

PROPOSAL FORM FOR COMMERCIAL VEHICLE INSURANCE



FUTURE GENERALI

TOTAL INSURANCE SOLUTIONS

(Information for fields marked with asterisk [*] is mandatory)

*Cover Desired - Package Fire Only Fire with Liability Theft Only Theft with Liability Fire & Theft Only Fire & Theft with Liability

Proposal for - New Policy Endorsement

* Period of Insurance Desired Form Hrs Hrs Min Min D D M M Y Y To Midnight of D D M M Y Y

Note - Cover shall commence not earlier than the date and time of acceptance of risk and/or issuance of cover note subsequent to payment of premium.

1. PROPOSER'S DETAILS : * Name (Registered owner of the Motor vehicles)- Mr. Ms. M/s

* Date of Birth _____ *Age _____ yrs (only for individuals) * Sex : Male / Female * Marital Status : Married Single Widowed

* Occupation : _____ Educational Qualification : _____ *PAN No.

2. REGISTRATION ADDRESS OF VEHICLE TO BE INSURED* :

City State PIN

3. ADDRESS FOR COMMUNICATION (DISPATCH ADDRESS)*:

City State PIN

Telephone (O) _____ (R) _____ (M) _____ Fax No _____ E-mail _____

4. VEHICLE DETAILS : (CITY WHERE VEHICLE WILL BE PRIMARILY USED)* : _____

Make and Model*	Registration No. *	Engine No. *	Chassis No. *	CC/GVW*
Year of Manufacture*	RTO where vehicle is / will be Registered*	Date of Registration / Purchase*	Licensed Carrying Capacity (No of Passengers Including Driver)	Colour

Note - Either Registration number or Engine and Chassis number is mandatory.

* Vehicle insured is <input type="checkbox"/> Brand New <input type="checkbox"/> Used	* Purpose of use	No. of Wheels
* Type of Permit	<input type="checkbox"/> Goods Carrying (Private Carrier)	<input type="checkbox"/> Two Wheelers
<input type="checkbox"/> Hilly	<input type="checkbox"/> Goods Carrying (Public Carrier)	<input type="checkbox"/> Three Wheelers
<input type="checkbox"/> National / State Highways	<input type="checkbox"/> Passenger Carrying (Private Carrier)	<input type="checkbox"/> Four Wheelers
<input type="checkbox"/> City / Town Roads	<input type="checkbox"/> Passenger Carrying (Public Carrier)	<input type="checkbox"/> More than 4 Wheelers
<input type="checkbox"/> District Roads	<input type="checkbox"/> Others (please specify)	
<input type="checkbox"/> Others - Pls. Specify		
* Is the Vehicle Owned/Hired/Leased/Permitted or likely to be Owned/Hired/Leased/Permitted by the State Transport Authorities for the purpose of their operation for the Public Transport. <input type="checkbox"/> Yes <input type="checkbox"/> No		
Vehicle Make <input type="checkbox"/> Indigenous <input type="checkbox"/> Imported	* Fuel type <input type="checkbox"/> Petrol <input type="checkbox"/> Diesel <input type="checkbox"/> Bi Fuel <input type="checkbox"/> CNG <input type="checkbox"/> LPG <input type="checkbox"/> Battery	
Nature of goods normally carried <input type="checkbox"/> Hazardous <input type="checkbox"/> Non - Hazardous If Hazardous, give details of hazardous substance :	<input type="checkbox"/> Others - pls. specify	
* Parking	* Per day mileage <input type="checkbox"/> Upto 20 Kms <input type="checkbox"/> 21 to 50 Kms	
<input type="checkbox"/> Roadside Public Parking	<input type="checkbox"/> 51 to 100 Kms <input type="checkbox"/> 101 to 150 Kms <input type="checkbox"/> Over 151 Kms	
<input type="checkbox"/> Roadside Outside Parking	* Speedometer reading as on date :	
<input type="checkbox"/> Within compound of residence (Open)	Repair <input type="checkbox"/> Preferred Garage <input type="checkbox"/> Dealership	
<input type="checkbox"/> Within compound of residence (Covered)		

5. INSURED DECLARED VALUE (IDV)* :

The IDV of the Vehicle will be deemed to be the sum insured for the purpose of the policy and will be fixed on the basis of manufacturer's listed selling price of the brand and models as the vehicle proposed for insurance at the time of commencement of insurance/renewal and adjusted for depreciation as per schedule specified herein.	Age of the vehicle	% of Depreciation
	Not exceeding 6 months	5%
	Exceeding 6 months but not exceeding 1 year	15%
	Exceeding 1 year but not exceeding 2 years	20%
	Exceeding 2 years but not exceeding 3 years	30%
	Exceeding 3 years but not exceeding 4 years	40%
	Exceeding 4 years but not exceeding 5 years	50%

* Vehicle Value :	Rs.
Non-electrical Accessories (Other than factory fitted) Details	Rs.
Electrical Accessories (Other than factory fitted) :	Rs.
Make	
Model	
Year	
Bi-fuel/CNG/LPG Kit :	Rs.
Trailer(s)/Side Car Value (only for 2 wheelers) :	Rs.
Total IDV :	Rs.

Contd...

6. PREVIOUS INSURANCE PARTICULARS : (Attach expiring Policy copy with Schedule/Renewal Notice or Cover Note as proof of insurance)

Previous Insurer Name:					Type of cover :	
Address:					<input type="checkbox"/> Package <input type="checkbox"/> Fire and/or Theft with Liability <input type="checkbox"/> Fire and/or Theft only <input type="checkbox"/> Liability Only	
Policy/Cover note number :					Period of insurance :	
# No Claim Bonus in the expiring policy _____ %					Has any insurance Company ever :	
Claims reported in last 5 years:					1) Declined the proposal. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Year					2) Cancelled & refused to renew. <input type="checkbox"/> Yes <input type="checkbox"/> No	
No. of claims	1	2	3	4	3) Required an increase in Premium. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Amount					4) Imposed special conditions or excess <input type="checkbox"/> Yes <input type="checkbox"/> No	

for granting NCB, appropriate documentary evidence to be submitted.

7. EXTENDED COVERS/EXTRA BENEFITS AT ADDITIONAL PREMIUM :

Extension to countries (Bangladesh, Bhutan, Maldives, Nepal, Pakistan & Sri Lanka) Yes <input type="checkbox"/> No <input type="checkbox"/> Country _____			Vehicle will be used for driving tuition Yes <input type="checkbox"/> No <input type="checkbox"/>		
Vehicle is fitted with fiber glass fuel tank Yes <input type="checkbox"/> No <input type="checkbox"/>			Imported vehicle without payment of customs duty ## Yes <input type="checkbox"/> No <input type="checkbox"/>		
Cover for Overturning of mobile cranes during operational use Yes <input type="checkbox"/> No <input type="checkbox"/>			Compulsory Personal Accident (If owner has a valid driving license) Yes <input type="checkbox"/> No <input type="checkbox"/>		
Personal Accident cover (Max Rs. 2 lacs/1 lac for private cars/2 wheelers respectively each in multiples of Rs. 10,000/-) to paid driver, cleaners and conductors. No. of Persons _____ CSI per person _____			Legal liability to paid driver / conductor / cleaner employed in operation of vehicle. No. of Persons _____		
Legal liability to employees traveling in/driving the vehicle other than paid driver. No. of Persons _____			Legal liability non-fare paying passengers No. of Persons _____		
Additional Towing charges : Amount - Rs. _____			Vehicle used for Private and Commercial purpose Yes <input type="checkbox"/> No <input type="checkbox"/>		

Duty not payable if not insured, for both partial and total loss claims.

8. RESTRICTION OF COVER / DISCOUNTS :

Vehicle fitted with anti theft device approved by ARAI Yes <input type="checkbox"/> No <input type="checkbox"/>		Is the vehicle specially designed for the use by a handicapped person and/or owned by an institution exclusively engaged in service of the blind, handicapped and mentally retarded <input type="checkbox"/> Yes <input type="checkbox"/> No
Vehicle will be used within own premises Yes <input type="checkbox"/> No <input type="checkbox"/>		
Third Party Property Damage cover restricted to Rs. 6000/- Yes <input type="checkbox"/> No <input type="checkbox"/>		

9. FINANCIER DETAILS

Bank Name _____	<input type="checkbox"/> Hypothecation	<input type="checkbox"/> Hire Purchase	<input type="checkbox"/> Lease
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10. DRIVER DETAILS

The vehicle to be driven by <input type="checkbox"/> Self - Driving Experience - _____ years <input type="checkbox"/> Any other person/s please provide the below details :						
	Name	Age	Gender	Driving Experience	Educational Qualification	No. of accidents in Previous 5 years
Paid Drivers						
Others						

11. DECLARATION*

I/We hereby declare and warrant that the above statements are true and complete in all respects and that there is no other information which is relevant to my application for insurance that has not been disclosed to you. I agree that this proposal and the declaration shall be the basis of the contract between me and FUTURE GENERALI INDIA INSURANCE CO LTD and I/We agree to accept a policy, subject to the conditions prescribed by FUTURE GENERALI INDIA INSURANCE CO LTD

- I/We hereby declare that the premium for the said policy is paid out of the legally declared and assessed sources of my/our income OR
 I/We hereby declare that the premium is paid from the Bank Account of Mr./Ms. _____, the payment is allowed under the Income Tax Act 1961, and there is insurable interest with the payee.

DECLARATION FOR NO CLAIM BONUS (NCB)

I/We hereby declare that the rate of NCB claimed by me/us is correct and that NO CLAIM has arisen in the expiring policy period (Copy of policy enclosed). I/We further undertake that if this declaration is found incorrect, all benefits under the Policy in respect of Section I of the policy will stand forfeited.

* Premium paid by Cash / Cheque No. _____ Date _____ Bank _____ Amount (Rs.) _____

PAN No. _____ Place _____ Date _____ Signature of the Proposer _____
(if premium payable is above Rs.1 lac (Please attach proof)

For Intermediary Use Only

Intermediary Code : _____	Intermediary Name : _____	Intermediary's Signature : _____
Cover Note No : _____		
Vehicle rated under <input type="checkbox"/> Zone-A <input type="checkbox"/> Zone-B <input type="checkbox"/> Zone-C <input type="checkbox"/> Business of Rural / Social Sector		

For Office Use Only

Vehicle Inspection Report	
1. Colour: _____	2. Speedometer reading: _____
3. Details of visible damages: _____	
4. Period of break in insurance: Less than 30 days / > 30 days and < 1 year / > 1 year.	
5. Recommendation: _____	
6. Vehicle Inspection No: _____	7. Vehicle Inspection Date: _____
Future Generali Official Signature _____	

SECTION 41. OF INSURANCE ACT, 1938-PROHIBITION OF REBATES:

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 of risk relating to lives or property in India, any rebate of 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. Any person making default in complying with the provisions of this section shall be punishable with fine, which may extend to Five Hundred Rupees.

Future Generali India Insurance Company Limited

Corporate & Registered Office:- 001, Delta Plaza, 414, Veer Savarkar Marg, Prabhadevi, Mumbai - 400 025

Care Lines:- MTNL/BSNL subscribers- 1800-220-233, Any other service provider- 1860-500-3333, Email: care@futuregenerali.in, Website: www.futuregenerali.in