Proposal No.

# GRUH SURAKSHA HOME INSURANCE PLAN



## PROPOSAL FORM

Agent Code:	ent Code:Branch Name:			Branch Code:						
Campaign Code:		_Channel/Partner Name		Sub Channel Name:						
b) This proposal sha proposed for insurar liability to make any separate sheet. d) The risk is a pre-requisite	ll form the basis of the ace with us, without om payment under the Poet acceptance of this propand hence we will not byment) (as applicable).	e insurance policy to be iss itting any particulars. Non licy. c) Wherever space pro oosal shall be subject to the e liable to make any payme	ssued by us. Hence you are on-compliance of the above rovided in this form is inade terms and conditions of the term tunder the Policy if premisent under the policy if premise pr	k in relevant boxes. Please note all e requested to disclose all facts perta may result in the avoidance of the F lequate to fill in all the necessary pa his policy. e) Payment of premium pr hium is not received by Us in full and ce until this Proposal has been accep	aining to all the persons Policy & we shall have no articulars, kindly attach a rior to commencement of in time, or is not realized					
		PRC	OPOSER DETAILS							
Mr. Mrs. M	liss Others	Gender Male	e ☐ Female ☐ 3 <sup>rd</sup> Gender	PAN Number						
Name of the Proposer	First Name		Middle Name	Last !	Name					
Address for										
Correspondence										
	City		State							
Landmark					le					
Telephone		Mobile*								
Date of Birth DD	M M Y Y Y Y	Marital Status:   Ma	arried 🗌 Single Natio	onality: 🗌 Indian 🔲 NRI	Foreigner					
Education Qualificati Occupation	on Lesser than i		riculation Graduate Student House wife		essional Course					
If salaried, specify des	signation									
If self employed, spec	ify business/occupation	n								
Annual Gross Income	e (₹) ☐ Up to 5 lakhs	5 to 10 Lakhs	☐ 10 to 25 Lakhs ☐ 26 t	to 50 lakhs	ore Above 1 Crore					
E-mail*										
Please specify if you  1. □ Non Resident	· · · · · · · · · · · · · · · · · · ·	isted categories. (please t	tick and give details where	<u>e ever required)</u>						
2.	y Trust:	☐ Non-Government	Organisation (NGO)							
3. Politically Exp	osed Person (PEP):			Judicial Military Officer						
	L	<ul><li>Senior Executive of Stat</li><li>Head of State or of Gov</li></ul>	•	Important Political Party Official						
			CUSTOMER (KYC) DE	ETAILS						
Please provide your (	Central Know Your Cus	tomer registration number								
CKYC Number										
If CKYC Number is r	not available, please co	nfirm below on the docu	ıments being shared by yoı	u (proposer) to comply with KYC ;	guidelines. (Please tick)					
1. PAN Card Co	py (compulsory)	2.	PAN is not available)							
3. Address Proof	Driving License	Voter's Identity Card	☐ Passport Copy ☐ N	IREGA Card						
☐ Any other off	icially valid document	(please specify)								
4. Identity Proof (	only for those submitt	ing Form 60)	riving License	s Identity Card Passport Copy	☐ NREGA Card					
•	*	(please specify)erent documents or 1 same docum								



Address of proper	ty to be insure	d / Location wh	nere the	e con	tents	are	pla	ced.	Ifs	sam	e as	cor	resp	on	den	ce a	ıddı	ress	s, pl	leas	e ti	ck ł	iere	2.	]				
Else, please fill up																													
details of risk location where																													
property to be insured is kept										<u> </u>			 I I																
1																													
	City									Sta	te													L	L				
Area																					Pi	inco	de	L	L	<u></u>			
1. Period of insura	ınce (in years)																												
				Num	ber o	of yea	ırs (	(Max	kim	um	pern	nitte	ed 20	) ує	ars)	)													
a. Section I - Building Number of years (Maximum permitted 20 years)  b. Section II - Household Articles Number of years (Maximum permitted 3 years)																													
											•			_															
2. Plan opted for S	Section I - Buil	ding																											
☐ Bronze - (SI upto	o ₹15 lacs)	☐ Gold	l - (SI al	bove	₹25 ]	lacs t	o ₹!	50 la	ics)			Dia	mor	nd -	(SI	abo	ove :	₹50	lac	cs)									
☐ Silver - (SI above	e₹15 lacs to ₹2	5 lacs) □ Plati	num - (	SI ab	ove :	₹50 l	acs)	)																					
								,																					
3. Plan opted for S	Section II - Ho	usehold Article	S																										
☐ Bronze ☐ Sil	lver (□ with pe	er item limit 🗆	witho	ut pe	r iter	n lin	it)																						
☐ Gold (☐ with pe	er item limit	☐ without per i	tem lim	nit)		Plat	inu	ım		] Di	amo	nd																	
4. If cover for build	ding required,	please furnish	details	:																									
a) Construction det	ails (please sta	te material used	l) i) W	alls _							ii) Fl	oor								_ iii	) R	oof	_						
b) Height of building	ng	Meters / l	Floors																										
c) Age of building (	Max 30 years)	☐ Up to 5 ye	ears [	] >5	- 10 y	ears/		]>1	0 - 1	15 y	ears		] >1	5 -	20 y	ear	s	<u></u> :	>20	- 25	5 ує	ars		] > 1	25 -	- 30	yea	rs	
d) Total square feet	area as per reg	istered sale deed	i						sq f	eet																			
e) Cost of construct	ion per square	feet*	₹																										
Normal -₹25	00/- to ₹2999/-	- per square feet	Sta	ndar	d -₹	₹300	)/- 1	to ₹3	3999	9/- r	er so	juai	re fe	et															
Premium -₹400				xury		5000	•					-																	
*As an illustration standa construction.	rd rates followed ba	sis type of construction	on have b	een giv	en wh	ich is	subje	ect to	chan	ge ba	sed oi	n pre	vailin	g ma	arket	rates	. You	ı can	cho	ose a	ny s	uitab	le ra	ite, w	hich	mato	:hes y	your	type of
f) Sum Insured (Toto of construction p		ost  ₹							g)		n Ins appl			Сс	mp	oui	nd V	Val	1	₹									
	,							_		`			,																
h) Sum Insured of l (If applicable)	andscaping	₹							i)		al Su ım To				-h)					₹									
j) Name of Financie	er (if applicable	e)**																											
**If the insured property	is financed and the	financier's name is to	be incor	porate	d in th	e poli	y, pl	lease p	provi	de de	tails.																		
k) Do you require e	escalation bene	fit³ (#tenure dis	count i	s not	appl	icab	e w	hen	opt	ted)					[	_ Y	ΈS		□N	О									
Note: I/We underst Building) is an impore pudiation of clain	ortant docume			,			-			•							_					_							

5. Sum Insured (All limits in Rupees)	- Please tick the box for which	you seek a cover: For Building	sum insured please refer to	workings specified in
section 14i.				

Coverage	Please tick if coverage opted	Sum Insured (₹)
Building <sup>1</sup>		

#### HOUSEHOLD ARTICLES INSURANCE

Contents <sup>1</sup>	
Appliances	
Jewellery & valuables	
Third Party Liability	
Mobile equipments	
Baggage	
External equipments	
Rent for Alternate Accommodation <sup>2</sup>	
Temporary Resettlement	
Loss of Rent <sup>2</sup>	
Loss of Cash	
Personal Accident for Employees	
Employee Compensation <sup>3</sup>	

#### 6. If Personal Accident cover for Employees is required, please provide details:

S.No.	Name of employee	Occupation	Sum Insured	Nominee	Nominee Relationship
1					
2					
3					

### 7. If Employee Compensation cover for Employees is required, please provide details:

S.No.	Name of employee	Occupation	Monthly working days	Annual Wages <sup>s</sup>
1				
2				
3				

(5Minimum wage as per Gazette Notification - Rs.8000 per month. To be pro-rated if actual number of working days is less)

21	Do.	VOII	require	Terrorism	Coverage?	☐ YES	$\square$ NC

#### 9) Declaration:

I/We hereby declare, 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. I/We undertake that the loadings applicable have been informed and understood by me.

I understand that the information provided by me will form the basis of the 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.

I/We further declare that I/We will notify in writing any change occurring in the property to be insured/proposer after the proposal has been submitted but before communication of the risk acceptance by the company.



<sup>1-</sup>Either of Building or Contents section mandatory

<sup>2-</sup> Section can be availed only with cover for building

<sup>3-</sup>Actual annual wages subject to a minimum of Rs. 8000/month

 $<sup>\</sup>sp{\sharp}\textsc{-}$  Waiver of per item limit under Silver & Gold plans with 10% loading

 $<sup>^{**}\</sup>text{-} Different Plans can be opted for Building and Household articles (for e.g. Building under Diamond and Household articles under Silver/Gold)$ 

10) Payment Details: Please tick (√) payment option  Cash	Premium Amount (₹)	
☐ Cheque/DD Payment Option:	Cheque/DD Number	
Cheque/DD Date DDMMYY Bank		
Please provide your bank account details to enable us to cancellation. Refund of premium will be as per the applicab		premium in to your account, in the event of you opting for policy itoned in your policy wordings.
Name of Bank	Branch	City
IFSC Code	Account Number	
Sign Here X	Place :	Date DDDMMYYYY
Signature of Applicant  Acceptance of proposal is subject to the underwriting guidelines of the con	mpany.	
For Office Use Only		
Customer ID:		Policy No. :
Issuing Office :		
	tly as an inducement to any pe art of the commission payable o ch rebate as may be allowed in a	• • •



Royal Sundaram General Insurance Co. Limited

Vishranthi Melaram Towers, No. 2 / 319, Rajiv Gandhi Salai (OMR), Karapakkam, Chennai - 600097. Registered Office: 21, Patullos Road, Chennai - 600 002.

Royal Sundaram IRDAI Registration No.102 | CIN:U67200TN2000PLC045611

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(1.)	1860	425	UUUU





