

PROPOSAL FORM BAGGAGE INSURANCE

The property proposed for insurance is not covered and the liability of the Company does not commence until the Proposal is accepted by the Company and premium paid in advance and upon full realization of the premium payment by the Company. The Company is under no obligation to accept this Proposal. Receipt of this Proposal by the Company along with the premium payment does not tantamount to the acceptance of the Proposal by the Company and does not result in a concluded contract of Insurance.

Coverage is as per the terms and conditions of our Standard Policy Wordings.

The Policy shall become voidable at the option of the Insurer, in the event of any untrue or incorrect statement, misrepresentation, non-description, failure to disclose or suppression of any material facts in response to the questions in the proposal form or on non-disclosure of any material particular.

(COMPANY OFFICE DETAILS (To be filled by insurer)							
1.	Office Code:							
2.	Office Address:							
I	NTERMEDIARY DETAILS							
1. 2. 3.	Agent/ Broker Name: Agent/ Broker License Code: Agent/ Broker Contact Number: Agent/ Broker Contact Number:							
F	PROPOSER DETAILS							
1.	Name of Proposer:							
2.	Address of proposer:							
3.	Business of Proposer							
4.	Period of Insurance (DD/MM/YYYY) From \[\bigcup_{\colored} \bigcup_{							

5. What is the purpose of the trip \square Business \square Vacation \square Adventurous					
6. Description of baggage to be covered					
etc)	Description of baggage belonging to the proposer / family member(s) / Employee(s) (i.e suitcase, trunk, hold-all,				
Page 2					
a) State value of the contents of each item including the value of the package, jewellery and other valuable furs, field glasses, cameras, tape-recorders, radios and similar items.	s such as				
Sr Description of Items Covered Sum Insured in Rs No					
8. Type of Policy Required \square Floater basis \square Declaration basis \square Floater Declaration basis \square NA					
9. Basis of Sum Insured Reinstatement Basis Market Value Basis					
10. Perils to be deleted from basic cover	rils to be deleted from basic cover				
A. Fire and Allied Perils □Yes □No					
B. Riot, Strike and Malicious Damage Yes No					
11. A. What is probable duration of Journey? From \(\square\) \(\squ					
B. Whether cover is also required outside India? Yes No					
C. Please specify the Mode of Transport □Road □Railway □Ship □Airways					
D. What is the frequency of travel of the proposer in a year □Less than 5 times □Between 5 − □More than 10 times	10 times				
E. Give particulars of the journey in connection with which this Insurance is required naming the places/you intend visiting	countries				
F. If you will at any time travel by Air will the whole or any part of the property to be insured be sent as unaccompanied Baggage at any time?	cargo or				
Is the property currently insured under a baggage policy? Yes \(\Boxed{\text{No}}\) No \(\Boxed{\text{No}}\)					
If so please provide					
A. Name of Insurance Company					
B. Policy Number Liberty General Insurance Limited. 10th Floor, Tower A. Peninsula Business Park. Ganpatrao Kadam Marg. Lower Parel. Mumbai - 400 013					

	.							
	C. Period From \(\textstyle \tex							
13.		Whether Insurance was declined by any other Company or imposed any Special Conditions LiYes LiNo						
		A. Reason for declinature B. Conditions imposed						
Do a442		ever claimed upon any	mae Insurance?	□Yes □No				
Pag 4 4.3	Trave you							
	If you give							
	II yes give	If yes give details						
15	Premium / Claim details for the past 36 months excluding the expiring policy period							
15.	rieimum	Year	Premium in Rs		nim in Rs			
		Total						
16.	Addition	Additional Covers Required						
	SN		nal covers	YES / NO	Sum Insured / Limit			
	1	Automatic Reinstaten	nent	☐Yes ☐No				
	2	Terrorism						
				☐ Yes ☐ No				
	DAVA	AENT DETAILS						
	PATIV	MENT DETAILS						
1.	PAN card	number (10 character n	number): \Box \Box \Box \Box					
2	6 6		1					
2.	Sources of	funds: Please tick appr	opriate box	_				
☐ Salary ☐ Business ☐ Investments ☐ Others (please specify) ☐ ☐ ☐ ☐ ☐ ☐								
De	claration:							
	1. I/we hereby confirm that all premiums have been/will be paid from bonafide sources and no premium been/will be paid out of proceeds of crime related to any of the offence listed in Prevention of							
Laundering Act, 2002.								
	2 Lundo	ources or runds.						
					have been found guilty by any			
	3. The Ir compe	nsurance Company has a etent court of law unde	right to cancel the insuran	ce contract in case I am/				
	3. The Ir compe	nsurance Company has	right to cancel the insuran	ce contract in case I am/	have been found guilty by any			

I/We hereby declare that the statements made by me / us in this Proposal Form are true, accurate and complete to the best of my / our knowledge and belief and I/We have not omitted, suppressed, misrepresented or misstated any facts and information provided herein and I/ We hereby agree that this declaration shall form the basis of the contract between me/ us and the "Liberty General Insurance Limited"

Pages 4ny additions or alterations are carried out in the risk proposed after the submission of this Proposal Form then the same will be conveyed by me to the Insurers immediately.

Date:

Place: Signature of Proposer

Recommendations of Officer/ Agent / Broker

Prohibition of Rebates (Section 41) of the Insurance Act

No person shall or offer to allow either directly or indirectly as an inducement to any person to take out or renew of continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of 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 published prospectuses or tables of the Insurer.

Any person making default in complying with the provisions of this section shall be punishable with fine, which may extend to Five Hundred Rupees.

INSURANCE IS A SUBJECT MATTER OF SOLICITATION

Call Toll Free No : 1800 266 5844, website : www.libertyinsurance.in IRDA of India registration number: 150 I CIN: U66000MH2010PLC209656 UIN No: IRDAN150P0028V01201213