



RQBE Poorna Suraksha Bima, Raheja QBE General Insurance Company Limited

Proposal Form (URN – RQBEPS2024-25)

GUIDELINES FOR COMPLETION OF THE FORM (To be filled by proposer)

- Please answer all the questions fully and correctly. Where any question does not apply, please mention clearly that the same is not applicable. Insurance is a contract of Utmost Good Faith requiring the Insured not only to disclose all material facts but also not to suppress any material facts in response to the questions in the proposal form.
- Read the Prospectus/Key Features Document/Policy Wordings before filling up this proposal form to understand the meaning of the terms used herein better.
- Please disclose all material facts while filing in the proposal form. The Policy shall become void at the option of Insurer, in the event of any untrue or incorrect statement, misrepresentation, non-description or non-disclosure in any material particular in the proposal form/personal statement, declaration and connected documents or any material information having been withheld by the Proposer or any one acting on his behalf.
- This proposal is for covering Home Building and/or Home Contents against Fire and Allied Perils.
- This proposal is for covering an enterprise whose total value of insurable assets at a location upto a maximum of ₹ 50 Crore, against Fire and Allied Perils.
- Kindly contact the Company's Offices or Agents for any doubts or clarifications on the proposal form.
- The liability of the Company does not commence until the acceptance of the proposal has been formally intimated to the insured and the full premium has been realized by the Company.
- All details are mandatory.
- The property proposed for insurance is not covered until the proposal is accepted and premium paid.

For Official Use only

Proposal No. :

Branch :

Sales Channel: Direct/Agency

Intermediary Code :

Intermediary Name :

Sales Manager name & Code :

PROPOSER/CUSTOMER INFORMATION

Please fill all the particulars in CAPITAL letters only

Proposer's Name (please leave a space after each part of name)

Mr./ Mrs./ Ms.: _____

Date of Birth : DD / MM / YYYY **Gender** : Male ☐ Female ☐ Third Gender ☐

Marital status: ☐ Single ☐ Married

Occupation: ☐ Salaried ☐ Self-employed ☐ Housewife ☐ Retired ☐ Others (Please Specify : _____)

Occupation and Nature of Business/Work: _____

Nationality: ☐ Indian ☐ NRI ☐ Others (Please specify) _____

Photograph of
proposer



Raheja QBE General Insurance Company Limited

5th Floor, A Wing, Fulcrum, IA Project Road, Sahar, Andheri East, Mumbai – 400059, India.

Tel: 022 69155050 | Email: customercare@rahejaqbe.com | Website: www.rahejaqbe.com

CIN: U66030MH2007PLC173129, IRDAI Reg. No. 141

GST Number: (If Applicable) : 12345678912345

PAN Card No: XXXXX1234X

Aadhaar No: XXXX-XXXX-1111

CKYC/Driving License/Aadhaar/Election Card/Passport/MNREGA Card No: _____

Correspondence Address : _____

Landmark: _____

City: _____ District: _____ State: _____

Pin code: _____

Landline Number (with STD Code) : 000- 0000000000

Mobile : 0000000000

E-mail address : _____

Permanent Residence Address : ☐ Same as Correspondence address

Landmark: _____

_____ **City: _____ District: _____**

State: _____ Pin code: _____

Period of Insurance: From DD/MM/YYYY To DD/MM/YYYY

Policy to be issued in favor of (list out all the parties who have insurable interest) including the financial institutions

Are you or any of the proposed applicants a PEP* or Family member/ Close relatives/Associates of PEPs*?

☐ YES ☐ NO If yes, please give details (Nature of relationship and position held by PEP):

***Politically Exposed Persons” (PEPs) are individuals who have been entrusted with prominent public functions by a foreign country, including the heads of States or Governments, senior politicians, senior government or judicial or military officers, senior executives of state-owned corporations and important political party officials.**

NOMINEE DETAILS

	1 st Nominee	2 nd Nominee	3 rd Nominee	4 th Nominee
Name of Nominee				
Date of Birth of Nominee	DD/MM/YYYY	DD/MM/YYYY	DD/MM/YYYY	DD/MM/YYYY
Percentage of Nomination	____%	____%	____%	____%
Relation with the Insured				
Mobile No.				
Email ID				
Present Address				
Permanent Address				
Bank details				
Account No.				
IFSC/MICR Code				
Name of the Bank				
Account Holder Name				

In the event of death of the Proposer, any payment due under the Policy shall become payable to the nominee as specified above, in accordance with the Policy terms and conditions. For all other persons covered under the Policy, the Proposer will be the nominee, unless differently advised.

DETAILS OF APPOINTEE (Details to be filled only if nominee is a minor)

Name of the Appointee	Date of Birth	Age	Relationship with Nominee
Bank details			
Account No.		IFSC/MICR Code	
Name of the Bank		Account Holder Name	

Note: A Minor should not be declared as Appointee.

COVERAGE OPTIONS (SELECT THE APPLICABLE COVERS)

HOME SURAKSHA	<input type="checkbox"/>	PERSONAL ACCIDENT	<input type="checkbox"/>
SHOPKEEPER SURAKSHA	<input type="checkbox"/>	HOSPITAL DAILY CASH	<input type="checkbox"/>

Family Type: _____ (Self +.....+.....)

DETAILS OF HOME BUILDING, AND/OR HOME CONTENTS TO BE INSURED FOR HOME SURAKSHA
A. Covers Opted

1.	Is there any policy in place for the same property?	Yes/No									
	If Yes, please provide the details										
2.	Cover/s required: (When Home Building <u>and</u> Home Contents are opted for, cover for General Contents of Home for Sum Insured equal to 20% of the Sum Insured for Home Building Cover subject to a maximum of ₹ 10 Lakh [Rupees Ten Lakh] is automatically provided).	<table border="1"> <thead> <tr> <th>Cover</th> <th>Please tick</th> </tr> </thead> <tbody> <tr> <td>Home Building & Home Contents</td> <td></td> </tr> <tr> <td>Home Building Only</td> <td></td> </tr> <tr> <td>Home Contents Only</td> <td></td> </tr> </tbody> </table>	Cover	Please tick	Home Building & Home Contents		Home Building Only		Home Contents Only		
Cover	Please tick										
Home Building & Home Contents											
Home Building Only											
Home Contents Only											

B. Location of Home Building

3.	Location of Home Building - full postal address with Pin Code.	Pin Code:
4.	Is it in a multi-storey building or is it a standalone house?	
5.	In case of multi-storey building, please provide the floor number of Your house	
6.	Is there a basement to Your house?	

C. Details of Home Building
Please note:

Your Home Building is a building consisting of a residential unit, having an enclosed structure and a roof, basement (if any) and fixtures and fittings permanently attached to the floor, walls or roof, like fixed sanitary fittings, electrical wiring and other permanent fittings etc.

It also includes 'additional structures' if they are on the same site, are used as part of Your Home Building:

- garage, domestic out-houses used for residence, parking spaces or areas, if any;
- compound walls, fences, gates, retaining walls, internal roads;
- verandah or porch and the like;
- septic tanks, bio-gas plants, fixed water storage units or tanks, solar panels, wind turbines and air conditioning systems, central heating systems and the like, if not included in Home Contents Cover, any other structure.

7.	Sum Insured (SI) for Home Building: Please note the following: <i>(The amount required to construct Your Home Building at the policy Commencement Date. This amount is calculated as follows:</i> a. For residential structure of Your Home including fittings and fixtures: <i>Carpet area of the structure in square metres X Rate of Cost of Construction at the policy Commencement Date.</i> <i>The Rate of Cost of Construction is the prevailing rate of cost of construction of Your Home Building at the policy Commencement Date.</i>	a. SI for residential structure of Your Home including fittings and fixtures (in ₹):									
	b. For additional structures: the amount that is based on the prevailing rate of cost of construction at the Policy Commencement Date.)	b. SI for additional structures (in ₹): <table border="1"> <tr> <th>Additional Structure</th> <th>Sum Insured (in ₹)</th> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> </table>		Additional Structure	Sum Insured (in ₹)						
Additional Structure	Sum Insured (in ₹)										
8.	Carpet area of structure of Home in square metres										
9.	Rate of Cost of Construction per square metre at the policy Commencement Date										
Other Details											
10.	Age of Home Building	<table border="1"> <tr> <td>Less than 5 years</td> <td> </td> </tr> <tr> <td>5-10 years</td> <td> </td> </tr> <tr> <td>10-20 years</td> <td> </td> </tr> <tr> <td>Above 20 years</td> <td> </td> </tr> </table>		Less than 5 years		5-10 years		10-20 years		Above 20 years	
Less than 5 years											
5-10 years											
10-20 years											
Above 20 years											
11.	Construction Details Please note the following: <i>(Building(s) having walls and/or roofs of wooden planks/thatched leaves and/or grass/hay of any kind/bamboo/plastic cloth/asphalt/canvas/tarpaulin and the like are treated as Kutcha Construction.</i> <i>Construction other than Kutcha Construction is a 'Pucca Construction')</i>	<i>(*strike out what is not applicable)</i> <table border="1"> <tr> <td> </td> <td>Construction*</td> </tr> <tr> <td>Walls</td> <td>Kutcha / Pucca</td> </tr> <tr> <td>Floor</td> <td>Kutcha / Pucca</td> </tr> <tr> <td>Roof</td> <td>Kutcha / Pucca</td> </tr> </table>			Construction*	Walls	Kutcha / Pucca	Floor	Kutcha / Pucca	Roof	Kutcha / Pucca
	Construction*										
Walls	Kutcha / Pucca										
Floor	Kutcha / Pucca										
Roof	Kutcha / Pucca										

D. Details of Home Contents
Please note the following:

i) Home Contents refer to articles or things in Your Home that are not permanently attached or fixed to the structure of Your Home. Home Contents may consist of General Contents and/or Valuable Contents.

ii) **General Contents** are all the contents of household use in Your Home, e.g., furniture, electronic items and goods, antennas, solar panels, water storage equipment, kitchen equipment, electrical equipment (including those fitted on walls), clothing and apparel and items of similar nature.

iii) **Valuable Contents** of Your Home consist of items such as jewellery, silverware, paintings, works of art, antique items, curios and items of similar nature.

iv) If You have opted for Home Building and Home Contents cover, the General Contents of Your home equal to 20% of the Sum Insured for Home Building Cover subject to a maximum of ₹ 10 Lakhs (Rupees Ten Lakh) are automatically covered.

12.	If You want to opt out of in-built cover for General Contents as mentioned in (iv) above and want to have higher Sum Insured Or If You have opted for Home Contents Only cover, please provide item wise Sum Insured for General Contents. (Sum Insured represents Cost of Replacement)	Item wise Sum Insured for General Contents (in	
		Item ₹):	Sum Insured
		Furniture, Fixtures and Fittings (Home Furnishings)	
		Electrical/Electronic	
		Others	
13.	In case of Basement, If there are contents in it, please provide the Sum Insured		

E. In-Built Covers (Loss of Rent & Rent for Alternative Accommodation)

14.	Cover for (Please Tick)	Loss of Rent: I. Sum Insured: II. Number of Months: Rent for Alternative accommodation: I. Sum Insured II. Number of Months		
	<table border="1"> <tr> <td>Loss of Rent</td> <td></td> </tr> <tr> <td>Rent for Alternative Accommodation</td> <td></td> </tr> </table>		Loss of Rent	
Loss of Rent				
Rent for Alternative Accommodation				

F. Optional Covers (available on payment of additional premium)

15.	Do You require 'Cover for Valuable Contents on Agreed Value Basis (under Home Contents cover)': <i>(Valuable Contents of Your Home consist of items such as jewellery, silverware, paintings, works of art, antique items, curios and items of similar nature.)</i> <i>(You have to submit a Valuation Certificate. However, the requirement of valuation certificate is waived if the Sum Insured opted for is upto ₹ 5 Lakh and Individual item value does not exceed ₹ 1 Lakh).</i>	Yes/No If Yes, please attach list of items and Sum Insured: Valuation certificate attached? (Yes/No)
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G. Claims details

Please specify details of any loss to the proposed Property in last 3 years:

Date of Loss	Cause of Loss	Claimed Amount	Settled Amount/please specify if claim is outstanding

DETAILS OF HOME BUILDING, AND/OR SHOP CONTENTS, AND/OR STOCK TO BE INSURED FOR SHOPKEEPER SURAKSHA
A. Business and Location of Shop:

9.	Business of Proposer																																				
10.	Location of risk/business to be covered - full postal address with Pin Code	<table border="1"> <thead> <tr> <th>SL No.</th> <th>Address</th> <th>Pin code</th> <th>Occupancy</th> <th>Age of unit</th> <th>Floor*</th> </tr> </thead> <tbody> <tr> <td>1.</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>2.</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>3.</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>4.</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p><i>*Floor: Ground Floor (GF) / Mezzanine Floor (MF) / Higher Floor</i></p>						SL No.	Address	Pin code	Occupancy	Age of unit	Floor*	1.						2.						3.						4.					
SL No.	Address	Pin code	Occupancy	Age of unit	Floor*																																
1.																																					
2.																																					
3.																																					
4.																																					

B. Details about business covered at the insured location

11.	The Insured property is	Please tick in the space below :
A.	Boundary wall	<input type="checkbox"/> Yes <input type="checkbox"/> No
B.	Basement storage	<input type="checkbox"/> Yes <input type="checkbox"/> No
		If yes, value stored sum insured, Rs.
C.	Fire Protection devices installed	Please Tick the correct answer in the box below.
		<input type="checkbox"/> Portable Extinguishers
		<input type="checkbox"/> Small bore hose reels
		<input type="checkbox"/> Trailer Pumps/Fire engines
		<input type="checkbox"/> Hydrant System
		<input type="checkbox"/> Sprinkler System
		<input type="checkbox"/> Fixed Water Spray System
		<input type="checkbox"/> Foam System
		<input type="checkbox"/> Fire Alarm System
		<input type="checkbox"/> Gas Flooding System
		<input type="checkbox"/> Others, please specify below.
D.	Indicate whether AMC(Annual Maintenance contract) for the Fire Protection Appliances is in force :	<input type="checkbox"/> Yes <input type="checkbox"/> No
E.	Construction Details	
a.	Please state material used	Please tick the correct answer in the box

i.	Walls	<input type="checkbox"/> Kutcha <input type="checkbox"/> Pucca																										
ii.	Floor	<input type="checkbox"/> Kutcha <input type="checkbox"/> Pucca																										
iii.	Roof	<input type="checkbox"/> Kutcha <input type="checkbox"/> Pucca																										
Note: Kutcha: Building(s) having walls and/or roofs of wooden planks/thatched leaves and/or grass/hay of any kind/bamboo/plastic cloth/asphalt/ canvas/tarpaulin and the like are treated as Kutcha Construction. Pucca: Buildings other than Kutcha are treated as Pucca constructions.																												
b.	Number of floors																											
c.	Age of the building (Please tick the correct answer in the box)	<input type="checkbox"/> Less than 5 years <input type="checkbox"/> 5-10 years <input type="checkbox"/> 10-20 years <input type="checkbox"/> More than 20 years																										
F.	Distance between the risk to be covered and nearest Fire Brigade																											
G.	Whether You have insured the same property with any other Insurance Company with the same type of coverage. (Give details)																											
H.	Whether Insurance was declined by any other Company (Give details)																											
I.	Premium / Claim details for the past 36 months excluding the expiring policy period	<table border="1"> <thead> <tr> <th>Year</th><th>Premium</th><th>Claim</th></tr> </thead> <tbody> <tr><td></td><td>Rs.</td><td>Rs.</td></tr> <tr><td></td><td>Rs.</td><td>Rs.</td></tr> <tr><td></td><td>Rs.</td><td>Rs.</td></tr> <tr><td></td><td>Rs.</td><td>Rs.</td></tr> <tr><td></td><td>Rs.</td><td>Rs.</td></tr> <tr><td></td><td>Rs.</td><td>Rs.</td></tr> <tr> <td>TOTAL</td><td>Rs.</td><td>Rs.</td></tr> </tbody> </table>	Year	Premium	Claim		Rs.	Rs.		Rs.	Rs.		Rs.	Rs.		Rs.	Rs.		Rs.	Rs.		Rs.	Rs.	TOTAL	Rs.	Rs.		
Year	Premium	Claim																										
	Rs.	Rs.																										
	Rs.	Rs.																										
	Rs.	Rs.																										
	Rs.	Rs.																										
	Rs.	Rs.																										
	Rs.	Rs.																										
TOTAL	Rs.	Rs.																										

C. Sum Insured and Other details of Insured Property

(Indicate Sum Insured on the following basis:

- For Building, Plant and Machinery, Furniture, Fixture and Fittings and other contents: Reinstatement Value;
- For raw material: **Landed Cost**;
- For stock: Manufacturing cost of the finished stock or the Contract Price* of goods sold but not delivered, as applicable.

* **Contract Price** is in respect only of goods sold but not delivered, for which You are responsible and with regard to which under the conditions of the sale, the sale contract is cancelled by reason of any Damage insured under this Policy either wholly or to the extent of the Damage. The Company's liability shall be based on the Contract Price).

22	Description of Block	Building including plinth, Basement and additional structures	Plant & Machinery	Furniture & Fixtures, Fittings and other equipment	Stock	Other Contents (Please specify)	Total
							₹
							₹
							₹
							₹
							₹
							₹

D. Standard add-ons

I. Do You want to opt for Floater Cover?: Yes/No (strike off what is not applicable).

If yes, give details below:

23.	Floater various Cover (for locations) stocks at	<p>i) Maximum value at any one location: ₹.....</p> <p>ii) Whether stocks stored in open: Yes <input type="checkbox"/> No <input type="checkbox"/></p>
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Location (Postal Address with Pin Code)	Sum Insured (in ₹)

II. Do You want to opt for Declaration Policy?: Yes/No (strike off what is not applicable).

If yes, give details below

24.	Stocks which fluctuate in value to be covered on (monthly) declaration basis: Amount (₹):
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III. Do You want to opt for Below add-ons?: Yes/No (strike off what is not applicable). If yes, give details below :

Sr no.	Add-on Cover	Limits	Yes/ No	% / Sum insured (in ₹)
1	Escalation	Up to a maximum of 25% of the total sum insured (excluding stocks)	Yes / No	
2	Accidental Damage including impact damage due to vehicle, animal or aircraft belonging to or owned by Insured or their employee while acting in course of employment	Up to maximum of total sum insured under the policy	Yes/ No	
3	Loss minimisation expenses including Fire brigade and Fire extinguishment expenses	Up to a maximum of 15% of the total sum insured under the policy.	Yes/ No	
4	Claims preparation cost	Up to a maximum of 15% of the total sum insured under the policy	Yes/ No	
5	72 hours clause		Yes/ No	

DETAILS OF PERSONS TO BE INSURED FOR PERSONAL ACCIDENT

Sr. No	Name of Family Member	Relation	Sum Insured for PA cover (Death + PTD)	Occupation	Abha number
			<input type="checkbox"/> 50k <input type="checkbox"/> 1L <input type="checkbox"/> 2L		
			<input type="checkbox"/> 50k <input type="checkbox"/> 1L <input type="checkbox"/> 2L		
			<input type="checkbox"/> 50k <input type="checkbox"/> 1L <input type="checkbox"/> 2L		
			<input type="checkbox"/> 50k <input type="checkbox"/> 1L <input type="checkbox"/> 2L		
			<input type="checkbox"/> 50k <input type="checkbox"/> 1L <input type="checkbox"/> 2L		

DETAILS OF PERSONS TO BE INSURED FOR HOSPITAL DAILY CASH

Daily Hospital Cash Limit	Select any one
Rs. 500 per day	<input type="checkbox"/>
Rs. 750 per day	<input type="checkbox"/>
Rs. 1000 per day	<input type="checkbox"/>

No of Days	Select any one
7	<input type="checkbox"/>
10	<input type="checkbox"/>
15	<input type="checkbox"/>

Note : Age limit for this cover is 18 yrs to 65 years for Adults and 91 Days to 25 Years for Children

Sr. No	Name of Family Member	Date of Birth	Relation	Height (in cm)	Weight (in Kg)	Occupation	Abha number
		DD/MM/YYYY					

Have you been suffering from any illness or disease or diagnosed/hospitalized in the last 3 years for treatment of any injury/ailment? If Yes, please share details below:

Sr. No	Name of the Member	Name of the illness/injury suffering/suffered in the past 3 years (prior to 3 years)	Treatment Details	Date of First Treated

Do you consume alcohol, smoke, chew tobacco or any other addiction? If Yes, please share details:

I agree to share my medical records with Raheja QBE / TPA through ABHA: ☐ Yes ☐ No

Please generate your ABHA No. by visiting the official website <https://healthid.ndhm.gov.in/register> and share the same with us.

Do you wish to avail a physical copy of your policy documents? ☐ Yes ☐ No

DETAILS OF OTHER HEALTH INSURANCE POLICIES IN EXISTENCE

Are you having existing Health Policy of Raheja QBE General Insurance Company Limited or are you insured under any other Health Insurance Policy? ☐ Yes ☐ No (If YES, please provide details in below table)

Insured name	Policy number	Period of Insurance	Sum Insured	Claims lodged during policy period (Yes/No)

PAYMENT DETAILS

Payment Option	<input type="checkbox"/> Cheque <input type="checkbox"/> Demand Draft <input type="checkbox"/> Fund Transfer <input type="checkbox"/> Cash <input type="checkbox"/> Debit Card <input type="checkbox"/> Credit Card	Date: DD/MM/YYYY
Bank Name		Amount (INR):
Amount (in words)		
Account Holder Name:		
Instrument Number:		Instrument Amount:
GSTIN (If more than one GSTIN, kindly attach an annexure with details)		PAN No (if premium is 1 Lac and above):
Frequency:	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Half Yearly <input type="checkbox"/> Annual	

Please provide copy of a cancelled cheque if premium is paid through NEFT /ECS /RTGS



CONSENT FOR ECS

I wish to avail the Electronic clearing facility and hereby express my unconditional consent to debit premium for my Health insurance policy applied vide proposal form no. XXXXXXXXXXXXXXXXXXXX through participation in Electronic Clearing System (ECS).

I, understand and agree that premium amount to be debited from my account may vary due to change in age bracket of the senior most member insured under the policy, claims history in expiring policy, change in applicable premium rates by the insurer, taxes and other statutory levies as may be applicable from time to time.

(Please refer to sales brochure for approximate premium details due to change in age applicable at the time of renewal)

I, hereby declare that the particulars given are correct and complete. I understand and accept that the transaction will be effected on the due date as opted by me in this form subject to the payment of premium on the policy (provided the day is a working day). If the transaction is delayed or not effective at all for reasons of incomplete or incorrect information, I/we would not hold the user institution responsible. I/We have read all the terms and conditions as are applicable for availing of this ECS Debit service from/through the user institution and agree to discharge the responsibility expected of me/us as a participant under the scheme.

I/We also hereby authorize representative of Raheja QBE General Insurance Company Ltd. carrying this ECS Debit Mandate Form to get it verified and executed by my/our Bank.

Date:

Place:

Signature of the Proposer

DECLARATION & WARRANTY ON BEHALF OF ALL PERSONS PROPOSED TO BE INSURED

1. I/ We hereby understand that the information provided by me will form the basis of insurance policy, is subject to the Board approved underwriting policy of the Insurance company and that the policy will come into force only after full receipt of the premium chargeable.
2. I/ We hereby declare, on my behalf and on behalf of all persons proposed to be insured that the above statements, answers and/or particulars given by me are true and complete in all respects to the best of my knowledge and that I/We am/ are authorized to propose on behalf of these other persons. and that there is no other information which is relevant to my application for insurance for myself or the other persons to be insured that has not been disclosed to you.
3. I/We further declare that I/we will notify in writing any change occurring in the occupation or general health of the life to be insured/proposer after the proposal has been submitted but before communication of the risk acceptance by the company.
4. I/We authorize the company to share information pertaining to my proposal including the medical records for the sole purpose of proposal underwriting and/or claims settlement and with any Governmental and/or Regulatory Authority.

5. I/We declare and consent to the company seeking medical information from any hospital who at any time has attended on the life to be insured/ proposer or from any past or present employer concerning anything which affects the physical and mental health of the life to be assured/proposer and seeking information from any insurance company to which an application for insurance on the life to be assured/proposer has been made for the purpose of underwriting the proposal and/or claim settlement.
6. I agree that this proposal and the declarations shall be the basis of the contract between me and/or the other persons to be insured and Raheja QBE General Insurance Company Limited and I/We and/or the other persons to be insured agree to accept a policy, subject to the conditions prescribed by Raheja QBE General Insurance Company Limited.
7. I consent and authorize Raheja QBE General Insurance Company Limited to seek medical information from any Hospital/Medical Practitioner who has at any time attended or may attend concerning any disease or illness, which affects my physical or mental health.
8. I/ We hereby declare that the value of insurable assets in my shop is not exceeding ₹ 50,00,000/- (Rupees Fifty Lacs) and the statements made by me / Us in this Proposal Form are true to the best of my / Our knowledge and belief and I / We hereby agree that this declaration shall form the basis of the contract between me/Us and the .

If any additions or alterations are carried out in the risk proposed after the submission of this proposal form then the same should be conveyed to the insurers immediately.

9. I/ We hereby declare that the value of insurable assets in my home is not exceeding ₹1,00,00,000/- (Rupees One Crore) and the statements made by me / Us in this Proposal Form are true to the best of my / Our knowledge and belief and I / We hereby agree that this declaration shall form the basis of the contract between me/Us and the .

If any additions or alterations are carried out in the risk proposed after the submission of this proposal form then the same should be conveyed to the insurers immediately.

10. I/We provide my/our consent to access my/our (all insured) medical and personal records/ details, as are available in my/ our Ayushman Bharat Health Account (ABHA) and share the same with Third Party Administrators, Reinsurer (if applicable), Service Provider/s of Raheja QBE General Insurance Company Limited and/or with any Governmental and/or Regulatory authority for the sole purposes of underwriting my/ our proposal and/ or for checking the authenticity of claims lodged by me/ us and/ or to comply with the applicable Law/Regulations.
11. I/We hereby declare that the source of funds for the premium paid for obtaining this insurance cover is through legitimate funds from our Bank Account.
12. I/We hereby give my/our consent to Raheja QBE General Insurance Company Limited (the Company') to verify and obtain my/our identity/address proof as well as the identity /address proof of the insured through Central KYC Registry or UIDAI or through any other modes for the purpose of undertaking KYC.
13. I/We agree to be contacted by Raheja QBE to make welcome calls / Underwriting/ service calls or any other communication with respect to this proposal or an existing policy of Raheja QBE.

INTERMEDIARY DECLARATION

I, _____ (Full Name), in my capacity as an Insurance Advisor/ Specified Person of the Corporate Agent/Authorized employee of the Broker/Relationship Officer, do hereby declare that I have explained all the contents of this Proposal Form, including the nature of the questions contained in this Proposal Form to the Proposer including statement(s), information and response(s) submitted by him/her in this Proposal Form to questions contained herein or any details sought herein will form the basis of the Contract of Insurance between the Company and the Proposer, if this Proposal is accepted by the Company for issuance of the Policy. I have further explained that if any untrue statement(s)/information/response(s) is/are contained in this Proposal Form/including addendum(s), affidavits, statements, submissions, furnished/to be furnished, the Company shall have the right to vary the benefits which may be payable and further more if there has been a non-disclosure of any material fact, the Policy issued to his/her favor pursuant to this Proposal may be treated by the Company as null and void and all premiums paid under the Policy may be forfeited to the company.

License No./ID (Insurance Agent / Insurance Intermediary) :

Date: DD/MM/YYYY

Place:

Signature of Insurance Agent / Intermediary:

Declaration when the proposal form is filled by a person other than the proposer/ the proposer signs in a vernacular language/ proposer is illiterate.

I hereby declare that I have read out and explained the content of this proposal form and all other connected documents incidental to availing the insurance policy from 'Raheja QBE General Insurance Company Limited' to the proposer and that he/ she confirmed that he/ she has understood the same and that he/ she agrees to abide by all the terms & conditions of the same.

I hereby declare that I have fully explained to the proposer the answers to the questions that form the basis of the contract of insurance have also explained the contents in this form to the proposer in the language known to me, that I have truly and correctly recorded the answers given by the proposer and that the proposer has affixed his/ her thumb impression on the proposal form in my presence, after fully understanding the contents thereof. Further, this declaration does not confirm issuance of policy or assumption of risk thereof.

I hereby state that the contents of the form and documents have been fully explained to me and that I have fully understood the significance of the proposed contract.

Place & Date

Signature of the Insured

DECLARATION FOR COMPLIANCE WITH ANTI-MONEY LAUNDERING REGULATIONS

I declare that the premium amount, corresponding to this proposal, is paid out of the legally declared and assessed sources of my/our income and not out of proceeds of crime related to any offence under the Prevention of Money Laundering Act, 2002 and rules framed thereunder. I understand that “Raheja QBE General Insurance Company Limited” has the right to call for documents and information to establish the source of funds and has also the right to reject the said proposal or to terminate the insurance contract unilaterally and/or forfeit the premium amount, if I am found to be named in any recognized sanction list/happen to have violated any provisions of law.

I/We hereby give my/our consent to Raheja QBE General Insurance Company Limited (‘the Company’) to verify and obtain my/our identity/address proof as well as the identity /address proof of the insured through Central KYC Registry or UIDAI or through any other modes for the purpose of undertaking KYC.

Place & Date

Signature of the Insured

Please enclose one document of ‘Proof of Identity’ and one document as ‘Proof of Address’ with this application. The following documents are accepted as:

Proof of Identity	Proof of Address
Passport PAN Card Driver’s License Voter’s Identity Card Letter from Recognized Public Authority	Telephone/Mobile bill not older than six months on the date of commencement of insurance Bank A/c Statement with Residential address not older than six months on the date of commencement Electricity Bill Ration Card Valid Lease Agreement along with Rent Receipt for 3 Months preceding the date of commencement of risk Employer’s Certificate Letter from Recognized Public Authority

STATUTORY WARNING**PROHIBITION OF REBATES**

(Under Section 41 of Insurance Act 1938)

No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take 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 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 insurers.

Any person making default in complying with the provision of this section shall be punishable with fine which may extend to 10 Lakhs.

I also understand the following:

This policy is available only to Indian Passport holders who requires Emigration Check and this requirement is endorsed in the passport.

Place & Date

Signature of the Insured