UNITED INDIA INSURANCE COMPANY LIMITED

MOTOR INSURANCE PROPOSAL FORM
PRIVATE CAR / TWO WHEELER - PACKAGE POLICY

MOU / Development Officer : Dealer / Broker / Agent Name & Code:

Proposer's N	Vame												
Address for													
Corresponde	ence												
Corresponde													
Telephone & Fax Number							Mobile N	No:	•				
E-mail Addı													
Bank Account No. (SB/ Current			PAN No:										
HPA/Hypot													
Type of Policy Required				Package policy									
Period of In	surance		From Ti	From Time Date : To						Го			
			•	Deta	ails of	V	ehicle						
Regn.No. Eng.No.& Chas. No.		Yea Mal		ke M		Make& Cubio Model / Capa Type of		ubic apacity			Colour	Fuel Used	
							ody						
Registering		- Nam	e and loca	ition :									
Value of the Invoice	Vehicle: Electric /	' Na	on-	Side			LPG/CN		Total Ma	.1		IDV	
Value Electronic Ele		ectrical ecessorie	trical Car/Trailer			G Kit		Total Value			IDV		
	!										_		
History of th	ne Vehicle	; 	[ama a f	L Datit	1	4	Data at	c I	Claim			Data of t	C.ma4
		ame of Entitlem Surer & of No Cl						Experience			Date of first Purchase & Regn.		
l		Address	Bonus			Expiry		for last 3 years					
									year				
Usage of the	Vehicle:			ļ									
Purpose of Use Detail			ls of Details le Parking			ls	of Driver		Avera	age	km rui	n in a yea	ar
			ered Garage Self										
			vered Gara	Paid Driver					· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·		

Business/Trade	Within the Compound	Relatives						
Corporate	Roadside	Friends						
	Discou	ints & Loading:						
Voluntary Excess: Do for Voluntary Excess the Compulsory Polic	over and above	Yes/No – If yes, please specify the amount Two Wheeler – Rs.500/700/1000/1500/3000 Private						
Are you a member of Automobile Associati India	ion of	Yes/No If yes, please State: 1. Name of Association 2. Membership No: Date of Expiry:						
Is the vehicle fitted w Theft Device approve	ith the any Anti- ed by ARAI	Yes/No If yes, attac issued by AASI						
Whether the vehicle i non-conventional sou	s driven by rce	Yes/No If yes, please specify the details						
Whether the vehicle is kit / Fibre Glass Tank	s driven by Bifuel Fitted	Yes/No If yes, please specify the details						
Do you wish to restrict Statutory limit of Rs.6		Yes / No						
Additional covers req Theft of Accessories								
Legal Liability to Dri	• • • • • • • • • • • • • • • • • • • •							
PA for paid driver								
T	Compulsory Personal	Accident Cover for Owr	ner Driver					
Personal Accident Cov	ver for Owner Driver is c							
(a) Name of the N	lominee & Age :							
(b) Relationship	:							
(c) Name of the A (If Nominee is								
(d) Relationship to	o the Nominee :							
for Two Wheelers and 2. Compulso	Rs.2,00,000/- for Priva ry PA cover to owner driv ip firm or a similar body o	te Cars. ver cannot be granted wh	r Sum Insured of Rs.1,00,000/- nere a vehicle is owned by a wner-driver does not hold an					
	P A Cover	for Named Persons						

r for		Do you wish to includ YES / NO, If YES, give nam					persons?
Named OccupantsPA Cover for		Name	CSI Opted		ominee		onship
PA O		1)	(Rs.)				
ıntsl	2)	2)					
edno	(IMT-15)	(Note: The maximum CCI	available nor	l norson is	Do 2 Lakho in		of Drivota
000	MI)	(Note: The maximum CSI Cars and Rs.1 Lakh in the				case c	n Private
ned					,		
Na							
		amed Persons/Pillion					
/ unnamed p	assen	gers					
		Ado	d on Cover				
Nil Deprecia	ation						
Courtesy Ca	ır						
Medical Exp	enses						
Personal Eff	ects						
		Ot	her Details				
Whether use	of ve	hicle is limited to own prema	ises	Yes/No			
Whether the	vehic	le belongs to foreign embass	sy	Yes/No			
Whether the	Car is	s certified as Vintage Car		Yes/No			
Whether the vehicle is designed for use of blind/handicapped persons				Yes/No If details of I	yes, please spe Endorsement by	ecify th y RTA	ie
Wheth	er the	vehicle is used for Driving T	Tuitions	Yes/No			
Whether ext	ension	of Geographical Area is rec	quired	Nepal Bangaladesh,Bhutan,Maldives, Pakistan,SriLanka			

Do you wish to have a One Page Policy? be viewed at our website: www.uic.co.in)

Yes / No (Policy terms and conditions can

ye viewed at our website. www.une.co.mj

DECLARATION BY THE INSURED

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 his declaration shall form the basis of the contract between me/us and the UNITED INDIA INSURANCE CO.

I/We also hereby declare that any additions or alterations carried out after the submission of this Proposal Form then the same would be conveyed to the Insurers immediately.

I/we wish to confirm that there has been no accident to my/our vehicle since the last Police
Expiry Date till
now. I/We confirm that I/We have remitted the premium at
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For the insurance of the above vehicle with you. It is understood and agreed that you have
no liability or
whatsoever nature for any Loss/Damage/Liability arising out of any accident earlier to
(time).
I/We declare that the vehicle is in perfect state and roadworthy condition

Place : Date :