



PROPOSAL FORM PRIVATE CAR INSURANCE POLICY

Note: 1) Please complete the proposal form in BLOCK LETTERS and tick boxes whichever applicable
 2) Attach additional sheets if space given is insufficient
 3) The queries made/details stated below are the minimum requirements to be furnished by a proposer. (The Company may seek any other information as desired for underwriting purpose.)

Intermediary Details

Name of the intermediary Code
 Intermediary Contact Details Branch Code

Sales Manager Details

Name of Sales Manager
 Code Vertical

Proposal Details

Proposal for : New Vehicle Rollover Endorsement Renewal
Type of Cover :
 Package (Comprehensive) Policy Package (Act & Theft) Policy Package (Act, Theft and Fire) Policy Act only Policy Package (Fire & Theft) Policy

Proposer's Details (Name and address for Communication)

Insured / Business Name: Mr Mrs Ms M/s. Dr

 Contact Person Name : (to be specified in case of corporate customer)
 Address for Correspondence :
 City : State :
 Area : Pin Code :
 Contact Number : (a) Residence : (b) Mobile :
 E-mail Address :
 Fax Number : Date of Birth : Gender : M F
 Business / Occupation (For individual customers only) : (Please mention)

Registration Address

City : State :
 Area : Pin Code :

Details of Vehicle :

Registration Number : Date of Registration :
 Registering Authority and Location : Rated under : Zone A Zone B
 Year of Manufacture : Engine Number : Chassis Number :
 Make of Vehicle : Model of Vehicle : Cubic Capacity :
 Seating Capacity Including Driver : Vehicle Colour : Body Type :

Fuel Type : Petrol Diesel Other Please specify _____

Is the vehicle attached with any of the Fleet? Yes No

No. of vehicles attached with fleet Is the vehicle made in India? Yes No

Type of Vehicle : Four Wheeler Other (Please specify) _____

A. Where the vehicle is primarily parked during daytime?
 Closed garage Open garage Gated compound Others (if others, please mention) _____

B. Where the vehicle is parked during night?
 Closed garage Open garage Gated compound Others (if others, please mention) _____

C. Type of Road where vehicle would normally ply:
 Hilly Roads National State Highways City-Town Road District Road Others (if others, please mention) _____

D. Vehicle Driven : As on date Kms. Monthly average Kms.

Insured's Declared value (IDV) Details

IDV of the Vehicle	Electrical accessories	Non Electrical accessories	Trailer (Private cars)	Value of CNG/LPG kit	Total IDV
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Details of Electrical Accessories

Item Details	Make & Model	Year of Manufacture	IDV
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>



Details of Non Electrical Accessories & CNG/LPG kit

Item Details	Make & Model	Year of Manufacture	IDV

Details of Vehicle Type and Use

- (1) Is the Vehicle is driven by Non- Conventional Source of Power? Yes No
If yes, please give details. Bi-fuel CNG LPG
Whether CNG/LPG kit fitted externally? Yes No
Whether the CNG/LPG Kit is manufacturer fitted? Yes No
- (2) Is the vehicle used for Commercial purposes? Yes No
- (3) Is the vehicle used for Driving tuitions? Yes No
- (4) Is the vehicle limited to own premises? Yes No
- (5) Is the vehicle specially designed for use of Blind/Handicapped/Mentally Challenged Person? Yes No
If so, whether the same is endorsed as such by RTA? Yes No
- (6) Whether the vehicle is certified as Vintage Car by Vintage & Classic Car Club of India? Yes No
- (7) Whether the vehicle is fitted with Fibre Glass Tank? Yes No
- (8) Whether the vehicle belongs to the Embassy/Consulate of a Foreign Country? Yes No
If so, is the duty element is included in the IDV? Yes No
- (9) Whether the extension of Rally cover required? Yes No
Do you wish the Geographical Area Extension under your proposed Insurance cover? Yes No
If yes, please select the relevant box: Bangladesh Bhutan Nepal Sri Lanka Maldives Pakistan
Personal Accident Cover for Owner Driver is compulsory in the Liability Only Cover. Please give details of nomination:
Do you wish to change the nomination already made earlier? (Applicable for our own Renewal & Endorsement) Yes No

Nominee Name & Age	
Relationship with insured	
Name of the Appointee (If Nominee is a Minor)	
Relationship to the Nominee	

(Note: 1. Personal Accident cover for Owner Driver is compulsory for Sum Insured of Rs. 2,00,000/- for Commercial Vehicles. 2. Compulsory PA cover for owner driver cannot be granted where a vehicle is owned by a company, a partnership firm or a similar body corporate or where the owner-driver does not hold an effective driving license)

Previous Insurance Details

Name and Address of Previous Insurer :

Policy/Cover Note No. :

Period of Insurance: From

d	d	m	m	y	y	y	y
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 To

d	d	m	m	y	y	y	y
---	---	---	---	---	---	---	---

 NCB / Loading in Expiring Policy

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 %

- a. Date of purchase of the vehicle by the Proposer

d	d	m	m	y	y	y	y
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- b. Whether the vehicle was new or second hand at the time of purchase? New Second Hand
- c. Will the vehicle be used exclusively used for Yes No
 a) Private, Social, Pleasure and Professional purposes?
 b) Carriage of goods other than samples or Personal luggage? Yes No
- d. Is the vehicle is in good condition? Yes No If NO, please give details: _____

Type of Cover :
 Package (Comprehensive) Policy Package (Act & Theft) Policy Package (Act, Theft and Fire) Policy Act only Policy Package (Fire & Theft) Policy

Claims Experience :
 Was there any claim reported during the expiry of Policy period? Yes No

Year	No. of Claims	Claim Amount (Rs.)

Has any Insurer ever declined/cancelled the insurance of the proposed vehicle? Yes No

Proposed Period of Insurance : From

d	d	m	m	y	y	y	y
---	---	---	---	---	---	---	---

 To

d	d	m	m	y	y	y	y
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NCB Details and other Discounts

Are you entitled for No claim Bonus* Yes No If yes, please mention %

Is the vehicle fitted with Anti-Theft device which is approved by ARAI? Yes No

If the answer of the above Question is yes, please submit the certificate for the same.

Are you a member of Automobile Association of India? Yes No

If yes, please state:

- (1) Name of Association :
- (2) Membership Number :
- (3) Date of Expiry :

d	d	m	m	y	y	y	y
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Voluntary Excess (as per IMT)

Do you wish to opt for Voluntary Excess over and above the Compulsory Excess? Yes No
 Please put a tick mark against the amount opted as Voluntary Excess. None Rs. 2,500 Rs. 5,000 Rs. 7,500 Rs. 15,000

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Additional Covers

Do you require unnamed PA cover? Yes No
 If yes, please state (a) Number of Passengers _____ (b) Sum Insured per Person _____
 Do you require PA cover for named persons? Yes No
 If yes, please give the following details.
 Nomination Details for PA Cover to Named Passenger **(mandatory in case vehicle is registered under an individual's name)**
 Do you wish to change the nomination already made earlier? (Applicable For Own Renewal and Endorsement) Yes No

Name of Passenger	CSI opted (Rs.)	Nominee	Relationship
1)			
2)			
3)			

Do you wish to cover Legal Liability towards:

(a) Driver Yes No
 (b) Unnamed Passenger (No. of passengers) Yes No
 (c) Other Employees (No. of employees) Yes No
 (d) Soldier / Sailor / Airman employed as a Driver Yes No
 (e) Persons employed in connection with operation of the vehicle who are 'workmen'. (The liability of the Employer under the Workmen's Compensation Act-1923 is covered under the Motor Vehicles Act-1988.) Yes No
 1) Drivers (No. of persons: _____) 2) Employees (Workmen) (No. of persons: _____)
 (Note: The Motor Vehicles Act-1988 under Sec.147(1)(ii)(l) covers liability to employees who are workmen within the meaning of the Workmen's Compensation Act-1923.)
 (f) Employees who are 'workmen'? (This information is sought to cover in addition to liability under the Workmen's Compensation Act-1923, also liability under the Fatal Accidents Act-1855 and the Common Law) Yes No
 (Note: The additional liability under Common Law and Fatal Accidents Act in respect of employees who are workmen is covered under this endorsement).
 (g) Cover wider legal liability to employees who are NOT 'workmen'? (IMT 29) Yes No
 (Note: The liability under Common Law and Fatal Accidents Act-1855 in respect of employees who are not workmen can be covered under this endorsement).
 • Do you wish to have the statutory Third Party Property Damage (TPPD) liability of Rs. 6,000/- only? (IMT 20) Yes No
 • The Policy provides additional Third Party Property Damage liability limits of Rs. 1,00,000/- for Two Wheelers and Rs. 7,50,000/- for other classes of vehicles. Do you wish to cover the additional limit? Yes No

Add On Covers (Select the Add On you want to opt for)

a) **Do you wish to opt for Depreciation Cover?** Yes No
 b) **Do you wish to opt for Passenger Assist Cover?** Yes No
 If yes, Please select the Plan Type Plan A Plan B Plan C
 c) **Do you wish to opt for Roadside Assistance Cover?** Yes No
 d) **Do you wish to opt for Consumables Cover?** Yes No
 e) **Do you wish to opt for GAP Value Cover?** (Applicable if insured is First Registered Owner of the Vehicle) Yes No
 Whether Insured is First Registered Owner of the Vehicle? Yes No
 If Yes, Please mention the Value :
 Invoice Price Value _____ Road Tax _____ First time Registration Charges _____
 f) **Any Other** _____

Details of Hire Purchase / Hypothecation / Lease

Please state if the vehicle is under : Hire Purchase Lease Agreement Hypothecation
 If so, give name and address of concerned parties :
 Full Name M/s _____
 Address _____

Driver's Detail

Does the owner hold a valid driving license? Yes No
 The vehicle is primarily driven by: Registered owner Name _____ Relationship _____
 Any other Age: Years
 Does the driver suffer from defective Vision or hearing or any physical infirmity? Yes No
 Driver's Qualification : _____ Driver's experience : _____ Yrs.
 Has the driver ever been involved / convicted for causing any accident of loss? Yes No If YES, give details as under including the pending prosecutions:
 Driver's Name: _____ Date of Accident: _____ Loss / Cost (Rs.): _____ Circumstances of Accident / Loss: _____

Inspection Details (in case of Break in Insurance)

Does the vehicle stand fit for insurance? (For use of inspection agency) Yes No
 Inspection Reference no : _____ Conducted on (Mention Date & Time) _____ : _____

Premium Payment Details

Cheque Demand Draft Credit Card Cash
 Instrument Number (Cheque or DD) _____ Date : _____
 Credit Card Number _____ Expiry Date of Credit Card _____
 Bank Name _____
 Amount (in Figures and Words) _____

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