

## PROPOSAL FORM FOR HOME INSURANCE POLICY

Proposal No.: HIPF

**GUIDELINES FOR COMPLETION OF THE FORM: SEE OVERLEAF** 

MY PERSONAL DETAILS						
Proposer's Name (please leave a space after each part of name)						
Mr. /Ms. /Dr.:						
Proposer Mailing Address*:						
Room No./Block No./House No.:						
Building Name/Wing/Plot/Sector No./Floor No:						
Road No./Street Name:						
Land Mark: City/Town: City/Town:						
State: Pin code: Sex: M F						
DOB of Proposer: DD / MM / Y Y Y Y M Marital Status: Married Jnmarried						
Telephone Number (with STD Code) *Mobile Number: *Mobile Number:						
Fax Number: E-mail address						
GSTIN Number:						
** Kindly provide the details to enable us to serve you better						
Name of Family Doctor:						
Telephone Number (with STD Code) *Mobile Number: *Mobile Number:						
MY EMPLOYEE DETAILS						
Occupation						
Salaried Professional Self Employed Professional Self Employed Business Retired House Wife Student						
If entity, Type of entity: partnership firm/company/others if others (please specify) :						
Annual income (In Rupees):						
Do you file income tax return? Yes No Do you own a bank account? Yes No						
INSURED PROPERTY DETAILS						
Property Address (If different from Residence address)						
City: Pincode: Pincode:						
Property Details						
Age of Building(in yrs) Hypothecation/Mortgage/Financers Details(structure)						
Hypothecation/Mortgage/Financers Details(content)						
I) Built-up area of flat/house (in square feet) (A):						
Cost of construction (in Rs./square feet) (B)*:						
Home Structure (A X B): ₹						
Insurance tenure for building:1 yrs3 yrs5 yrs10 yrs15 yrs20 yrs						
ii) Durables/functional equipment value:						
Furniture & fixtures:						
Clothing, utensils and miscellaneous items:						
Jewellery and Precious Stones Value:						
(Maximum value of Jewellery covered will be 25%of total contents or ₹ 5 lakh, whichever is lower)						
Home contents sum insured: ₹						
Insurance tenure for contents:1 yrs 5 yrs						
iii) Personal Accident sum insured:						
Insurance tenure for Personal Accident :1 yrs 3 yrs						
Nominee Name:						
MODE OF PAYMENT						

## Guidelines for completion of the form:

Please provide all required information 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. If you think any fact is material, please disclose it. Please use additional sheets wherever space is not sufficient to fill up the details. Kindly contact the Company's Offices for any doubts or clarifications on the Proposal Form.

NOTE: The liability of the Company does not commence until this proposal has been accepted by the Company and premium paid.

\*The Recommended cost of construction per sq. ft. is between ₹ 600 and ₹ 1200, based on the quality of construction and design of the building.

The Actual cost of construction can be more or less than the recommended range.

L	Kindly feel free to contact the company's offices for any doubts or clarifications on the proposal form.  Covers Sum Insured (Rs.) Premium Cover Maximum Liability						
	Please use additional sheets wherever space in not sufficient to fill up the details.						
	If there are any facts that are not asked for and are important from your point of view then mention them too.						
	If you think that any fact is material or important to be known to the insurance company for accepting or denying the offer, please disclose it.						
	Not to suppress any important facts in response to the questions in the proposal form.						
	Disclose all the important facts and						
_	Insurance is a contract of utmost good faith i.e. a contract of mutual faith and understanding which demands the proposer to						
	If there is any question, which does not apply to the cover, opted by you, please mention clearly that the same is not applicable.						
K	Kindly provide all the required information fully and correctly and						
Fo	For your convenience the guidelines are explained in simple language below:						

	Covers	Sum Insured (Rs.)	Premium
Α	Home Structure - Fire & Earthquake		
В	Home Contents - Fire & Earthquake and Burglary		
С	Home Structure - Fire, Earthquake & Terrorism		
D	Home Content - Fire, Earthquake, Terrorism & Burglary		
Е	Personal Accident Cover (Accidental Death + PTD)		
F	Additional Expenses of Rent for Alternate Accommodation		
		Premium inclusive of service tax (INR)	

Cover	Maximum Liability
A. Building - Fire & Special Perils and Earthquake	₹ 2 Crore
B. Contents - Fire & Special Perils and Earthquake	₹50 Lacs
C. Contents - Burglary	₹ 50 Lacs
D. Personal Accident	₹5 Lacs

Terrorism Cover will be applicable for one year only

## **DECLARATION**

I understand that this policy is applicable to residential property of pukka construction not more than 50 years old. situated not less than 500 ft from an ocean front/river unless there is an embankment, and not located in a basement. I hereby declare that structure and/or content declared by me/us are completely in insurable condition. There is no damage/repairs expected or made as of today.

I authorize Insurer and their agents to exchange, share or part with all the information relating to my personal and financial details and information to other ICICI Bank Group Companies/Banks/Financial Institutions/Credit Bureau/Agencies/Statutory Bodies as may be required and I will not hold Insurer and all other group companies of ICICI Bank Group and their agents liable for use of this information.

l agree that the Policy shall become voidable at the option of the 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 has been withheld by me or anyone acting on my behalf to obtain any benefit under this policy.

I/We, the undersigned hereby declare and warrant that the above statements are true, accurate and complete. I/We desire to effect an insurance as described herein with the Company and I/We agree that this proposal, the declarations contained herein and the Annexure attached here to shall be the basis of contract between me/us and the Company and I/We agree to accept a policy subject to the conditions prescribed by the Company.

I/We hereby declare and undertake that the amount paid by me/us as premium for the aforementioned policy is out of my/our lawful and declared source of income.

Subject to realization of cheque if the amount collected is less than the premium quoted or revised as per changes in Sum proposed for insurance or scope of cover desired by the Proposer, it is hereby agreed that the proposal shall be considered for acceptance for a reduced sum appropriate to the premium collected and the policy shall be finalized accordingly.

Place:		Proposer's Signature:	
Dated: D D / M M / Y Y	Y Y Name:		

## 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 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.
- Any person making default in complying with the provisions of this section shall be punishable with fine, which may extend to Ten Lakh rupees.

(GTMY + Rich Life)

**Private Banking** 

ICICI Lombard General Insurance Company Limited ————————————————————————————————————					
Mailing Address: Interface Building No.11, 401/402, 4th Floor, New Link Road Malad (W), Mumbai - 400 064.					
Registered Office Address: ICICI Lombard House, 414, Veer Savarkar Marg, Near Siddhi Vinayak Temple, Prabhadevi, Mumbai 400 025.					
Visit us at www.icicilombard.com • Mail us at customersupport@icicilombard.com					
Toll Free No.: 1800 2666 • Chargable No.: +91 92236 22666					
Insurance is the subject matter of solicitation. IRDA Reg. No. 115. CIN: U67200MH2000PLC129408. Misc 13.					

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For Office use only:								
Employee Code:								
Branch	Code:			1	Lead Generatio	n 2 (Code):		
Lead Referred by								
i. Q. 1	RBD		□ 18 S	□ 1&S	нн	SAC	TASC	ADM
	(GTMY	+ Rich Life)	Private Banking	Agent Branch	Phbk	Phbk-PBG	Phbk-RRO	Wealth Management
i. Q. 1	RBD		□ I&S	∏ I&S	П нн	SAC	TASC	ADM

Agent Branch

Phbk-PBG

Phbk

Phbk-RRO

Wealth Management