

PACK & PROTECT PROPOSAL FORM

IMPORTANT GUIDELINES:

1. **Insurance is the contract of utmost good faith requiring of the Proposer and the Insured not only to disclose all material facts but also not to suppress any material facts in response to the questions in the proposal form.**
2. **Before completing this proposal form, read the prospectus/key features document/policy wordings to understand the meaning of the terms used herein.**
3. **Insurance is a contract of utmost good faith, requiring the proposer and the insured to disclose all material facts and not withhold any relevant information in response to the questions in this proposal form.**
4. **It is important to answer all questions. If additional space is needed, attach a separate signed and dated sheet, and reference the relevant question number.**
5. **Cover shall commence no earlier than the date and time of acceptance and subsequent to receipt of the premium.**

Sr. No.	Information required	Details	
1	Name of the Proposer (in full block letters)		
2	Present Address of Proposer (Complete address with pin code)		
	Permanent address of the proposer (if left blank, will be construed as being same as Present Address)		
3	Business/Occupation /Profession of the Proposer		
4	Period of Insurance	From:	To:
5	CKYC No. (if available)		
6	Coverage	<input type="checkbox"/> 1(a){Suitcases/trunks/bags/backpack (or similar luggage carriers)} <input type="checkbox"/> 1 (a) + 1(b) Contents - 'Articles and / or personal effects of the Insured (other than property of the Business).'	
		As defined in the Policy Wordings	
	Note: Insured's definition includes family members [Legally wedded spouse, dependent children and dependent parents]		
7	Description of Carrier/Luggage to be covered (Please read following instructions before filling the details) -		
Sr. No.	Description of the Luggage (Suitcase/Trunk/ Bag)	Make	Sum Insured (in Rs.)
i.			
ii.			
iii.			
Sr. No.	Contents (if opted for)	Sum Insured (in Rs.)	

i.		
ii.		
iii.		

8	Geographical Limit (shall be India, unless specifically extended for worldwide coverage)	<input type="checkbox"/> India <input type="checkbox"/> Worldwide	
9	Is your carrier/luggage up to 6 months old? Yes/No		
	If Yes, please share details of the invoice. (Name of Manufacturer, Date of Invoice)		
10	Is the property currently insured under similar kind of insurance product? If so, please state		
	a) Name of the Insurance Company		
	b) Policy No.		
	c) Sum Insured		
	d) Period		
11	Have you suffered any loss relating to the Luggage in the past 3 Years? If so, give full details thereof. (irrespective of whether insured or not)		
	Date of occurrence of loss	Details of loss	Amount of loss (in Rs.)
			Name of the Insurance Company
12	Has any company in respect of Luggage insurance:		
a)	Declined your proposal?		
b)	Cancelled or refused to renew your policy?		
c)	Accepted your proposal on special terms & conditions?		
13	Is there any other material information relevant to the acceptance of this proposal which must be known by the Company?		

PAYMENT DETAILS

Mode of Payment	
Payment Details	
Amount in (Rs.)	
Date of Payment (DD/MM/YY)	
PAN (If premium is 1 Lac and Above.)	
GSTIN (If more than one GSTIN, kindly attach an annexure with details)	

Please fill up the request for authorization form attached with this proposal form to receive claim/refund payments if any, directly into your bank account through NEFT if the premium amount is more than Rs.10,000/-

Note: The Company reserves the right to reject the said proposal or to terminate the insurance contract unilaterally and/or freeze the funds if the customer, or persons associated with him/her found to be named in any recognized blacklist.

Bank details of proposer for refund or claim purpose:

Name of bank account holder (*mention specifically, if different from name of policyholder*):

Bank Name & Branch:

Bank Account Number:

IFS Code:

NOMINEE DETAILS

Name:

Date of Birth:

Relationship with the proposer:

Mobile Number:

E-Mail ID:

Address of Nominee:

Present address:

Permanent address: (*if left blank, will be construed as being same as Present Address*):

Bank Account Details of Nominee:

Name of Account holder:

Bank Name & Branch:

Bank Account Number:

IFS Code:

Authorized person details (in case nominee is a minor):

DECLARATION OF PROPOSER

- i. 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 GENERALI CENTRAL INSURANCE CO. LTD. (GCICL).

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

- ii. I/We understand that, if any information/statement given in the proposal is found to be untrue by GCICL, the corresponding insurance policy, that may be issued, shall be treated as void ab initio and the premium paid shall be forfeited to GCICL.

- iii. I/We declare that the premium amount, corresponding to this proposal, is paid out of the legally declared and assessed sources of my/our/proposer's income and not out of proceeds of crime related to any offence under the Prevention of Money Laundering Act, 2002, and rules framed thereunder. I/We understand that GCICL reserves the right to call for documents and information to establish the source of funds, as also the right to reject the said proposal or to terminate the insurance contract unilaterally and/or forfeit the premium amount, if I/We/Proposer am/are found to be named in any recognized sanctions list/happen to have violated any provisions of law.

OR

I/We confirm that the premium payment has been made by _____, who is having an insurable interest in my/our/proposer's policy under this application form. In case of any refund, please process the same in proposer's bank account mentioned above.

- iv. I/We am/are (please tick all that are applicable)

High Net Worth Individual/s Non-Residential Indian/s Politically Exposed Person/s
 Non-Governmental Organization

- v. I/We agree to receive service-related information from GCICL and its service providers, from time to time, through electronic and telecom modes, including WhatsApp, and understand that no unsolicited information will be sent to me/us.

- vi. I/We am/are aware and agree that the information/data provided by me/us, through this application, to GCICL and/ or GCICL authorised person/ agency, shall be stored by GCICL, throughout the currency of my/our/proposer's relationship with GCICL, and used for the purposes relating to my/our/proposer's proposal for insurance cover and/or servicing policies issued in my/our/proposer's favour, whether by GCICL or its authorized partners. I/We/Proposer also understand that the said storage is necessary for my/our/proposer's consumption of the services and consent to not hold GCICL and/or its authorized partners/ agency/ person liable for legitimate utilization of the submitted information/data.

- vii. I/We/Proposer consent to the fact that GCICL may download my/our/proposer's CKYC record from the Central KYC Records Registry, in relation to the verification of my/our/proposer's KYC records as part of this proposal. I/We/Proposer understand(s) that acceptable officially valid documents shall be relied upon for the said verification of KYC records. I/We/Proposer, also, consent to receive information from the Central KYC Records Registry through SMS/email on the abovementioned mobile phone number/email address. It is, also, confirmed that the KYC records available in the CKYC Records Registry are current and valid, as on the date of this proposal, and can be used by GCICL hereafter. In case of any modification, the applicable information will be provided to GCICL for updating the CKYC Registry Records.
- viii. I/We/Proposer agree(s) that the information/data, contained in this proposal, shall be processed for purposes related to this proposal and the insurance policy that may be issued hereon. I/We/Proposer understand(s) that all such information/data will be handled as per the GCICL Privacy Policy, available at <https://generalicentralinsurance.com/>

True to our Go Green initiative, we will send a link to your e-mail address and/or phone no., as you've mentioned in this proposal, where available/chosen, your eIA, and you may download and save the digitally signed and authenticated policy document therefrom. If you still wish for a physical copy, you may tick on this box.

Date:

Place:

Signature of the Proposer(s)

(Affix stamp, where proposer is a juridical person)

DECLARATION BY INSURANCE AGENT / INTERMEDIARY

I, _____, in my capacity as an Insurance agent/POSP/Specified person of the Corporate agent/authorised person of the Broker/IMF, do hereby declare that I have explained the product features, including its suitability, and the contents of this Proposal Form, including the nature of the questions contained in this Proposal Form to the Proposer, including statement(s), information and response(s) submitted by the Proposer, in this Proposal Form, to the questions contained herein and that any details sought herein shall form the basis of the contract of insurance between the Company and the Proposer, if this Proposal is accepted by the Company. I have further explained that if any untrue statement(s)/information/response(s) is/are contained in this Proposal form, including addendum(s), affidavit(s), statement(s), submission(s), or if there has been a non-disclosure of any material fact, the policy issued thereon shall, at the option of the Company, be treated as null and void and the premium amount paid against the policy may be forfeited by the Company.

Name of Insurance agent/POSP/Specified person of the Corporate agent/authorised person of the Broker/IMF: _____

Agency Code/licence No: _____

Date: _____

Place: _____

Signature

VERNACULAR DECLARATION

I hereby confirm that the product features and terms of the above product have been explained to the prospect in detail (including product suitability) and to the prospects' complete satisfaction. (In case prospect signs in a different language/or is not literate). I, further, declare that I have clearly explained the content of this form to the proposer and, thereafter, the proposer has fixed the thumb impression above after fully understanding the content thereof.

Intermediary / Agent Name:

Intermediary / Agent Signature:

Witness Name:

Witness Signature:

Date:

Place

FOR INTERMEDIARY USE ONLY

Intermediary Code	Intermediary Name	Intermediary's Signature	Intermediary's Contact No.

ANTI MONEY LAUNDERING

GCICL adheres to the anti-financial crime practices, including anti-money laundering, counter-financing of terrorism and anti-bribery and anti-corruption, which ensure to not allow use of GCICL as a tool/platform for financial crimes. The policyholder, beneficiary, claimant, or nominee are, therefore, required to assist with GCICL with relevant records/information/assistance, as may be necessary to address the anti-financial crime practices.

SECTION 41 OF INSURANCE ACT, 1938 – PROHIBITION OF REBATES

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 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.

2. Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to Ten Lakh Rupees.

ACKNOWLEDGEMENT

We acknowledge with thanks the receipt of your proposal dated _____ (DD/MM/YY) towards Pack & Protect Policy in favour of _____. We also acknowledge receipt of premium amount by way of cash/ cheque/ demand draft/ others, vide instrument/transaction reference no. _____, for an amount of ₹ _____. Please note that neither the submission to us of a completed proposal for insurance nor any payment for any policy sought obliges us to agree to issue a policy, which decision is and always shall be in our sole and absolute discretion. If we accept the proposal, it shall be subject to the policy terms and conditions and we shall have no liability to make any payment if the appropriate premium amount is not received by us in full and in time, or is not realised. If we do not accept the proposal, we will inform you within 15 days from the date of receipt of this proposal and refund any payment received from you without interest.

Date: _____ Place: _____ Signature of Receiver and Official Seal _____

*****END*****

Generali Central Insurance Company Limited (Formerly known as Future Generali India Insurance Company Limited) | Registered Office: Unit No. 801 & 802, 8th Floor, Tower C, Embassy 247 Park, LBS Marg, Vikhroli (West), Mumbai – 400083 | **IRDAI Regn. No.:** 132| **CIN:** U66030MH2006PLC165287| **Website:** <https://generalicentralinsurance.com> | **Email ID:** gccicare@generalicentral.com| **Toll-free Phone:** 1800 220 233 / 1860 500 3333/ 022 6783 7800