

PROPOSAL FORM – BAGGAGE INSURANCE

CUSTOMER INFORMATION				
Customer PAN No:				
Name of the Insured (Full Registered Name):				
Address of the Insured (Registration address):				
Building Name / Block No:				
Street Name :				
Locality: 000000000000000000000000000000000000				
Floor No:				
Pin code:				
Tel No:				
Fax No:				
E-mail address:				
Name of Contact Person:				
Business of Insured: Code				
Paid up Capital: Up to Rs 15 Crores Between Rs 15 and 25 Crores Over Rs 25 Crores NA				
Intermediary Details: Broker Agent Dealer Direct Banc assurance				
Intermediary Code				
Client Type: SME* Corporate* Government PSU Individual Partnership Others				
Period of Insurance From To				
RISK DETAILS				
 Description of Baggage to be covered Description of packages belonging to the proposer and family (i.e. suitcase, trunk, hold-all, etc). 				
• Articles (including pairs/sets) if any exceeding 5% of the total sum insured must be separately listed with individual value(s)				
 Articles acquired enroute are not covered unless specifically declared below-s 				
• Give item-wise value of the contents:				
• Jewellery and valuables such as furs, field glasses, cameras, tape recorders, radios and similar items including the values of the packages separately below-				



Sl. No.	Description of the property	Sum to be insured
		Rs.
1.		
2.		
3.		
4.		
Articles Acquired Enroute List to be provided		
1		
2		
3		

Total number of packages

a) To obtain full indemnity it is necessary to insure the package for full value.

Name of the family members:

Sl.No.	Name of the members to be covered	Relationship
1.		
2.		
3.		

- a) What is probable duration of journey?_____
- b) Whether cover is also required outside India? If yes, give details of places to be visited and probable duration.
- 6. Is the property currently insured under Baggage Insurance Policy?

If so, please state

- a) Name of the Insurance Company
- b) Policy No.
- c) Sum Insured
- d) Period
- 7. Have you suffered any loss relating to baggage in the past? If so, give full details thereof.

Declaration by Insured

I/ We hereby declare that the statements made by me / us in this Proposal Form are true to the best of my / our knowledge and belief and I / We hereby agree that this declaration shall form the basis of the contract between me / us and the Insurer - M/S HDFC ERGO General Insurance Company Limited.

If any additions or alterations are carried out in the risk proposed after the submission of this proposal form then the same should be conveyed to the insurers immediately.

Date:	Place:

Signature of Proposer