Head Office: 205 Tangal Marg, P.O. Box 1622, Kathmandu, Nepal

Tel. +977-1-4427170, 44427171, 4427172, 4427101 E-mail: <u>info@sgic.com.np</u>, Web: www.sgic.com.np

Sanima GIC Insurance Ltd.

PROPOSAL FORM FOR ALL RISKS INSURANCE

SCOPE OF COVER

This Insurance Policy provides cover against Loss or Damage to <u>Gold and Silver Ornaments, Jewellery, Watches</u>, Cameras and other valuable due to Fire, Theft or Accident from any Fortuitous, cause anywhere in Nepal except as detailed below:

EXCLUSION

The Insurance Policy does not cover:-

- (i) Loss or damage arising from War, War like operations, Civil Commotion, Terrorism, Depreciation, Wear and Tear, Moth, Mildew, Vermin, the process of cleaning, Dyeing, Repairing, Over winding of clocks and watches, Mechanical derangement, Electrical breakdown, Breakage of glass, China and articles of brittle nature, Theft from unattended vehicles, Detention or confiscation by Customs or other Authorities and consequential loss.
- (ii) Money, Securities, Manuscripts, Deeds, Bonds, Bills of Exchange, Promissory Notes, Stock or Share Certificates, Stamps, business Books and documents, articles dispatched under contract of affreightment

THE FOREGOING IS ONLY A BROAD INDICATION OF THE COVER OFFERED FOR DETAILS PLEASE REFER TO ANY OFFICE OF THE COMPANY

1. (a) Name of Proposer in Full (IN BLOCK LETTERS): (b) Occupation/Profession and Address Paid Up Capital (if applicable): 2. Property to be insured

<u>S N</u>	FULL DESCRIPTION OF PROPERTY	<u>SUM INSURED</u>

(Ensure that the property is correctly described and insured for full value to get adequate Indemnity)

3. Has Jewellery bee	en recently examined and valued			
by an approved V	aluer? If so, furnish the Valuation			
Certificate				
_				
4. Whether cover is also re	quired out-side Nepal?			
If Yes, give details	·			
	nsured against Fire, Theft or All			
Risks? If so, please state:	isanca agamee in e, in e, e in in			
(a) Name of the Company				
(b) Policy No & Period				
	and loss or damage to Jewellery			
1	past? irrespective of whether			
insured or not)	pust: Trespective of whether			
•	araf an undar			
(b) If so, give full details th	eroj an unaer			
Data of Occurrence	Data the of Land	At office De	Name of the Learning	
Date of Occurrence	<u>Details of Loss</u>	Amt. of Loss Rs.	Name of the Insurers	
7. Has any Company in resp				
	or refused to renew your Policy			
(C) Accepted	your proposal on special terms & cond	itions		
8. Period of Insurance	P FROM:	То		
whatsoever regarding t between me/us and Si	re that the statements and answers the proposal. I/We agree that this produced that the process all ordinary and reasonable preca	oposal and declaration sholicy for the Insurance pro	all be the basis of the contract oposed is acceptable to me/us.	
Executed at	this day	y of 20		
accepted by the 2. If space is found	ne company does not commence until Company and full premium paid. insufficient, please attach separate sh subject matter of solicitation.		Signature of Proposer	
	quoted on application.			
	FOR OFFICE MARKETING/DEVELOPMEN			
The proposer is known to m	e/my agent/for years and I recomi	mend acceptance of this p	roposal.	
Name and Code No.	Sign	Signature of Dev. Officer		

Accepted by DATE & TIME RATE REMARKS