

## MACHINERY BREAKDOWN INSURANCE – PROPOSAL FORM

(All fields are mandatory and fill in CAPITALS only)

The liability of the Company does not commence until this proposal has been accepted by the Company and premium paid.  
(Information given herein will be treated in strict confidence).

## INSURED DETAILS

Name of the Proposer's Mr./Ms./Mrs.  (First Name)  (Middle Name)  (Last Name)

Proposer's Trade or Business

Proposer's Postal Address

City

State  Pincode

Address where plant to be insured is located.

City

State  Pincode

Tel.(Res.)  (Off.)  Mobile

STD Code  STD Code

E-mail

Nearest Railway station and distance

## PREMIUM DETAILS

Amount Rs.  Rupees 

## SOURCES OF FUND

Salary ☐ Business ☐ Other ☐ (Please Specify) 

## BANK ACCOUNT DETAILS

Name of the Bank Account Holder

Bank Account No.  Account: Savings ☐ Current ☐

Name of Bank  Branch

MICR Code (9 digit MICR code number of the bank and branch appearing on the cheque issued by the bank)

IFSC Code (11 character code appearing on your cheque leaf)

I wish: ☐ Any refund due on the premium payment / any payment/claims will be directly credited to my aforesaid Bank Account.\*

\*As per the IRDA, its mandatory that all payments made to the insured only through electronic mode.

Put a ( ) tick mark wherever applicable

1.	Do the items listed represent the whole of the plant	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
2.	a) Are you at present Insured	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	b) If so, with whom?	<input type="text"/>			
3.	Has any Company -	<input type="checkbox"/>		<input type="checkbox"/>	
	a) declined to insure any of the machinery now proposed ?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	b) required an increased premium or imposed special conditions?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	c) requested for repairs or made other special stipulations for risk improvement?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
4.	a) Are you aware of any defects/ damages existing in the machinery?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	b) If so, give details thereof	<input type="text"/>			
5.	a) Has your machinery sustained any damage from breakdown or other cause during last 3 years?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	b) If so, give details of damage(s) and repairing cost.	<input type="text"/>			
6.	a) Are regular periodical inspections of the machinery carried out?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	b) If so, by whom and at what intervals?	<input type="text"/>			

