BHARTI AXA GENERAL INSURANCE COMPANY LIMITED, RMZ Infinity, B - Tower, 2nd Floor, No. 3, Old Madras Road, Bangalore - 560016. Tel: 080-40260100.

Bangalore - 560016. Tel: 080-40260100.

Toll Free Helpline: 1800-103-2292

E-mail: customer.service@bharti-axagi.co.in

SMS <SERVICE> to 5667700

Website: www.bharti-axagi.co.in



general insurance

CONSEQUENTIAL LOSS (FIRE) INSURANCE POLICY

Please fill this form in Bloc	ck Letters and Tick the Boxes where appropriate PCI
(Please answer all quest realisation of premium.)	ions completely. This policy commences only after the proposal is accepted and subject to
	INTERMEDIARY DETAILS
Name	Code
Branch	Code
Manager's Name	Code
Business Type Ru	ural Non-rural
	PROPOSER'S DETAILS
Name	Mr./ Mrs./ Ms./ Dr./ M/s.
Contact Person (in case of	f Corporate) Mr. / Ms.
Communication (Postal) A	Address
1	Pin code State State
Contact Nos. Mo	obile No Office +91
Residence +91	
Business Category	
	/ Y Y Y Y To DDDMMY Y Y Y Nationality* Indian Others
Paid up Capital	In case of others please mention below Crs *applicable to individual proposers only
	FINANCIER DETAILS
1) Name of Financier	
Address of Financier	
2) Name of Financier	
Address of Financier	
	Pin code

Brief Description of Business Activity	Business/															Ш						
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Age of Building

RISK DETAILS

Standard

Superior

Type of construction

2) Risk Location

Add on covers opted

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VOLUNTARY DEDUCT	IBLE DETAILS
Do you want to opt for Voluntary Deductible? Yes	No
In case of Y	es please select the slab mentioned below:
Voluntary Deductible Slabs	Please Tick
1) 7 days Gross Profit subject to minimum of Rs.10 lakhs	
2) 14 days Gross Profit subject to minimum of Rs.20 lakhs	
3) 21 days Gross Profit subject to minimum of Rs.30 lakhs	
4) 28 days Gross Profit subject to minimum of Rs.35 lakhs	
5) 35 days Gross Profit subject to minimum of Rs.40 lakhs6) 60 days Gross Profit subject to minimum of Rs.45 lakhs	
of the day's Gross Front subject to minimum of Rs.+3 lakins	
CLAIMS EXPERIENC	E DETAILS
Please give Premium and claim details for last 3 policy period	ds.
1) Policy Period	Premium Paid
Incurred Claim Amount	Nature of claim
(Paid+Outstanding)	
2) Policy Period	Premium Paid
Incurred Claim Amount	Nature of claim
(Paid+Outstanding)	
3) Policy Period	Premium Paid
Incurred Claim Amount	Nature of claim
(Paid+Outstanding)	
PREMIUM PAYMEN	T DETAILS
Kindly select one Cheque D.D./P.O.	Credit Card Cash
Cheque/D.D./P.O. no. Dated	אואומוכ
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Credit Card no.	Master Visa
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In words.	
DECLARATION	ON
I/We hereby declare that the statements, answers given by me / us in this proposa understood and agreed that the statements, answers and particulars provided her	rein above are the basis on which this insurance is being granted
and that if, after the insurance is effected, it is found that any of the statements, a Company shall have no liability under this insurance.	answers or particulars are incorrect or untrue in any respect, the
If any additions or alterations are carried out in the risk proposed after the submis	sion of this proposal form, then the same would be conveyed to
Bharti AXA General Insurance Co. Ltd.	
Date:	
Place:	
	Signature

PROHIBITION OF REBATES (SECTION 41) OF THE INSURANCE ACT 1938

- 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 of 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.
- $2. \quad \text{Any person making default in complying with the provisions of this section shall be punishable with fine, which may extend to five hundred rupees.}$