CASH IN SAFE/TRANSIT PROPOSAL FORM

1) Name of Proposer _____

2) Address _____

3) Trade/Business _____

4) Contact Person _____Telephone No. _____Fax No. _____

5) Cell No. _____ Email _____

6) NTN _____ STN _____ CNIC(if individual)_____

7) Period of Insurance From _____ To: _____

DETAILS OF RISK

8) Address of Premises in which Glass is contained _____

_____

What business is carried on in the Premises in which Glass is contained? _____

_____

9) hhhhhhh

10) What Breakages have occurred during the last twelve months and from what causes? _____

_____

11) In the Glass exposed to any special risk? If so, particulars should be given _____

_____

12) Has any _____

_____

13) Have you previously been insuring your property? ☐ yes ☐ no

If yes, (a) State the name of insurer _____

(b) Reasons for leaving the previous insurers?
☐ Policy Cancelled ☐ Renewal Refused ☐ Claim Declined

14) Please provide details of losses, if suffered during the last 3 years:

Year of loss	No of accidents	Nature of accidents	Amount of loss (Rs.)

Declaration

I / We hereby declare that the statements, answers provided by me/us in this proposal form are true to the best of my/our knowledge. I also declare that I have withheld no information material to the insurance.

_____ _____

Date Signature of the Proposer