



THE NEW INDIA ASSURANCE CO. LTD.

(INCORPORATED IN INDIA WITH LIMITED LIABILITY)

6th Floor, Mancheung Building, 15-17 Wyndham Street, Central, Hong Kong
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(Regd. & Head Office: New India Assurance Bldg., 87, M. G. Road, Fort, Mumbai - 400 001.)

(Rated As "A - (Excellent)" By A.M. Best)

Public Liability Insurance Proposal Form

Insurance company to indemnify the Proposer against all sums which the Proposer shall become legally liable to pay for compensation in respect of (1) Accidental bodily injury to any person and/or (2) Accidental damage to property, caused on or about the abovementioned Premises by the fault or negligence of the Proposer or of any person in the Proposer's service whilst engaged in the Proposer's Trade or Business as above described or by any defect in the buildings, ways, works, machinery or plant of the Proposer connected with the Business or Trade of the Proposer at the aforesaid Premises.

1. Proposer's Name (in full): _____
2. Address: _____
3. Trade/Business: _____
4. Location of Premises(to be Insured) _____
5. Policy period from _____ to _____ (both dates inclusive)
6. Please give details of any Machinery Electrical or other Mechanical Appliances which are used :

7. Have any claims been made upon you during the last three years in respect of injuries to persons or for damage to property of third parties? If so, please state particulars and amounts paid.

8. Has any proposal / renewal for insurance of your Third Party liability ever been declined or special terms imposed by any Insurer in the past? Yes / No .
Please provide details of existing Insurance Policy (if any)
9. Please state what limits of indemnity are required (HK\$):
For any one accident _____ In aggregate during Policy Period _____

I/We hereby apply for insurance as stated above and I/we hereby declare that the above particulars and answers are true and complete in every respect and that no material fact has been suppressed or withheld, and I/we undertake that only steady sober and competent employees are employed and that all building ways works plant machinery furniture and fittings are substantial and sound and in proper order and fit for the purposes for which they are used and that all statutory requirements and all bye-laws and regulations imposed by any public authority are duly observed and complied with and I/we further declare that if such statements and particulars are in the writing of any person other than myself/ourselves such person shall be deemed to have been my/our agent for the purpose of filling in same and I/we agree that this proposal and declaration and the answers given above shall be the basis of the contract between myself/ourselves and The New India Assurance Co. Ltd. ("the Company") and I/we further agree to accept a policy subject to the usual conditions prescribed by the Company and endorsed on its policy and to pay the premium when called upon to do so.

Date: _____
Place: _____

Signature of Proposer & Company Chop

(Further details may be required based on nature of risk /occupation)

Personal Information collection statement :

The information you provide to us is collected to enable us to carry on insurance business and may be used for the purpose of:

- Any insurance or financial related product or service or any alterations, variations, cancellation or renewal of them,
- Any claim or analysis of it ; and may be transferred to
- Any company carrying on insurance or reinsurance related business or an intermediary or a claim or investigation or other services provider providing services relevant to insurance business or any association or federation of insurance companies that exists or is formed time to time.
- Any person / organization to fulfill any of the above purposes and/or for the purpose of data verification within insurance industry.

You have right to obtain access to and to request correction of any personal information concerning yourself held by Us. Request for such access can be made to the Manager of the company.

Applicable only in case Insurance Intermediary is involved:

The applicant understands, acknowledges and agrees that, as a result of the applicant purchasing and taking up the policy to be issued by The New India Assurance Company Limited, The New India Assurance Company Limited will pay the authorized insurance intermediary (Broker / agent) commission during the continuance of the policy including renewals, for arranging the said policy. Where the applicant is a body corporate, the authorized person who signs on behalf of the applicant further confirms to The New India Assurance Company limited that he or she is authorized to do so.

Insurance Broker / Agent name: _____

This form is not a policy of insurance. Please refer to the policy terms and conditions of the Policy which will be issued to you upon acceptance of your proposal.