	Policy Type	Period of Insurance	Premium Paid	Claim Amount

PAYMENT DETAILS

Cheque DD Cash Pay – Order Any Other (Please Specify) _____

Amount (Rs.) _____ /- Amount in Words (Rupees _____)

Bank Name _____ Cheque/DD Date _____

DECLARATION BY PROPOSER

I/we hereby declare that the particulars contained herein are true and correct and that no material fact has been with held, 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 represents the full value of the property described herein.

PLACE

DATE

Signature of Proposer



Assignment clause for personal accident insurance-section V

I do hereby assign the money payable in the event of my death by SHRIRAM GENERAL INSURANCE COMPANT LTD, to my _____ (relation to the Insured) Mr. /Mrs. _____ and I further declare that his/her receipt shall be sufficient discharge of the claim to the Company.

Dated this _____ day _____ 20 _____ at _____

Signature of the Propesel

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.

FOR OFFICE USE

Customer ID _____ Proposal Number _____

Policy Number _____ Proposal Entry By _____

Time of Commencement (Hrs) _____

Date _____ Date of Expiry of Insurance _____

Accepted for underwriting

Name & Signature

Shriram General Insurance Company Limited
E-8, EPIP, RIICO Industrial Area, Sitapura, Jaipur (Rajasthan)