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Scrutiny No	Receipt No	Policy No		IMD (.oae		Su	b IMD	Code	IVIC	obile N	0.			mp/ L0	Code	
		MY HOME	INSURA	ANCE A	ALL RI	SK P	OLIC	Y: P	ROP	OSA	L FO	RM					
 The Liability This Propose Proposal FU 	ver all questions in B of the Company do al will be the basis JLLY AND ACCURAT of the risk or the ter	es not commence of any subseque ELY and that you	nt policy th provide the	at the Co Company	mpany i	issues 1	o you.	It is th	nerefor	e esse	ential t	hat yo	u prov	ide all			
				Pro	pose	r Det	ails										
1) Proposer's Fu	ıll Name:					П									TI	\top	
2) Are you an e	xisting Bajaj Alliar	z Customer: Ye	s / No. If ye	es, please	menti	on the	Policy	No: C)G								
3) Gender:	Male/ Female	e / Others	4) Date o	of Birth:	D D	MM	ΥΥ	ΥΥ	1	5) PAI	N No:]
6) UID/Unique I				7) Bajaj		Emplo	yee Co	de, if	Propo	ser is	BAGI	C/BALI	C Emp	oloyee	e:		
8) Marital Statu	is: Married /	\square Single / \square) No. o			$_{-}\Box$	Sons	· —		Daugh	iters			
10) Occupation:	Business	/ Service/	Stu	dent /		House	wife /		Ret	ired /	′	Other	·s				
10a) Are You a	a: Tenant	OR O	wner Occu	pant													
11a) Details of t	he Residential Pro	perty to be Insu	ıred:														
Resident S	Structure 🔲	Flat L Ap	artment	L II	ndepen	dent B	uilding										
House No	& Name:																
Landmark	/Locality:																
Road/Area	a Name:															\prod	
City:				State:		П	П		П				Pi	ncode	:: [
11b) Correspond	lence Address: (Al	l communicatio	ns will be s	ent to th	e belov	v addr	ess) (SA	AME A	S ABO	OVE)						
House No 8	& Name:															\prod	
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 12a) Telephone N	No.:				12b) M	lobile I	Numbe	r: [+	\Box			\vdash	1	<u> </u>		
13) Educational (Matriculate /	Unde	 er Gradua	•		Gradua	L		l Post	Gradu	ıate/	一	」 Prof∈	essiona	llv Qua	alified
L4) Family Montl		Up to Rs. 20,000		s. 20,001						J					Rs. 1 l		
•	y offer, you would	•			Phone /		mail_						ш [,] ——	@			
i) Age of the " ii) Walls made	'BUILDING":	Year(s)	Mor	nth(s)	e 🔲 N	∕lud [Clay	, _] Woo	d [] Any	other	item (I	Please	e Speci	fy)	
iii) Roof made		Concrete r item (Please Sp		Asbestos	þ	orruga	ted	C	iemen	t		√ Vood		That	dhed		
	ncial Institution/Ba och and Branch add																
L7, Plan : (Pls sel	ect any one Plan f	rom the below S	Six Plans)														
☐ PLAT	TINUM PLAN I	DIAMONE) PLAN I		G	OLD PL	AN I										
Прі ат	INUM PLAN II	DIAMONE) DI AN II			OLD PL	A NI 11										

S. no.	Cover	Sum Insured* (in Rs.)	Excess Opt	ions	
	"Building" Structure	11314	Excess Options (Pls Select Any		
	(For Platinum Plan On		Excess	Pls Tick	
1	Agreed Value basis ,please		5,000		
	mention the Total Area Mentioned in the		10,000		
	Registered Sale Deed		15,000		
	Agreement :		20,000		
	Sq Ft)		25,000		
			30,000		
			35,000		
			40,000		
			45,000		
			50,000		
			 •	5 "6 "	
			(Pls Select An	for "Contents" y One Option)	
	"Contents"		Excess	Pls Tick	
2	la Mandanida Cananasa		1,000		
	Is Worldwide Coverage Extended required for		2,000		
	Portable Equipments :		3,000		
	Yes No		4,000		
			5,000		
			6,000		
			7,000		
			8,000		
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			10,000		
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			12,000		
			13,000		
			14,000		
			15,000		
			16,000		
			17,000		
			18,000		
			19,000		
			20,000		

^{*}Note: 1.Kindly see prospectus to know the method of arriving at the Sum Insured for Building and Contents

^{2.} Where you opt for insurance of Structure and Contents the Sum Insured for Contents shall not be less than 10% of the Flat/Apartment/ Independent Building Sum Insured subject to minimum of Rupees 5 lakhs.

^{3.} Where you opt for insurance of Contents only, the Sum Insured shall not be less than Rupees Five Lakhs.

^{4.} Incase the value of the contents is collectively less than Rupees Five Lakhs ,you shall be required to declare the individual values of the contents. (Please Provide the Same in the Annexure)

^{5.} Kindly note that Contents excludes Jewellery and Valuables, Works of Art, Paintings, Curios, Bonds, Cheques, Documents, Cash

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	and Portable Equipments of a Standalone Cover for Jewe		/Or Curios, Painting	s & Work of Ar	ts cannot be Opte	d unless Contents are Insured.
7) Deta	Do you want to opt for Es If Yes , PIs mentioned the ails for "Jewellery and Valua	Escalation %:		; structure)? Up to 25%)	Yes / No	
Sr No	Description of the Item	Weight (in gm)	Sum In	sured	Valuation	Report Attached (Yes /No)
	Total					
World	dwide Coverage Extention Ro	equired for Jewellery	and Valuable:	Yes N)	
xcess	Options for ""Jewellery and	Valuable" - (Pls Selec	ct Any One Option)			
			Excess	Pls Tick	K	
			5,000			
			10,000			
		<u> </u>	15,000			
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		<u> </u>	35,000			
		-				
		-	40,000			
		- -				
) Deta	ails for Works for Art, Paintiı	ng and Curios Coverag	40,000 45,000 50,000			
) Deta	Description of the Item (Works of Art ,Painting/ Curios ,Other, Please describe)	ng and Curios Coverag	40,000 45,000 50,000		py attached :/ No)	Sum Insured
	Description of the Item (Works of Art ,Painting/ Curios ,Other, Please		40,000 45,000 50,000 ge:			Sum Insured

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19) Do you wish to opt for any of the following Add on Cover (Kindly tick add on covers you want to opt for):

		1	
Add On Cover	Please Tick Add On Cover You want to	Sum Insured (in Rs.)	Indemnity Period
	Opt		
1. LOSS OF RENT	•		
			Months
2 751 40 20 4 0 7 0 5 2 5 7 7 1 5 4 5 4 7 4 7 4 7 4 7 4 7 4 7 4 7 4 7 4			Maximum 24 months
2.TEMPORARY RESETTLEMENT COVER			
		(Maximum Sum	Same as Policy Period
		Insured is Rs.25000)	•
3.KEYS & LOCKS REPLACEMENT COVER		,	
If Opted , Pls mentioned Vehicle Registration			
number:			Cama and Dallar David
			Same as Policy Period
4.ATM WITHDRAWAL ROBBERY COVER			
(AOA Limit: Rs.10000,AOY Limit :Rs.30000)			Samo as Policy Poriod
(Bodily Injury Cover : Maximum up to Rs.10000)			Same as Policy Period
5.LOST WALLET COVER			
(Limit any one loss :Rs.2500,Limit any one year :Rs.5000)			Same as Policy Period
6.DOG INSURANCE COVER			· · · · · · · · · · · · · · · · · · ·
7. DUDUG HADUITY COVED			Same as Policy Period
7. PUBLIC LIABILITY COVER			Same as Policy Period
8.EMPLOYEES COMPENSATION COVER			
Pls tick against whom cover is opted			
along with number of members:			
Bearers- / Khitmatgars- /			
Hamals- /Cooks- / Sweepers- /			
Mali- /Mehters- / Motor Car			
Driver- / Cleaners and Attendants			Commence Dalling David
			Same as Policy Period

20) Details for Dog Insurance Cover, if Opted:

Sex	Age	Breed		Des	Market Value/S.I.		
M/F	Years		Colour	Ears	Tail		Rs.
					Switch	Microchip Identification Marks	

Note: Health and valuation certificate of qualified Veterinary Doctor has to be submitted mentioning the microchip number for identification along with latest photograph at the time of proposal

21) Details of Other Insurance Policies Covering the same Building /Contents / Jewellery & Valuables /Works of Arts , Paintings, Curios under the policy:

	Name and Address of Insurance Co.	Sum Insured		Period of Insurance		
Policy No.			Covers	From dd/mm/yy	To dd/mm/yy	

IMD Code: 10000006
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Irrespective of whether insub. If so, give full details the	•		
Date of Occurrence	Details of loss	Amount of loss Rs.	Name of the Insurance
Has any company in respendence of the company of th	ew your policy?	ns?	
ubject to the declarations, we posal form are complete, true insurance contract and agrupance contract between mediculars or declarations in the promotion in any respect on a sealient features of the policinal forms.	varranties, statements and page and accurate to the best of the that the statements and refus and the Company shalls proposal form or other done matter to the grant of a contract of the grant of a contract to the grant of a contract of the grant of the gr	particulars given in this proposal f of my personal knowledge and beli particulars given in this proposal iall have no liability under the in ocuments are incorrect and or un over. I/we will accept the usual T &	e issued by Bajaj Allianz General Insurance Company Ltd [Conorm. I/We declare that the statements and particulars given ef. I/we have clearly understood the terms and conditions [T and the statements of the statements of the held to be promissory and shall be the basis surance contract if it is found that any of my/our statements of the suppressed any information or provided misleading of a C and form of the policy prescribed and issued by Company. The provided misleading of the policy prescribed and issued by Company.
to:			
te:			Signature of the Propose
		nd documents have been fully ex	plained to the Proposer and that he/they have fully under
te:			Signature (on behalf of the Propo
ce:			Name:
his is required only where, f		l and other connected papers are	not filled by the Proposer.
	to allow either directly or in ives or property in India, an	ndirectly, as an inducement to an ny rebate of the whole or part of	y person to take out or renew or continue an insurance in re the commission payable or any rebate of the premium sho such rebate as may be allowed in accordance with the pub
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ANNEXURE

In case the value of the contents is collectively less than Rupees Five Lakhs, you shall be required to declare the individual values of the contents.

ELECTRONIC EQUIPMENT

Sr No	Description of the Item	Age	Sum Insured

DOMESTIC APPLIANCES

Sr No	Description of the Item	Age	Sum Insured

KITCHEN APPLIANCES

Sr No	Description of the Item	Age	Sum Insured

AIR CONDITIONER

Sr No	Description of the Item	Age	Sum Insured

PORTABLE EQUIPMENT

Sr No	Description of the Item	Age	Sum Insured

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FURNITURE & FIXTURES

Sr No	Description of the Item	Age	Sum Insured

CLOTHES, UTENSILS & PEROSNAL EFFECT ITEMS

Sr No	Description of the Item	Age	Sum Insured

ANY OTHER ITEM , PLEASE MENTION IN THE BELOW TABLE:

Sr No	Description of the Item	Age	Sum Insured

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