

Regd Office: 19, Reliance Centre, Walchand Hirachand Marg, Ballard Estate, Mumbai – 400 038

RGICL/MI-45/Annexure II

Reliance BurglaryProtect Policy
PROPOSAL FORM

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.

Intermediary Details

| | | | |
|--------------------|--|------|--|
| Intermediary Name | | Code | |
| Branch Name | | Code | |
| Sales Manager Name | | Code | |

Proposer Details

| | | | | | | | | | | | |
|-----------------------------------|--|--|--|--|--|---------------|--|--|--|--|--|
| Please fill the following details | | | | | | | | | | | |
| Name of the Proposer | | | | | | | | | | | |
| Business or Trade | | | | | | | | | | | |
| Correspondence Address | | | | | | | | | | | |
| | | | | | | | | | | | |
| Office Number | | | | | | Mobile Number | | | | | |
| Fax Number | | | | | | E-mail | | | | | |

| | | | | | | | | | | | |
|---|--|--|--|--|--|---------------|--|--|--|--|--|
| Address of the premises where content are to be insured | | | | | | | | | | | |
| | | | | | | | | | | | |
| Block | | | | | | Area | | | | | |
| District | | | | | | State | | | | | |
| Office Number | | | | | | Mobile Number | | | | | |
| Fax Number | | | | | | E-mail | | | | | |

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|--------------------------------------|--|--|--|--|--|--|--|--|--|--|--|
| Details of Financial Interest if any | | | | | | | | | | | |
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|---------------------|------|--|--|--|--|--|--|--|--|--|--|----|--|--|--|--|--|--|--|
| Period of Insurance | From | | | | | | | | | | | To | | | | | | | |
|---------------------|------|--|--|--|--|--|--|--|--|--|--|----|--|--|--|--|--|--|--|

PROPERTY DETAILS

Put a (✓) Tick Mark Wherever Applicable

| | |
|--|---|
| 1. Whether the premises is / are | Owned / Rented |
| 2. Details / Type of Construction | _____ |
| 3. How are the premises used? | Commercial / Residential |
| <ul style="list-style-type: none"> ▪ If commercial please specify whether the premises is used as ▪ How long have you been an occupant of the premises? ▪ Are you the sole occupant? ▪ If not, who are the other occupants? | Warehouse / Godown / Shop / Office / any other (please specify) _____ |
| 4. What is the type of construction? e.g. Concrete Bricks, Iron Sheet, Timber etc | Yes / No |
| <ul style="list-style-type: none"> ▪ Walls ▪ Roof ▪ Floor | _____ |
| 5. What is the protection provided | _____ |
| <ul style="list-style-type: none"> ▪ Windows ▪ Doors ▪ Sky lights, Ventilators, Exhaust Fans, Lights, Air conditioners, Trap Doors ▪ Any other openings | _____ |
| 6. Mention any special precautions adopted for safeguarding the property? | _____ |
| 7. | Yes / No |
| <ul style="list-style-type: none"> ▪ Are the premises occupied by you at night ▪ Are the premises guarded by security personnel? If yes, by how many and during what time ▪ Will the premises at any time be left un-occupied? If yes how long? | Yes / No |
| | Yes / No |
| | _____ |

| <p>8. Are all valuables secured in safe(s), outside business hours? If yes give the details of safe(s) vault(s)/ strong rooms</p> <p>9. How many keys are there to the safe(s) vault (s) / strong rooms and with whom are they kept? Can the safe(s) vault (s) / strong rooms be opened by single key or by combination of two or more keys</p> <p>10. Are Stock and Sales books maintained? <ul style="list-style-type: none"> • How frequently are these entered? • How often is stock verified? • Where are these books kept outside business hours? </p> <p>11. Is the risk currently insured against burglary? If yes please specify</p> <p>12. Do you need cover against Riot, Strike and Malicious Damage on Payment of additional premium?</p> <p>13. Do you need cover against Theft on Payment of additional premium?</p> <p>14. Do you wish to avail cover on First Loss basis? If yes please indicate the percentage of first loss limit</p> <p>15. Do you wish to avail cover on Declaration basis?</p> <p>16. Do you wish to avail cover on a floater Basis? If yes please provide the address of locations?</p> <p>17. Please provide full description of property to be insured</p> | <p>Yes / No</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 10px;"> <thead> <tr> <th>S.No</th> <th>Details</th> <th>Make</th> <th>Ht</th> <th>Width</th> <th>Dept</th> <th>Wght</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table> <hr/> <p>Yes / No</p> <hr/> <p>Yes / No</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 10px;"> <thead> <tr> <th>Insurer</th> <th>Period</th> <th>Sum Insured</th> <th>Claim History</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table> <p>Yes / No</p> <p>Yes / No</p> <p>Yes / No</p> <p>_____ % Sum Insured</p> <p>Yes / No</p> <p>Yes / No</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Description</th> <th>Sum Insured (Rs)</th> </tr> </thead> <tbody> <tr><td>Stock in Trade</td><td> </td></tr> <tr><td>Goods Held in Trust</td><td> </td></tr> <tr><td>Furniture, Fittings, appliances</td><td> </td></tr> </tbody> </table> | S.No | Details | Make | Ht | Width | Dept | Wght | | | | | | | | | | | | | | | Insurer | Period | Sum Insured | Claim History | | | | | | | | | Description | Sum Insured (Rs) | Stock in Trade | | Goods Held in Trust | | Furniture, Fittings, appliances | |
|---|--|-------------|---------------|-------|------|-------|------|------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|---------|--------|-------------|---------------|--|--|--|--|--|--|--|--|-------------|------------------|----------------|--|---------------------|--|---------------------------------|--|
| S.No | Details | Make | Ht | Width | Dept | Wght | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Insurer | Period | Sum Insured | Claim History | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Description | Sum Insured (Rs) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Stock in Trade | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Goods Held in Trust | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Furniture, Fittings, appliances | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| | etc used in Trade | | | | | | | | | | | | | |
|---|--|---------------------------|--------|--------------------------|---------------------------|--|--|--|--|--|--|--|--|--|
| | Other Contents (To be Specified) | | | | | | | | | | | | | |
| | Total | | | | | | | | | | | | | |
| 18. Do you wish to cover bodily injury caused to any specified unnamed person(s) due to operation of insured perils under basic cover? | Yes / No | | | | | | | | | | | | | |
| <ul style="list-style-type: none"> If so, please indicate the number of persons to be covered and the Sum Insured against each | <table border="1"> <thead> <tr> <th>S. No.</th> <th>Number of person covered</th> <th>Sum Insured Proposed (Rs)</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table> | | S. No. | Number of person covered | Sum Insured Proposed (Rs) | | | | | | | | | |
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| | | | | | | | | | | | | | | |
| 19. Do you wish to cover Hospitalization expenses incurred for treating bodily injury caused to any specified unnamed person(s) due to operation of insured perils under basic cover? | Yes / No | | | | | | | | | | | | | |
| <ul style="list-style-type: none"> If so, please indicate the number of persons to be covered and the Sum Insured against each | <table border="1"> <thead> <tr> <th>S. No.</th> <th>Number of person covered</th> <th>Sum Insured Proposed (Rs)</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table> | | S. No. | Number of person covered | Sum Insured Proposed (Rs) | | | | | | | | | |
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| | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | |
| 20. Has any company in respect of Burglary Insurance: | | | | | | | | | | | | | | |
| <ul style="list-style-type: none"> Declined your proposal? | Yes / No | | | | | | | | | | | | | |
| <ul style="list-style-type: none"> Cancelled or refused to renew your policy? | Yes / No | | | | | | | | | | | | | |
| <ul style="list-style-type: none"> Accepted your proposal on special terms and conditions? | Yes / No | | | | | | | | | | | | | |
| 21. Any other information relevant to this insurance? | | | | | | | | | | | | | | |

I/We hereby declare that the statements, answers and particulars given by me / us in this proposal form are true to the best of my / our knowledge and belief. It is hereby understood and agreed that the statements, answers and particulars provided hereinabove 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, answers or particulars are incorrect or untrue in any respect, the Company shall have no liability under this insurance.

I/We agree and undertake to convey to Reliance General Insurance Company Limited any additions/alterations carried out in the risk proposed for insurance after submission of this proposal form.

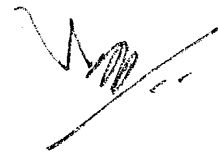
Place:

Date:

Signature of Proposer

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 or 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 continuing a policy accept any rebate except such rebates as may be allowed in accordance with the prospectuses or tables of the insurer.
2. Any person making default in complying with the provisions of this Section shall be punishable with fine which may extend to Rs 500/- .



Reliance BurglaryProtect Policy

Preamble

WHEREAS the Insured described in the Schedule hereto (hereinafter called the "Insured") by a proposal and declaration which shall be the basis of this contract and is deemed to be incorporated herein has applied to Reliance General Insurance Company Limited (hereinafter called the "Company") for the insurance hereinafter contained and has paid or agreed to pay, in such manner and within such time, as may be prescribed under the provisions of the Insurance Act, 1938 and the rules made there under, the premium stated in the Schedule as consideration for such insurance during the period stated in the Schedule or during any further period for which the Company may accept payment for the renewal or extension of this Policy.

Operative Clause

The Company hereby agrees, subject to the terms, conditions and exclusions herein contained or endorsed or otherwise expressed hereon, based on the cover opted by the insured under this policy, to indemnify the Insured/ Insured Person (s) to the extent and in the manner specified herein, against any loss or damage sustained due to operation of any of the insured perils.

Definitions

This Policy, Schedule and Endorsements shall be read together as one contract and any word or expression to which a specific meaning has been attached in any part of this Policy shall bear that same meaning wherever it may appear unless a more specific meaning is stated as applying to a particular part of the Policy.

"Building" means structure (above plinth and foundation excluding land) of standard construction unless specifically mentioned. It shall also include connected utilities, sanitary fixtures and fittings, belonging to the Insured and for which the Insured is accountable.

"Burglary & Housebreaking" means theft involving entry into or exit from the building/premises of the Insured by forcible and violent means or following assault or violence or threat thereof, to any Insured Person or any person residing lawfully in the building/premises of the Insured.

"Contents" mean assets, machinery, equipment, furniture, fixtures and fittings, electrical installations and stock and stock-in-trade in the building/premises of the Insured described in the Schedule.

“**Dacoity**” means Dacoity as defined in Indian Penal Code under Section 391 – “Where five or more persons conjointly commit or attempt to commit a robbery or are present and aid such commission or attempt, every one of them is said to commit dacoity”

“**Damage**” means actual and/or physical damage to tangible property.

“**Guard**” means any person who accompanies messenger by direction of the Insured to protect money while being conveyed, excluding any person while acting as a driver and also includes any person who is protecting the insured premises while discharging his duties as security guard.

“**Hold Up**” means taking of money or property from Insured /Insured person by putting the victim in fear of personal violence.

“**Hospitalisation Expenses**” means reasonable charges unavoidably incurred at Hospital / Nursing Home and includes room, boarding expenses, nursing expenses, Medical Practitioner/ Anaesthetist/ Consultants fees, miscellaneous charges like Anaesthesia, Oxygen, Blood, Operation Theatre Charges, Surgical Appliances, Diagnostic Materials and X ray, Dialysis, Chemotherapy, Radiotherapy, medicines, consumables including cost of pacemaker, cost of organs, artificial limbs etc. recommended by the attending Medical Practitioner and that are used intra operatively during a surgical operation.

“**Hospital / Nursing Home**” means any institution in India established for indoor care and treatment of injury and which a) is registered either as a Hospital or Nursing Home with the local authorities and is under the supervision of a registered Medical Practitioner, or b) complies with minimum criteria of 1) at least 15 – in patient beds 2) fully equipped operation theatre of its own where surgical operations are carried out 3) fully qualified nursing staff under employment round the clock 4) qualified Doctor(s) in-charge round the clock.

“**Injury**” means bodily injury sustained by the specified unnamed person(s) in the insured premises due to operation of insured perils under Basic Cover but shall not include any sickness, illness or disease.

“**Kutchha construction**” means and includes any building having walls and/or roofs of wooden planks/thatched leaves and/or grass/hay of any kind/bamboo/plastic cloth/asphalt cloth/canvas/tarpaulin and the like.

“**Market Value**” means Replacement Value less depreciation.

“**Money**” means both Negotiable money and Non- Negotiable money as more clearly defined under negotiable money & non negotiable money.

“**Medical Practitioner**” means a person who holds a degree / diploma of a recognised institution and is registered with the Medical Council in respective states of India. The term Medical Practitioner includes a physician, specialist and surgeon.

“**Negotiable Money**” means cash, currency notes, uncrossed cheques including authenticated cheques, uncrossed warrants, uncrossed Postal and Money orders, current postage and revenue stamps, National Savings Certificates, Gift Tokens, Bills of Exchange , Securities for Money, Phone Cards and Mobile Phone Vouchers for use by the Insured or any partner , Director or employee of the Insured in connection with the Insured’s business, sodoxho passes and unexpired units in Franking Machines all belonging to the Insured or for which the Insured has accepted responsibility.

“**Non Negotiable Money**” means crossed warrants, crossed cheques, crossed Postal and Money Orders, crossed Banker’s Drafts, Premium Bonds, Saving Bonds, judicial or non judicial stamps/ stamp papers, VAT purchase invoices and Credit/Debit Card Sales Vouchers all belonging to the Insured or for which the Insured has accepted responsibility.

“**Policy period**” means the period commencing from effective date and hour and terminating at midnight on the expiry date as mentioned in the Schedule.

“**Qualified Nurse**” means a person who holds a certificate of a recognised Nursing Council and is employed on recommendation of the attending Medical Practitioner.

“**Reinstatement Value**” means the cost of replacing or reinstating on the same site, property of the same kind or type but not superior to or more extensive than the insured property when new.

“**Standard construction**” means any construction other than ‘Kutchha construction’.

“**Safe or Strong Room**” means a container or structure which has been specifically designed for the safe storage of money or valuables, and is designed to protect the contents against fire and resist unauthorised opening by any person(s).

“**Schedule**” means the Schedule attached to and forming part of this Policy mentioning details of the Insured/ Insured Persons and other items covered under the Policy as well as the Sum Insured, the period and the limits to which benefits under the Policy are subject to.

“**Surgical Operation**” means operative procedures for repair of injuries.

Section I – Basic Cover (Burglary & Housebreaking)

The Company will indemnify the Insured in respect of loss or damage to contents within the insured premises, by Burglary and/or Housebreaking, Robbery, Dacoity or Hold up or attempted Burglary and/or Housebreaking, Robbery, Dacoity or Hold up risks subject to limit of Sum Insured as specified in the Schedule to this Policy.

Basis of Indemnity

- a. The indemnity in respect of contents, other than stocks / stock in trade, shall be on the basis of reinstatement value or market value, as opted by the Insured. In respect of stock & stock in trade, it shall be on market value.
- b. In the event of property insured being damaged by any of the insured perils, the Company shall pay for the amount of damage or loss or at its option replace or repair the damaged property.

Specific Exclusions Applicable to Basic Cover

This Policy will not pay for loss/damage:

1. To goods held in trust/commission or for which Insured is accountable, unless specifically insured
2. Acts involving Insured/his family members/employee
3. Recoverable under any other insurance policy
4. Due to Riot, Strike, and Malicious Damage unless otherwise specifically covered.
5. Due to theft
6. Loss of money extracted from safe following the use of key to the said safe belonging to the Insured unless such key has been obtained by assault or violence or any threat thereof
7. Money (as defined), Gold and Silver Articles, Watches or Jewellery or Precious Stones or Models or Coins, Curios, Sculptures, Manuscripts, Rare Books, Plans, Medals, Designs, Deeds, Bonds unless specifically insured.
8. Loss or damage where any inmate or member of the Insured's household or his business staff or any other person lawfully in the premises in the business is concerned in the actual theft or damage to any of the articles or premises or where such loss or damage have been expedited or in any way assisted or brought about by any such person (s)
9. Loss or damage directly or indirectly, proximately or remotely occasioned by or which arises out of or in connection with terrorist activities, earthquake, flood, storm, volcanic eruption, typhoon, hurricane, tornado, cyclone or other convulsions of nature or atmospheric disturbances.
10. Loss of or damage to any property insured under the Policy due to any misfeasance, malfeasance or nonfeasance or breach of trust in relation thereto by the Insured.

Special Conditions Applicable to Basic Cover (Burglary & Housebreaking)

1. **Reinstatement of Sum Insured:** Immediately upon the happening of any loss or damage as described in the Policy, the total Sum Insured and the sum insured upon the various descriptions of property which have been lost or damaged shall be reduced by the amount paid for loss or damage covered under this Policy. However, the Sum Insured will be automatically reinstated by deducting pro-rata premium required for such reinstatement from the claim amount payable to the Insured.
2. Coverage under this section shall be void in the event of Mis-Representation, Mis-Description or Non-disclosure of any material particular.
3. **Maintenance of Books & Keys:** The Insured shall keep a daily record of the amount of cash contained in the safe or strong room and such record shall be deposited in a secure place other than the safe or strong room and produced as evidence in support of a claim under this Policy. The keys of the safe or strong room shall not be left on the premises out of business hours, unless the premises are occupied by the Insured or any other authorised employee of the Insured in which case such keys if left on the premises shall be deposited in a secure place not in the vicinity of the safe or strong room.
4. **Reasonable Care:** The Insured shall take all reasonable steps to safeguard the property insured against accident, loss or damage.
5. **Indemnity :** The Company may at its option reinstate, replace or repair the property or premises lost or damaged or any part thereof instead of paying the amount of loss or damage or may join with any other insurer in so doing, but the Company shall not be bound to reinstate exactly or completely but only as circumstances permit and in reasonably sufficient manner and in no case shall the Company be bound to expend more in reinstatement than it would have cost to reinstate such property as it was at the time of the occurrence of such loss or damage not more than the Sum Insured thereon.
6. **Average:** If the property hereby insured shall at the time of any loss or damage be collectively of greater value than the Sum Insured thereon, then the Insured shall be considered as being his own insurer for the difference, and shall bear a rateable proportion of the loss or damage accordingly. Every item, if more than one, in the Policy, shall be separately subject to this condition.
7. **Subrogation :** The Insured and any claimant under this Policy shall at the expense of the Company do or concur in doing or permit to be done all such acts and things that may be necessary or reasonably required by the Company for the purpose of enforcing any rights and remedies or obtaining relief or indemnity from other parties to which the Company shall be or would become entitled or subrogated upon the Company paying for or making good any loss or damage under this Policy whether such acts and things shall be or become necessary or required before or after the Insured's indemnification by the Company.

8. **Cancellation:** The Company may at any time, cancel this Policy, by giving 7 days notice in writing by Regd. A/D. to the Insured at his last known address, in which case, the Company shall return to the Insured a proportion of the last premium corresponding to the unexpired period of insurance.

The Insured may also give 7 days notice in writing, to the Company, for the cancellation of this Policy, in which case the Company shall retain premium for the period this Policy has been in force at the Company's short period scales (Table given here below), provided no claim has occurred up to the date of cancellation of the policy.

| Table of Short Period Scales | |
|-------------------------------|---|
| Period of Risk(Not exceeding) | Premium to be retained (%of the Annual Rate). |
| 15 days | 10% |
| 1 Month | 15% |
| 2 Months | 25% |
| 3 Months | 30% |
| 4 Months | 35% |
| 5 Months | 40% |
| 6 Months | 50% |
| 7 Months | 60% |
| 8 Months | 70% |
| 9 Months | 80% |
| Exceeding 9 Months | Full Annual Premium. |

This Policy shall cease to attach:

- If the premises shall have been left uninhabited by day and night for seven or more consecutive days and nights.
- If the Insured shall cause or suffer any material alteration to be made in the premises or anything to be done whereby the risk is increased.
- To any property the interest of the Insured in which shall pass from the Insured otherwise than by will or operation of law.

unless, in every case, the consent of the company to the continuance of the insurance thereon is obtained and signified on the policy.

Value Added Covers

This Policy provides for optional features as detailed hereunder, available to the Insured/Insured Person, on payment of additional premium and payable up to the limit of the Sum Insured as specified against the various covers mentioned in the Schedule to this Policy.

1. Personal Accident Benefit

The Company shall pay for injury caused to specified unnamed person(s) in the insured premises resulting in Death or Permanent Total Disablement (as per table below) due to operation of insured perils under Basic Cover subject to the Sum Insured specified in the Schedule to this Policy.

In the event of an admissible claim for death, this benefit shall also provide for reimbursement of expenses incurred for transportation of the mortal remains to the place of residence / or cremation / burial ground subject to a maximum of Rs2500/-.

Exclusions:

- a. Any payment in case of more than one claim under the Policy during any one Policy period by which the Company's maximum liability in that period exceeds the available sum payable.
- b. Any claim made for bodily injury other than resulting from operation of perils covered under Basic Cover
- c. Any existing disablement
- d. Accidents due to mental disorders or disturbances of consciousness, strokes, fits or convulsions which affect the entire body and pathological disturbances caused by the mental reaction to the same.
- e. Damage to health caused by curative measures, radiation, infection, poisoning except where these arise from an accident.
- f. Any other claim after a claim for death has been admitted by the Company and becomes payable.
- g. Death or disablement resulting, directly or indirectly, caused by, contributed to or aggravated or prolonged by child birth or from pregnancy or in consequence thereof.
- h. Payment of compensation in respect of death, injury or disablement of the Insured/ Insured Person
 - (a) From intentional self-injury, suicide or attempted suicide,
 - (b) Whilst under the influence of intoxicating liquor or drugs,
 - (c) Directly or indirectly, caused by venereal disease, AIDS or insanity,
 - (d) Arising or resulting from the Insured/ Insured Person committing any breach of law with criminal intent.
- i. Bacterial infections (except pyogenic infections through an accidental cut or wound) or any other kind of disease.
- j. Medical or surgical treatment except as may be necessary solely as a result of injury.

Table showing compensation payable in respect of Permanent Total Disablement

| Type of Injury | Percentage of Sum Insured |
|--|---------------------------|
| Death | 100 |
| Permanent Total Disablement | |
| a. Loss of sight of both eyes | 100 |
| b. Loss of physical separation of two entire hands or two entire feet | 100 |
| c. Loss of one entire hand and one entire foot | 100 |
| d. Complete loss of hearing of both ears and complete loss of speech | 100 |
| e. Complete loss of hearing of both ears and loss of limb / loss of sight of one eye | 100 |
| f. Complete loss of speech and loss of one limb / loss of sight of one eye | 100 |
| For item no b physical separation of one entire hand shall mean separation of or above wrist and / or of the foot at or above ankle respectively | |

2. Hospitalisation Benefits

The Company shall pay for **hospitalisation expenses** incurred for treating bodily injury caused to specified unnamed person (s) in the insured premises due to operation of perils under Basic Cover subject to the Sum Insured specified in the schedule to this policy.

Exclusions

- a. Any claim made for Hospitalisation Expenses towards treating bodily injury other than resulting from operation of perils covered under Basic Cover.
- b. Any treatment for injury aggravated by an existing disability or pre existing illness/ condition/ injury
- c. Circumcision unless necessitated due to operation of perils under Basic Cover, vaccination or inoculation or change of life or cosmetic or aesthetic treatment of any description , plastic surgery other than as may be necessitated following operation of perils under Basic cover
- d. Convalescence, general debility, rundown condition or rest cure, congenital external disease or defects or anomalies, sterility, venereal disease, intentional self- injury and use of intoxicating drugs/ alcohol.
- e. All expenses arising out of any condition, directly or indirectly, caused to or associated with human T Cell Lymph tropic Virus Type III (HTLV III) or Lymphadenopathy Associated Virus (LAV) or the Mutants Derivative or Variations Deficiency Syndrome or condition of a similar kind commonly referred to as AIDS.
- f. Charges incurred at Hospital or Nursing Home primarily for diagnostic, X-ray or laboratory examinations or other diagnostic studies not consistent with or incidental to the injury following operation of perils under Basic Cover.
- g. Expenses on vitamins and tonics unless forming part of treatment for injury as certified by the medical practitioner.

- h. Any hospitalisation due to a bodily injury where the treatment is provided by a family member, self medication or any treatment that is not scientifically recognized.
- i. Vaccination and inoculation of any kind unless forming part of treatment for bodily injury as prescribed by the Medical Practitioner.
- j. Aesthetic treatment, cosmetic surgery and plastic surgery unless necessitated due to bodily injury caused by operation of perils under basic cover
- k. Any treatment received outside India.
- l. Treatment taken from persons not registered as Medical Practitioners under respective medical councils.
- m. Naturopathy treatment.
- n. Dental care or surgery
- o. Treatment of hernia resulting from any bodily injury.

Special Conditions Applicable to Value Added Covers

Cancellation

The Company may at any time, by notice in writing, terminate this Policy, provided that the Company shall in that case return to the Insured the then last paid premium less a pro-rata part thereof for the portion of the current insurance period which shall have expired. Such notice shall be deemed sufficiently given if posted and addressed to the Insured at the address last registered in the Company's books and shall be deemed to have been received by the Insured at the time when the same would be delivered in the ordinary course of post or the Policy may be cancelled at any time by the Insured by a notice in writing under certificate of posting or by Regd. A/D. Such notice shall be deemed to be effective from the date of dispatch of the same by the Insured.

PROVIDED no claim has arisen under a Policy prior to the dispatch of such notice by the Insured to the Company, the Insured shall be entitled to a return of premium less premium retained at Company's short period scales (Table given here below), for the period the Policy has been in force.

| Table of Short Period Scales | |
|------------------------------|---|
| Period of Risk | Premium to be charged (% of the Annual Rate). |
| Up to one month | 25% |
| Up to three months | 50% |
| Up to six months | 75% |
| Above six months | Full Annual Rate. |

- The Insured Person shall obtain and furnish to the Company all original bills, receipts and other documents upon which a claim is based and shall also give the Company such additional information and assistance as the Company may require for dealing with the claim.

- Any Medical Practitioner authorized by Company shall be allowed to examine the Insured Person in case of any injury requiring hospitalization when and so often as the same may reasonably be required on behalf of the Company.

General Exclusions

The Company shall not be liable in respect of the following:

1. Loss or damage whether direct or indirect arising from war-like operations, act of foreign enemy, hostilities (whether war be declared or not) civil war, rebellion, insurrection, civil commotion, military or usurped power, seizure, capture, confiscation, arrests, restraints and detainment by the order of any government or any other authority. In any action suit or other proceedings where the Company alleges that by the reason of the provisions hereof, any loss or damage is not covered by this insurance, the burden of proving that such loss or damage is covered shall be upon the Insured.
2. Any loss, destruction or damage, to any property whatsoever or any loss or expense whatsoever, resulting or arising there from or any consequential loss, and any legal liability of whatsoever nature, directly or indirectly caused by or contributed to by or arising from ionizing radiation or contamination by radioactivity, from any source whatsoever.
3. Any loss, destruction, damage or legal liability, directly or indirectly caused by or contributed to by or arising from nuclear weapons material.
4. Consequential loss or legal liability of any kind.
5. Loss or damage due to or contributed to by the Insured having caused or suffered anything to be done whereby the risks hereby insured against were unnecessarily increased.
6. Any act of Terrorism

General Conditions

1. **Notice:** Every notice and communication to the Company required by this Policy shall be in writing and be addressed to the office of the Company through which this insurance is effected.
2. **Claims Procedure :** It is a condition precedent to the Company's liability that upon the discovery or happening of any loss that may give rise to a claim under this Policy, the Insured shall undertake the following:
 - a. The Insured shall immediately contact the Company and intimate the claim through its call center in writing at the relevant Policy issuing office. The phone number for the call center is given in the Schedule attached to the Policy.
 - b. While intimating the claim, the Insured shall be required to furnish all the requisite information, such as:
 1. Name of the Insured
 2. The Insured's contact details
 3. Policy number
 4. Date & Time of Loss
 5. Location of loss

6. Nature of loss
7. Cause of loss
8. FIR from the police authorities
9. Estimate of loss

On receipt of all the required information along with the claim form, the Company shall appoint a Surveyor for assessing the loss/ claim within 72 hours of the receipt of intimation from the Insured, if required.

The Insured shall allow the Surveyor to inspect the lost/damaged properties/goods. The Insured shall assist and not hinder or prevent the Surveyor in pursuance of his/her duties. The Insured shall not abandon the insured property/items in the premises, nor take any steps to rectify/remedy the damage before the same has been approved by the Company or the Surveyor.

The Surveyor shall submit survey report to the Company expeditiously as laid out in the Protection of Policy Holders Interest Regulation.

On receipt of the Survey Report or the additional Survey Report, as the case may be together with all complete documentation to be furnished by the Insured, the Company shall determine final liability under the Policy and settlement effected within the time frame specified under Protection of Policy Holders Interest Regulation.. If the Company, for any reasons to be recorded in writing and communicated to the Insured, decides to reject a claim under the Policy, it shall do so within a period of 30 days from the receipt of the Survey Report or such other additional Survey Report/ documentation, as the case may be.

• **In case of Burglary & House Breaking claims**

1. FIR/Final Investigation Report
2. Letter of Indemnity
3. Original Repair /Replacement Bills and receipt with specification of items repaired /replaced, if claimed for damages,
4. Photographs if arranged.

• **The documents required in case of Death claims**

1. Death Certificate from the Municipal Authorities
2. Post Mortem Report

• **In case of Injury & Hospitalisation expenses claims**

1. Certificate from the attending Medical Practitioner indicating the extent of disability.
2. Hospital Medical Records and relevant medical bills & receipts.

3. **Contribution:** If at the time of happening of any loss or damage covered by this Policy there shall be existing any other insurance of any nature whatsoever covering the same, whether effected by the Insured or not, then the Company shall not be liable to pay or contribute more than its rateable proportion of any loss or damage.

4. **Fraudulent Claims :** If any claim under this Policy shall be in any respect fraudulent or if any fraudulent means or device are used by the Insured or any one acting on the Insured's behalf to obtain any benefit under this Policy, all benefits and rights under the policy shall be forfeited.
5. **Cause of Action / Currency for Payment:** No claim shall be payable under this Policy unless the cause of action arises in India. All claims shall be payable in India and in Indian Rupees only.
6. **Policy Disputes:** The parties to this Policy expressly agree that the laws of the Republic of India shall govern the validity, construction, interpretation and effect of this Policy.
7. **Arbitration clause:** If any dispute or difference shall arise as to the quantum to be paid under this Policy (liability being otherwise admitted) such difference shall independently of all other questions be referred to the decision of a sole arbitrator to be appointed in writing by the parties thereto or if they cannot agree upon a single arbitrator within 30 days of any party invoking arbitration, the same shall be referred to a panel of three arbitrators, comprising of two arbitrators, one to be appointed by each of the parties to the dispute/difference and the third arbitrator to be appointed by such two arbitrators and arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliation Act, 1996.
It is clearly agreed and understood that no dispute or difference shall be referable to arbitration, as hereinbefore provided, if the Company has disputed or not accepted liability under or in respect of this Policy.
It is hereby expressly stipulated and declared that it shall be a condition precedent to any right of action or suit upon this Policy that the award by such arbitrator/arbitrators of the amount of the loss or damage shall be first obtained
8. **Observance of Terms And Conditions:** The due observance and fulfilment of terms, conditions and endorsement of this Policy in so far as they relate to anything to be done or complied with by the Insured, shall be a condition precedent to any liability of the Company to make any payment under this Policy.
9. **Renewal Notice:** The Company shall not be bound to give notice that such is due. Every renewal premium (which shall be paid and accepted in respect of this Policy) shall be so paid and accepted upon the distinct understanding that no alteration has taken place in the facts contained in the proposal or declaration herein before mentioned and that nothing is known to the Insured that may result in enhancing the risk of the Company.
10. **Notices:** Any notice, direction or instruction given under this Policy shall be in writing and delivered by hand, post, or facsimile
 - In case of the Insured/Insured Person, at the address specified in the Schedule to this Policy.

- In case of the Company, to the Policy issuing office / nearest office of the Company

11. Customer Service: If at any time the Insured/Insured Person requires any clarification or assistance, the Insured/Insured Person may contact the Policy issuing office of the Company at its address during normal office hours.

Reliance BurglaryProtect Policy

Forming part of and attached to Reliance BurglaryProtect Policy No _____

Declaration Endorsement

Effective Date of Endorsement

__/__/____

Period of Insurance: From: __/__/____ To:

To: __/__/____

It is hereby agreed and declared that having received premium amounting to Rs. the Insured shall avail declaration facility under this policy subject to the following conditions

- 1) In consideration of the Premium under this policy being provisional, is subject to adjustment on expiry of each policy period

"The Insured agrees to declare to the Reliance General Insurance Company Ltd. in writing the value of his stocks less any amount insured by Policies other than declaration policies, in each separate building or non-communicating compartment on the highest value at risk during the month and to make such declaration(s) latest by the last day of the succeeding month. Such declaration(s) shall be signed by The Insured or by a responsible person authorized to sign on his behalf.

If other policies on declaration basis cover the stocks hereby insured, the declarations shall be made so as to apportion to each policy a share of the value of the stocks insured under such declaration policies, PRO RATA to the respective amounts named in the policies.

In the event of a declaration not being made latest by the last day of the succeeding month , then The Insured shall be deemed to have declared the Sum Insured hereby as the value at risk.

On the expiry of policy period, the Premium shall be calculated at the rate of..... (insert the Premium Rate) on the average Sum Insured namely, the total of the values declared or deemed to have been declared divided by the number of declarations deemed to have been made.

If the resultant Premium is less than the provisional Premium, the difference shall be repaid to The Insured but such repayment shall not exceed 35% of the provisional Premium.

Further it is hereby agreed and understood that no reduction in Sum Insured shall be allowed during the currency of the policy

- 2) The basis of value for declarations shall be the market value and any loss hereunder shall be settled on the basis of the Market Value immediately anterior to the loss.
- 3) If at the time of any loss, there be any subsisting insurance or insurances on other than a declaration basis, whether effected by The Insured or by any other person or persons, covering the stocks hereby insured, this policy shall apply only to the excess of the value of such stocks at the time of the loss over the Sum Insured by such other insurance or insurances, and this Company shall not be liable to pay or contribute more than that proportion of such loss which such excess (or, if there be other declaration insurances covering the same stocks, a ratable proportion of such excess) but not exceeding the Sum Insured hereby, bears to the total value of the stocks.

- 4) If after the occurrence of a loss it is found that the amount of the last declaration previous to the loss is less than the amount that ought to have been declared, then the amount which would have been recoverable by The Insured shall be reduced in such proportion as the amount of the said last declaration bears to the amount that ought to have been declared.
- 5) Notwithstanding the occurrence of loss it is understood that the Sum Insured will be maintained at all times during the currency of the policy and The Insured therefore undertakes to pay extra Premium on the amount of any loss pro rata from the date of such loss to the expiry of the Period of Insurance, the Premium being calculated at the rate applicable to the stocks destroyed and such extra Premium shall not be take into account in, and shall be distinct from, the final adjustment of Premium.
- 6) In event of this policy being cancelled by The Insured during its currency (whether stocks exist or not) the Premium to be retained by The Company shall be the appropriate Prorate Premium calculated on the average amount insured upto the date of cancellation plus reasonable policy administration charges, or 35% of the provisional Premium whichever is greater. Notwithstanding the above, if the policy is cancelled by The Insured after a loss has occurred, the Premium to be retained by The Company shall be the PRO RATA proportion of the Premium calculated on the average amount insured upto the date of cancellation plus the PRO RATA proportion of the Premium from the date of loss to the expiry of the Period of Insurance on the amount of loss paid, or 65% of the provisional Premium whichever is greater.
- 7) The maximum liability of The Company shall not exceed the Sum Insured hereby and Premium shall not be receivable on value in excess thereof. The Sum Insured may, however, be increased by prior agreement with The Company in which event the new Sum Insured and the date from which it is effective will be recorded on the policy by endorsement. In the event of an increase in the Sum Insured being agreed to, The Company shall charge on such increased sum an additional provisional Premium on a basis proportionate to the unexpired period of the policy and upon expiry of each Period of Insurance the total provisional Premium so paid shall be adjusted as provided for in Point 1 above. If during the currency of the policy, the rate for the class of risk to which the insurance applies is revised, and an increase in the Sum Insured under a Declaration Policy is agreed to, The Company shall charge on such increased sum an additional provisional Premium on a basis proportionate to the unexpired period of policy, at the rate at which the insurance was originally effected and upon expiry of each Period of Insurance the total provisional Premium so paid shall be adjusted as provided for in Point 1 above.
- 8) If the stocks hereby insured shall at the time of loss be collectively of greater value than the Sum Insured thereon, then The Insured shall be considered as being his own insurer for the difference and shall bear a ratable proportion of the loss accordingly. Every item, if more than one, on stock shall be separately subject to this condition.
- 9) It is warranted that every other policy on a declaration basis covering the stocks insured hereby shall be identical in wording with this policy.
- 10) This insurance is subject in all respects to the printed conditions of the policy except in so far as they may be varied by the above conditions.

Other terms and conditions under this policy remain unchanged.

Reliance General Insurance Company Limited,

Authorized Signatory

Date: __/__/____

Reliance BurglaryProtect Policy

First Loss Endorsement:

Forming part of and attached to Reliance BurglaryProtect Policy No _____

Effective Date of Endorsement
__/__/____

Period of Insurance: From: __/__/____ To:
To: __/__/____

It is hereby declared and agreed that coverage for contents (excluding money & valuables) under Burglary & House Breaking Policy is on a First Loss basis and the liability of the Company shall be limited to the sum insured mentioned in the schedule of this policy and condition of average stands deleted.

Reinstatement of Sum Insured:

Immediately upon the happening of any loss or damage as described under this Policy the sum insured would stand reduced by the amount of loss or damage and a pro-rata premium for the unexpired period from the date of such loss to the expiry of period of insurance for the amount of such loss shall be payable by insured to Company.

If the sum insured is not reinstated the liability for any subsequent claim shall be limited to the balance available sum insured under This Policy. The additional premium referred above shall be deducted from the net claim amount payable under the policy. The intention of this condition is to ensure continuity of cover to the insured subject only to Company's right for deduction from the claim amount, when settled, of pro-rata premium to be calculated from the date of loss till expiry of the policy.

All other terms and conditions of the policy remain unchanged.

Reliance General Insurance Company Limited,

Authorized Signatory

Date: __/__/____

Reliance BurglaryProtect Policy

Forming part of and attached to Reliance BurglaryProtect Policy No _____
Floater Endorsement

Effective Date of Endorsement
_ / _ / _

Period of Insurance: From: _ / _ / _
To: _ / _ / _

It is hereby agreed and declared that in consideration of floater extra Rs. _____, charged over and above the policy rate the Sum Insured in aggregate under the policy is available for anyone, more, or all locations as specified in respect of Stocks.

At all times during the currency of this policy the insured should have a good internal audit and accounting procedure under which the total amount at risk and the locations can be established at any particular time if required.

The changes in the address of locations specifically declared at inception should be communicated.

Other terms and conditions under this policy remain unchanged.

Reliance General Insurance Company Limited,

Date: _ / _ / _

Authorized Signatory

Reliance BurglaryProtect Policy

Forming part of and attached to Reliance BurglaryProtect Policy No _____

RSMD Endorsement

Effective Date of Endorsement

__/__/____

Period of Insurance: From: __/__/____

To: __/__/____

It is hereby agreed and declared that having received an additional premium amounting to Rs..... the policy shall be extended to cover loss or damage caused to insured property by any act of Riot, Strike and Malicious Damage.

Riot, Strike & Malicious Damage Shall mean:

1. The act of any person taking part together with others in any disturbance of the public peace (whether in connection with a strike or lockout or not)
2. The action of any lawfully constituted authority in suppressing or attempting to suppress any such disturbance or in minimizing the consequences of any such disturbances.
3. The willful act of any striker or locked out worker done in furtherance of strike or in resistance to a lockout resulting in visible physical damage by external violent means.
4. The action of any lawfully constituted authority in preventing or attempting to prevent any such act or in minimizing the consequences of any such act.

Other terms and conditions under this policy remain unchanged.

Reliance General Insurance Company Limited,

Date: __/__/____

Authorized Signatory

Reliance BurglaryProtect Policy:

Stock in Open Endorsement

Forming part of and attached to Reliance BurglaryProtect Policy No _____

Effective Date of Endorsement

__/__/____

Period of Insurance: From: __/__/____

To: __/__/____

It is hereby agreed and declared that having received an additional premium amounting to Rs..... the policy shall be extended to cover loss or damage to **Stock kept in Open** at the premises mentioned in this policy schedule. Whereby the note in the Schedule would read as under:

The premises shall not include any out building not communicating with the mail building.

Other terms and conditions under this policy remain unchanged.

Reliance General Insurance Company Limited,

Date: __/__/____

Authorized Signatory

Reliance BurglaryProtect Policy

Forming part of and attached to Reliance BurglaryProtect Policy No _____

Theft Endorsement

Effective Date of Endorsement

__/__/____

Period of Insurance: From: __/__/____ To:

To: __/__/____

It is hereby agreed and declared that having received an additional premium amounting to Rs..... the policy shall be extended to cover loss or damage to contents in the Insured premises by way of theft as defined under section 378 of Indian Penal Code.

It is agreed that in all such cases the Insured would report the matter to the Police Authorities & proof of the First Information Report & Final Investigation Report are furnished as necessary documents. It is further agreed that the Insurers may, as per individual requirement, call for any further documentation or be at liberty to waive certain documentation as per their discretion to determine the loss.

Other terms and conditions under this policy remain unchanged.

Reliance General Insurance Company Limited,

Date: __/__/____

Authorized Signatory



Reliance BurglaryProtect Insurance
Policy Schedule

| | |
|---|--|
| Policy Issuing Office: Reliance General Insurance Co. Ltd., 570, Naigaum Cross Road, Next to Royal Industrial Estate, Wadala (W), Mumbai – 400031 | Policy Servicing Branch Office: <<POLICY SERVICING BRANCH OFFICE>> |
| <<NAME & CORRESPONDENCE ADDRESS OF THE INSURED>> | |
| Agency & Code: <<AGENCY & CODE>> | |
| Policy Number: <<POLICY NO :>> | |
| In lieu of cover note / proposal no: <<COVER NOTE / PROPOSAL NO :>> | |
| Date of proposal & declaration: <<DD/MM/YYYY>> | |
| Insured's business / occupation: <<BUSINESS / OCCUPATION>> | |
| Nature / type of business / occupation: <<NATURE>> | |
| Financial Interest: <<DETAILS>> | |
| Policy Related Details: | |
| Total Sum Insured: Rs. <<AMOUNT>> | |
| Period of Insurance: From <<00:00>> hour on: <<dd/mm/yyyy>> To mid-night on: <<dd/mm/yyyy>> | |
| Policy Tenure: <<NO: OF DAYS / MONTHS / YEARS>> | |

| |
|---|
| <p>Premises (Description and Situation of the premises containing Insured property)</p> <p>Occupied as:</p> <p>Note: The premises shall not include any yard, garden, open space or out building not communicating with the main building</p> |
|---|

Description of Insured property

| Description | Sum Insured (Rs) |
|-------------------------------------|------------------|
| Stock/ stock In Trade | |
| Goods Held In Trust | |
| Furniture, Fixture, Appliances etc. | |
| Other Contents (To be Specified) | |
| Total | |

Value Adds

Personal Accident Cover

| Sr. No. | Number of person(s) covered | Sum Insured (Rs) |
|--------------|-----------------------------|------------------|
| | | |
| | | |
| | | |
| Total | | |

Hospitalization Expenses Cover

| Sr. No. | Number of person(s) covered | Sum Insured (Rs) |
|--------------|-----------------------------|------------------|
| | | |
| | | |
| | | |
| | | |
| Total | | |

| | |
|------------------------------|--|
| Additional Conditions if any | |
|------------------------------|--|

| Premium Details | Amount (Rs.) |
|---|--------------|
| Net Premium | |
| Service Tax (12% of Net Premium) | |
| Education Cess (2% of Service Tax) | |
| Secondary and Higher Education Cess (1% of Service Tax) | |
| Total Premium | |

(Service Tax Registration No: AABSR 6747 BST 001) **

Consolidated stamp duty paid vide Receipt No. <<RECEIPT NO :>> dated <<DD/MM/YYYY>>

** Not applicable for the State of Jammu and Kashmir

Note: In the event of dishonor of the cheque, this policy document automatically stands cancelled from inception, irrespective of whether a separate communication is sent or not.

In witness whereof this policy has been signed at <<LOCATION>> on <<DD/MM/YYYY>>

In case of any assistance with claims, please contact us on 91-22 -3033 8282 or email us at

services.rgicl@relianceada.com

For and on behalf of Reliance General Insurance Company Limited

<<SIGNATURES>>

Authorized Signatory



Reliance BurglaryProtect Policy
Premium Schedule

Minimum Premium

Premium would be rule based where the rates would be suitably modified based on client tie-up, competition, experience and hazard features subject however to the minimum premium being the listed premium recommended below to be reviewed on a periodic basis.

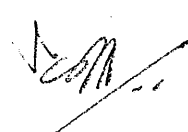
Minimum Premium Rating

- Basic Cover (Burglary & House Breaking) = Rs.0.01%0
- Bodily Injury (Accidental) = Rs.0.01%0
- Hospitalisation Expenses (Treating Accidental Bodily Injury) = Rs.0.5%0

Additional Premium for Extensions to Basic Cover

On payment of additional premium basic cover can be extended to include loss or damage caused due to the insured property due to:

- a. Riot, Strike and Malicious Damage
- b. Theft



Reliance BurglaryProtect Policy
Claim Form

IMPORTANT: Please contact our 24-hour helpline/Toll Free (RGICL Call Centre) for intimating a claim.
Certificate/ Policy No. _____ Period from _____ to: _____

DETAILS OF INSURED:

Name: _____

Phone Nos. _____

Email ID: _____ Mobile: _____

Address for Communication:

Please indicate whether claim is in respect of:

Burglary & House Breaking **Injury** **Hospitalization Expenses**

-
1. Failure to notify a loss on 24-hour helpline, in respect of claims shall invalidate your claim,
 2. Issuance of the claim form is not an admission of liability or a waiver of terms, conditions & exceptions of the insurance contract.
 3. This is a mandatory form to be filled for all claims under any section. Please answer all questions completely. In case of insufficient space, please attach an additional sheet.
 4. No claim under Injury and Hospitalization will be admitted without Doctor's Report as per format (Attending Doctor's Report)
 5. Please return this form duly completed and signed within Fourteen days of the loss together with the relevant vouchers, documents etc.

AUTHORIZATION

I hereby warrant the truth of the foregoing particulars in every respect and I agree that if I have made or shall make any false or untrue statement, suppression or concealment, my right to claim reimbursement of the said expenses shall be absolutely forfeited.

I hereby authorize any Hospital, physician, or other person who has attended or examined me, to furnish to the Company, or its authorized representative, any and all information with respect to any illness or injury, medical history, consultation, prescriptions or treatment and copies of all Hospital or medical records, A photostat copy of this authorization shall be considered as effective and valid as the original.

Full Signature of Insured: _____

Date:

Place:

Burglary & House Breaking

1.

a. State address of the premises at which the loss occurred:

b. Whether the said premises were occupied at the time of loss?

2.

a. Give brief details of how exactly the loss occurred.

b. Who discovered the loss?

c. Date and time of loss: Date ____/____/____ Time _____ A.M/ P.M

3.

a. Has a complaint been lodged with the police? _____ (Yes/no)
(Please attach a copy of the Police Complaint if done).

Note: If this is not done, this may be done immediately and a copy thereof furnished to the Company.

b. Was the fire brigade informed? _____ (yes/no)

4.

a. State the total value of property upon the premises at the time of loss.

5. Are there any other insurances against the present loss under any other policy?
If so, give full particulars.

| | Insurance Company | Claim Amount | Status |
|-----|--------------------------|---------------------|---------------|
| a). | _____ | _____ | _____ |
| b). | _____ | _____ | _____ |

Please attach a separate sheet if the space is insufficient.

Details of Insured Property Damaged/lost

| S. No | Particulars | Amount |
|--------------|--------------------|---------------|
| 1 | | |
| 2 | | |
| 3 | | |
| 4 | | |

In case of insufficient space, please attach a separate sheet.

CLAIM FOR INJURY (DEATH/ DISABLEMENT) /HOSPITALIZATION

1. Details of Person(s) injured as result of burglary/ housebreaking

2. Nature of injuries sustained: _____

3. Has there been a death of any of the unnamed person(s) covered under the policy

4. Were the injured/ dead person(s) present in the Insured premises at the time of Incident?

Yes/ No

B) Details of Hospitalization:

a. Date of Hospitalization Date | _ | _ | _ | _ | _ | _ | _ |

b. Address of the Hospital _____

c. Date of admission _____ and Date of discharge _____

d. The Physician/ Surgeon who attended on the injured person.

Contact details: email: _____

Fax: _____ Telephone: _____

Details of Hospitalization expenses

| | Particulars | Amount |
|---|-------------|--------|
| 1 | | |
| 2 | | |
| 3 | | |
| 4 | | |
| 5 | | |
| 6 | | |

ATTENDING PHYSICIAN'S STATEMENT FOR INJURY (DEATH/DISABLEMENT) /HOSPITALIZATION
(To be filled in by the attending doctor)

1. Name of Injured Person: _____ Age: _____

 2. Describe the nature of injury sustained.

 3. Does the cause of Injury as stated by the Claimant tally with the Injuries noticed by you?

 4. Was he under the influence of intoxicants or drugs at the time of incident of burglary/ housebreaking?

 5. Are the injuries traceable to any previous injuries/ disease/ infirmities?

 6. Was the Claimant hospitalized?
If so for what period? From _____ to _____

 7. Details of treatment given and Operations performed?

 8. In case of disability, Extent of Disability: _____ %. Whether the disability is of a permanent nature?

 9. Has this accident been reported to the Police Authorities?
If yes, Case No: _____ Police Station _____
- Doctor's Full name and Signature:** _____
- Regn. No:** _____ **Doctor's Contact No.** _____
- Date:** _____ **Place:** _____

