HDFC ERGO General Insurance Company Limited

Sign Board Insurance



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Sign Board Insurance Policy - Proposal Form

(Please answer all questions in BLOCK letters)

Note:

- 1. Liability of the company does not commence until the acceptance of the proposal has been formally intimated by the insured and full premium has been realized by the Company.
- 2. If you not find sufficient space in any of the below columns please use additional sheets for giving full details.

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	(for more than 1 location please provide the details in an annexure)																																						
	b.	Particulars of the Fe	2010	dat	ior	. an	nd/c	arei	IDP	ort	na	stri	ICTU	Ire (י מר	whic	h 9	Sian			-																		
 b. Particulars of the Foundation and/orsupporting structure on which Sign and/orHoarding is erected. Provide the measurements of and the materials 																																							
	from which such foundation and/orsupporting structure is constructed																																						
	c. Please confirm whether Sign board and its foundation, supporting structure, fastening attachments and similar items are regularly inspected by a duly																																						
		qualified Electrician	an	d E	ng	ine	er i	fso), b	y w	hor	n a	nd a	at w	hat	tint	erva	als.																					
	d.	Please confirm whe								efec	ts f	oun	d b	y th	ese	e ins	spe	ctio	ns																				
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	e.	What are the measures adopted for the prevention of loss or damage occurring as result of the falling down of the Neon Sign/Hoardings.						
	f.	 Particulars of the property on which the sign is erected and / or attached to (a) Is the sign affixed to the wall or erected on the roof of a building (b) State the address and the situation of the building (c) What is the approximate age of the building (d) Is the building in a sound condition (e) Is the building a ramming on to a main road. (f) How far away is the nearest building or structure from the building on which the Sign is installed. (g) How far away is the building concerned situated from the Road or Street on all sides. (h) Give brief information and particulars of the surrounding area of the building. (i) If the Sign board is erected or placed on the roof of a building, please state whether the roof is flat or gabled and how far in is it from the edge of the roof on all sides. (j) If the sign is erected on the ground give full particulars of its surroundings. How far away is it from any public or other pathways, thorough fares, streets, roads, etc 						
	g.	Have any claims been made against you in the last five years in respect of accidents caused directly or indirectly by the Sign Board. If so, give full particulars.						
	h.	Please provide previous policy details	Policy No.					
			Insurance company:					
			Expiry date:					
	I	Has any Company:(a) declined your proposal?(b) refused to renew your policy?(c) demanded an increased rate on renewal?(d) cancelled any of your insurances?						
	j.	Amount of Indemnity/ Sum Insured required for: Section 1: Loss or Damage (Mandatory) (On reinstatement value basis) Section 2: Third Party Liability (Optional)						
	k.	Have you received any notice from any person or authority regarding any defect in the Sign Board ?						
	Ι.	Provide details of any existing Policies cover the same property	Policy No.					
			Insurance company					
			Expiry date.					
No	lote: In the event of more than one Sign Board , you may submit detailed information in the tabular format as an annexure to this Form.							

I/We hereby declared and warrant that the above statements are true and complete and that I/We have withheld no information whatsoever which is material for the acceptance of this proposal.

I/We agree that this declaration and the answers given above shall be the basis of the contract between me/us and the Company and shall be deemed to be incorporated in such contract. And that if any untrue statement be contained therein the said contract shall be absolutely null and void. I/We undertake to exercise all reasonable and ordinary precaution for the safety of the Work of Art and I/We agree to accept the policy in the form issued by the Company subject to the terms exceptions and conditions prescribed therein or endorsed on the policy.

I/ We agree that the HDFC ERGO shall have the right to retain and disseminate the information provided by me / us to any of its service provider, Promoters or Group Companies.

I, hereby grant consent to Agent/Broker/Corporate Agent or any other licensed intermediary to share my KYC (Know your Customer) and customer due diligence information with HDFC ERGO General Insurance Company Limited for the purpose of my insurance proposal.

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Place:	D	D	Μ	Μ	Y	Y	Y	Y

Signature	and	Name	of the	Proposei
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	PREMIL					
Amount (Rs.)		GST No				
Premium including tax (Rs.)		(Rupees in words)				
	PAYME	NT DETAILS				
Cheque NEFT						
Instrument No.	Instrument Date: D D M M Y Y	Y Y Bank Account No.				
Branch Name & Address:						
IFSC Code	MICR Code					
HDFC ERGO General Insurance Company Limited . CIN: U66030MH2007PLC177117. Registered & Corporate Office: 6th Floor, Leela Business Park, Andheri-Kurla Road, Andheri						

HDFC ERGO General Insurance Company Limited . CIN: U66030MH2007PLC177117. Registered & Corporate Office: 6th Floor, Leela Business Park, Andheri-Kurla Road, Andheri (East), Mumbai – 400 059. Customer Service Address: D-301, 3rd Floor, Eastern Business District (Magnet Mall), LBS Marg, Bhandup (West), Mumbai - 400 078. Customer Service No: 022 6158 2020/ 022 6234 6234 | care@hdfcergo.com | www.hdfcergo.com. UIN: Sign Board Insurance Policy - IRDAN125RP0015V01202223.

Bank details for refund of premium	in case of cancellation to be considered as above Yes No								
If NO, please provide additional ba	NO, please provide additional bank details in below provided space:								
Bank Account No.									
Branch Name & Address:									
IFSC Code	MICR Code								
OURCES OF FUND									
Salary Business	Other Other (Please Specify)								

Note:

1. Please provide a cancelled copy of cheque of your bank account.

2. The Company will not be responsible in case of non-credit or delay in processing of payout due to incomplete/incorrect information provided by the customer. Please ensure that you provide accurate details to the Company.

ANTI-MONEY LAUNDERING:

The Company believes in adherence to Anti Money Laundering (AML) guidelines/rules as it aids in ensuring that financial institution like ours are not used as vehicle for money laundering. The policyholder/ nominee are thus bound to provide such information as may be required by the Company for ensuring the adherence of AML guidelines/rules.

PROHIBITION OF REBATES:

Section 41 of Insurance Act 1938, as amended

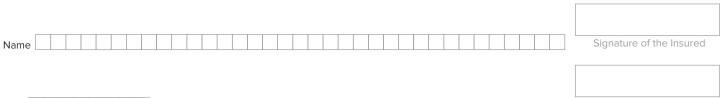
- (1) No person shall allow or offer to allow, either directly or indirectly as an inducement to any person to take out or renew or continue an insurance in respect of any kind or risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the 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 prospectus or tables of the Insurer.
- (2) Any person making default in complying with the provisions of this section shall be punishable with fine, which may extend to Ten lakh Rupees.

SHARING OF INFORMATION CLAUSE

The information sought from the insured is strictly for the purpose of policy issuance and policy servicing. This information sought and the details of policy are kept confidential and will not be shared with any external party in any circumstances whatsoever. However, in instances when such information/ details is sought by any governmental bodies / regulatory authorities or when the Company is directed to share such information in accordance with any law/ regulations or direction from any such governmental bodies / regulatory authorities, the Company will be bound to abide to such directions.

FRAUD WARNING

This policy shall be voidable at the option of the HDFC ERGO in the event of mis-representation, mis-description or non-disclosure of any material particulars by the Proposer. Any person who, knowingly and with intent to defraud the insurance company or any other person, files a proposal for insurance containing any false information, or conceals for the purpose of misleading, Information concerning any fact material thereto, commits a fraudulent insurance act, which will render the policy voidable at the sole discretion of the insurance company and result in a denial of insurance benefits.



Date D D M M Y Y Y Y

Capacity of Signatory