

Proposal Form for Package Policy for Private Cars/Motorised Two Wheelers

Is the Vehicle Made in India Yes No Type of Vehicle: Two Wheeler Four Wheeler Three Wheeler

For Office Use Only

Policy Number _____ Date

Intermediary Details (To be filled in BLOCK CAPITALS)

Intermediary Name _____ Code _____
Branch Name _____ Code _____
Sales Manager Name _____ Code _____

Details (To be filled in BLOCK CAPITALS)

- This Proposal is for A new Policy Renewal of Policy Endorsement Others (Please specify) _____
- Proposer's Full Name Mr. Mrs. _____
- Address

Address for Communication	Address where Vehicle is Normally Kept and Used
Flat/Building/Door/Block No.	
Road/Street/Sector	
Nearest Landmark	
Area	
City	
Pin Code	
State	
Country	
- Phone _____ Mobile _____
- Email _____ Fax _____
- Period of Insurance From To
- Source of Funds Business Profession Salary Agricultural Income Savings Others
- Monthly Income Upto ₹ 20,000 ₹ 20,001 to ₹ 50,000 ₹ 50,001 to ₹ 1,00,000 ₹ 1,00,000 and above
- PAN No. _____

Details of the Vehicle

- Registration Number _____
- Date of Registration _____
- Registering Authority & Location _____
- Year & Month of Manufacture _____
- Engine Number _____
- Chassis Number _____
- Make of Vehicle _____
- Type of Body/Model _____
- Cubic Capacity _____
- Seating capacity including Driver _____

Details of the Vehicle Type and Use

17. Whether the Vehicle is driven by Non-conventional source of power? Yes No If yes Bi Fuel CNG LPG

Insured declared value of the Vehicle	Non-Electrical Accessories fitted to the Vehicle	Electrical & Electronic Accessories fitted to the Vehicle	Side Car (Two-Wheeler) Trailer (Pvt. Cars)	Value of CNG / LPG Kit	Total Value
₹ _____	₹ _____	₹ _____	₹ _____	₹ _____	₹ _____

18. Age of Owner Driver 19. D.O.B
20. Add On Covers (Subject to availability and eligibility)
 1. Nil Depreciation Cover 2. NCB Retention Cover 3. _____ 4. _____
21. Is the vehicle fitted with any Anti-theft device approved by the ARAI ? Yes No
 If yes, please attach certificate of installation in the vehicle, issued by Automobile Association of India.
22. Are you a member of Automobile Association of India ? If yes, please submit membership copy. Yes No
23. Will the Vehicle be used exclusively for
 a. Private, social, domestic, pleasure and professional purposes? Yes No
 b. Carriage of goods other than samples or personal luggage? Yes No
24. Whether the Vehicle is used for Driving Tuitions? Yes No
25. Whether use of Vehicle is limited to Own Premises ? Yes No
26. Whether the Vehicle is fitted with Fibre Glass Tank ? Yes No
27. Whether the Vehicle belongs to the Embassy/Consulate of a Foreign Country ? Yes No
 If so, is the duty element included in the IDV ? Yes No
28. Whether the Vehicle is design for use of Blind/Handicapped/Mentally Challenged Person? Yes No
29. Date of purchase of the Vehicle by the Proposer
30. Whether the Vehicle at the time of purchase was New Second Hand

Risk Inclusions

31. Please Select the higher deductible if you wish to opt for over and above the compulsory deductible(₹ 1000 - for Vehicles not exceeding 1500 cc, ₹ 2000 for vehicles exceeding 1500 cc) ₹ 100 for Two Wheeler
 Private Car: _____ Two Wheeler: _____

32. Liability to third parties : The policy provides Third Party Property Damage (TPPD) of ₹ 1 lakh (Two wheelers) and ₹ 7.5 lakhs (Private car)
 Do you wish to restrict the above limits to the statutory TPPD Liability limit of ₹ 6000/- only ? Yes No

Legal Liability	No. of Persons
Driver	

33. Personal Accident Cover for Owner Driver. Please give details of nomination

Name	Name of Nominee	Age of Nominee	Name of Appointee (if Nominee is Minor)	Relationship	Address

(Note: 1. Personal Accident cover for owner driver is compulsory for Sum Insured of Rs. 1,00,000/- for Two Wheelers and Rs. 2,00,000/- for Private Cars.

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)

34. Extension of Geographical Area:

Whether extension of Geographical Area to the following countries required?

1. Bangladesh 2. Bhutan 3. Maldives 4. Nepal 5. Pakistan 6. Sri Lanka

Details of Hire Purchase / Hypothecation / Lease

35. Please state if the vehicle is under Hire purchase Lease Agreement Hypothecation Agreement

If so, give name and address of concerned parties.

36. Full Name _____ M/s _____

37. Address _____

Insured Declared Value of the Vehicle	Non-Electrical Accessories fitted to the Vehicle	Electrical & Electronic Accessories fitted to the Vehicle	Side Car (Two-Wheeler) Trailer (Pvt. Cars)	Value of CNG / LPG Kit	Total value

Payment Details

Cheque / DD Cheque / DD No. _____

Cheque/DD Date Cash Credit Card Others _____

Prohibition of rebates - Section 41 of The Insurance Act 1938

1. 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 or risk relating to lives or property in India, any rebate of the 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.
2. Any person making default in complying with the provisions of this Section shall be punishable with fine which may extend to Rs. 500/-

Note

The Insured's Declared Value (IDV) of the vehicle will be deemed to be the 'SUM INSURED' for the purpose of this tariff and it will be fixed at the commencement of each policy period for each insured vehicle.

The IDV of the vehicle is to be fixed on the basis of manufacturers' listed selling price of the brand & model as the vehicle proposed for insurance at the commencement of insurance / renewal, and adjusted for depreciation as per policy wordings.

Details of Previous Insurance

38. Full Name of previous insurer _____ Address _____

39. Policy Number _____ Previous policy Expiry [d | d | m | m | y | y | y | y]

40. Type of cover: Package Policy Liability Only Other (To be describe) _____

41. NO CLAIM BONUS allowed under previous policy (%) _____

42. Claims taken in previous policy Yes No
If yes, No. of Claims _____ Claims Amount ₹ _____

43. Are you entitled to No Claim Bonus Yes No
If yes, please submit/attached proof thereof

Declaration by Proposer

I/We hereby declare that the statements made by me/us in this Proposal Form are true to the best of my/our knowledge and belief and I/We hereby agree that this declaration shall form the basis of the contract between me/us and RELIANCE General Insurance Company Limited. I/We also declare that, if any additions or alterations are carried out after the submission of this proposal form, then the same would be conveyed to the insurers immediately. I/We hereby declare that the contents of the form and documents have been fully explained to me/us and that I/We have fully understood the significance of the proposed contract. I/We agree to accept a policy subject to the condition prescribed by the company. ▶ I have read and understood the brochure, prospectus, sales literature & Policy wordings and confirm to abide by the same. ▶ I/We declare that the rate of NCB stated above by me/us is correct and that no claim has arisen in the expiring policy (copy of the policy enclosed). I/We further undertake that, if this declaration is found to be incorrect, all benefits under the policy in respect of section I of the policy will stand forfeited. ▶ I/We further understand and agree that RELIANCE General Insurance will seek confirmation of above stated details from my/our previous insurers. Pending receipt of necessary confirmation, I/We agree that, though coverage under the policy will be available to me/us, RELIANCE General Insurance will be liable to release the payment towards any claims under section I of the policy only after a confirmation in this regard is received. In the event this declaration is found to be incorrect, any and all coverage available under section I of the policy from the date of commencement of the policy shall stand automatically forfeited. Further, any survey arranged/allowed by RELIANCE General Insurance of the motor vehicle, pending confirmation of the declaration from my/our previous insurers, shall be without prejudice to any of the rights and remedies available to RELIANCE General Insurance as contained herein and under the relevant laws and regulations. ▶ I/We acknowledge and agree that, Pending receipt of confirmation of the declaration from my/our previous insurers, the "cash-less repair facility" provided by RELIANCE General Insurance shall stand suspended. ▶ I/We also shall endeavour to procure the renewal notice and pass on the same to RELIANCE General Insurance immediately upon the receipt of such renewal notice. Mode of Payment: Secure your payment by cheque/DD favouring Reliance General Insurance CO.Ltd. This policy shall be voidable at the option of the Company in the event of mis-representation, mis-description or non-disclosure of any material particulars by the Proposer. Any person who, knowingly and with intent to defraud the Insurance Company or other persons, files a proposal for insurance containing any false information, or conceals for the purpose of misleading, information, information concerning any fact material thereto, commits a fraudulent act which will render the policy voidable at the company's sole discretion and result in a denial of insurance benefits.

This proposal form was completed by

Name _____ Place _____

Date [d | d | m | m | y | y | y | y] Date [d | d | m | m | y | y | y | y]

Signature _____ Signature of Proposer & Company Seal _____

Supporting Confirmation of Agent/Broker/SM/CSO

I confirm the above signature to be of the registered owner of the vehicle proposed for insurance

Name of IRDA Agent/Broker Mr. Mrs. _____

Place: _____

Date: [d | d | m | m | y | y | y | y] Signature of IRDA Agent/Broker _____

(In case of Direct Business, Name & signature of CSO /SM to be taken)

Annexure-E

Undertaking – cum – Declaration Letter

Date:

To,
Reliance General Insurance Company Limited

Sub: Declaration of No Claim Bonus (NCB) Entitlement (Vehicle no _____)

We wish to renew our Motor Vehicle Insurance from Reliance General Insurance Company Limited (here in after referred as RGICL) and are unable to furnish a Renewal Notice from my existing insurer as proof of my NCB entitlement.

Under the circumstances, we are furnishing relevant information of our expiring insurance policy, which we certify to be correct:

A. Name of Registered Owner of vehicle:	_____
B. Expiring Policy No. / Cover Note No:	_____
C. Name & Address of Insurance Company:	_____
D. Type of cover: Package Policy / Liability Only / Other (to be described)	_____
E. Policy Period: From _____ To _____	
F. NCB % availed on the expiring policy, if any	_____

We declare that the rate of NCB stated by us (at item F above) is correct and that no claim has arisen in the expiring policy period (copy of the policy enclosed). We further undertake that if this declaration is found to be incorrect, all benefits under the policy will stand forfeited.

Further we understand and agree that RGICL will seek confirmation of above stated details from our previous insurers. We agree that pending receipt of necessary confirmation by RGICL coverage under the Policy will be available to us. However RGICL will be liable to release the payment towards any claims under the Policy only after a confirmation in this regard is received. In the event, this declaration is found to be incorrect, then all coverage available under Section 1 of the Policy from the date of commencement of the Policy shall stand automatically forfeited.

We also shall endeavor to procure the Renewal Notice and pass on the same to RGICL immediately upon the receipt of such Renewal Notice

_____ Place: _____ Date: _____
(Signature of Registered Owner of vehicle proposed for Insurance)

Supporting Confirmation of Agent/Broker/SM/CSO
I confirm the above signature to be of the registered owner of the vehicle proposed for insurance

Name & Signature of the IRDA Agent/Broker _____ Place: _____ Date: _____

(In case of Direct Business, Name & signature of CSO/SM to be taken)