

## PORTABLE ELECTRONIC EQUIPMENT INSURANCE - PROPOSAL FORM

(All fields are mandatory and fill in CAPITALS only)

### INSURED DETAILS

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

Proposer's Postal Address

City

State  Pincode

Occupation or Profession

Tel.(Res.)  (STD Code)  (Off.)  (STD Code)  Mobile

E-mail

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

IFSC Code  (1 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.

1.	Is all the equipment to be insured new?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	If not, which items of the specification are second hand?		
	What equipment can still be obtained ex works?		
	(State items of the specification)		
2.	Condition of equipment -		
	Is the equipment maintained in accordance with the manufacturer's instructions?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

3.	a) Have you suffered any loss or damage to equipments in the past? If so, give full particulars	Item Value
	b) What precautions have been adopted by you to prevent such occurrence?	Date of loss
4.	Has any Company in respect of All Risks Insurance	
	a) Declined your proposal?	
	b) Cancelled or refused to renew your Policy.	
	c) Accepted your proposal on special terms and conditions.	
5.	Whether cover is also required outside India. If yes, give Details	
6.	Is there any other material information relevant to the acceptance of this proposal which must known by the Company?	

