

Long Term Two Wheeler Package Policy

Proposal Form



WITH YOU ALWAYS

Application No.: _____

Note:

(1) Policy wordings are available on request. (2) Please complete all sections in capitals and tick the boxes wherever applicable. (3) Failure to disclose facts material to the assessment of the risk or providing misleading information may render the contract void. (4) Geographical area of operation : INDIA.

For Vehicle used for Social, Domestic, Pleasure and Professional Purpose only **(Not for Hire or Reward)**

Cover Desired: Package Package (Fire & Theft) Package (Fire only) Package (Theft Only)
 Proposal for: New Policy Endorsement

Information for fields marked in bold on grey background with asterisk is mandatory

Proposer's Details: (Please leave space between the name)

1. Name (Registered Owner of the Motor Vehicle)*

Mr. / Mrs. / Ms. / M/s. / Dr.

2. Date of Birth*:

Marital Status: Married Single Sex: M F

3. Educational Qualification:

4. Occupation :

Business Service Professional Others: _____ (Please Specify)

5. Address (for Communication)*:

City
 State Pin Code
 Tel.: (O) (R)
 Mobile: E-mail

GSTIN/ UIN: _____

Aadhaar Card No. _____

6. Vehicle Details : (Including side car, if any, as per the Registration Certificate)

PAN _____

Make*	Model*	Date of Registration*	Year of Manufacture*	RTO where vehicle is/ will be Registered*	Date of Purchase
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Registration No. *	Engine No. *	Chassis No. *	Cubic Capacity*	Seating Capacity* (incl. Driver)	Type of Body
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

* Last 12 Characters only

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7. Vehicle Purchased is :

Brand New Used

8. Vehicle Type :

Indigenous Imported

9. Fuel Type :

Petrol Diesel CNG/LPG Others

10. Type of Road where vehicle would normally ply :

Hilly National / State highways City / Town Roads District Road Others

11. PUC Certificate Number* _____ **PUC Expiry date***

IMPORTANT NOTE: Insured's Declared Value (IDV) and Schedule of Depreciation for Arriving at IDV	Age of the Vehicle	% of Depreciation
The Insured's Declared Value (IDV) of the vehicle will be deemed to be the Sum insured for the purpose of the policy and it is fixed separately for each year of insurance during the policy period for the insured vehicle. The IDV of the vehicle is to be fixed on the basis of manufacturers listed selling price of the brand and model of the vehicle proposed for insurance at the time of commencement of insurance / renewal and adjusted for depreciation (as per the schedule specified). The IDV of the side Car(s) and/or accessories, if any, fitted to the vehicle but not included in the manufacturer's listed selling price of the vehicle is/are also likewise to be fixed. The schedule of age-wise depreciation as shown is applicable for the purpose of Total loss/Constructive Total Loss (TL/CTL) claims only. A vehicle will be considered to be a CTL where the aggregate cost of retrieval and/or repair of the vehicle subject to terms and conditions of the policy exceed 75% of the IDV. IDV of vehicle beyond 5 years of age and of obsolete models of the vehicles (i.e. models which the manufacturers have discontinued to manufacture) is to be determined on the basis of an understanding between the Insurer and Insured.	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%

12. Insured's Declared Value (IDV)*:	Amounts in Rupees		
Vehicle Value	1st Year	2nd Year	3rd Year
Side Car Value	<input type="text"/>	<input type="text"/>	<input type="text"/>
Non-Electrical Accessories (Other than factory fitted)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total IDV	<input type="text"/>	<input type="text"/>	<input type="text"/>

13. Previous Insurance Particulars*: (Attach Expiring Policy Copy with Schedule or Cover note as Proof of Insurance)

Is the previous insurance in your name? Yes No

Type of Cover: Act Policy Package

Expiring Policy / Cover Note No.: _____ Expiry Date:

NCB in your expiring policy %

Previous Insurer: _____ Branch: _____

Address

Was any claim reported during the expiring policy period? Yes No

Claim reported in Last 5 Years:					
Year	1	2	3	4	5
No. of Claims					
Amount					

Are you entitled for NCB on renewal? (Refer NCB Declaration) Yes No %

14. Has any Insurance Company ever*:

Declined your Proposal Required an increase in Premium / loading %

Cancelled or Refused Renewal Imposed Special Conditions or Excess

15. Period of Insurance: Desired from* To midnight of*

Note: Cover will commence not earlier than the Date & Time of Acceptance of Risk and / or issuance of Cover Note subsequent to payment of premium

16. Main Driver Details: Self Driving Experience* Years

Paid Driver Name _____

Any Other Age: Years Gender: Male Female

Educational Qualification _____

Marital Status: Married Single Driver Experience*: Years

Does the driver suffer from defective vision or hearing or any physical infirmity? Yes No

Has the driver ever been involved / convicted for causing any accident or 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 _____

17. Financier's Details:

Name

Hypothecation Hire Purchase Lease

Contract/Loan Application No.

18. Extra Benefits for an additional premium (Please tick✓)

Un-Named Persons Personal Accident Cover for seating capacity, including driver (Max, Rs. 100,000/- each in Multiples of Rs. 10,000/-) CSI Rs.

Wider Legal Liability to employees who are workmen including paid driver Nos.

Personal Accident Cover for Owner Driver is compulsory*. Please give details of nomination:

a. Name of the Nominee & Age : _____

b. Relationship : _____

c. Name of the Appointee (if Nominee is a Minor) : _____

d. Relationship to the Nominee : _____

Note: 1. Personal Accident cover for Owner Driver is compulsory for Sum Insured of Rs. 1,00,000/- for Two Wheelers.
2. Compulsory PA cover to 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 driver's licence.

Do you wish to include Personal Accident cover for named persons? if YES, give name and Capital Sum Insured (CSI) opted for :

	Name	CSI Opted (Rs.)	Nominee*	Relationship
1)				
2)				
3)				

(Note: The maximum CSI available per person is Rs. 2 Lac in the case of Motorized Two Wheelers)

- Wider Legal Liability to employees who are not workmen Nos.
- Loss of accessories by Burglary, House breaking and Theft.

19. Restriction of Cover/Discounts/Concessions (Please tick ✓)

Name of Automobile Association: _____

Membership No.: Expiry Date:

Third Party Property Damage Cover restricted to Rs. 6,000/- only

Voluntary Deductible chosen over and above Compulsory deductible

Options available are:

Rs. 500/- Rs. 1000/- Rs. 1500/- Rs. 2000/- Rs. 2500/-

Rs. 3000/- Rs. 3500/- Rs. 4000/- Rs. 5000/-

Vehicle is Specially designed for use of Blind/Handicapped/Mentally Challenged Person and endorsed in Registration Certificate. (Attach RC copy)

Vehicle will be used within own premises (Only if not licensed for general road use by RTO)

Vehicle is fitted with Anti Theft device approved by ARAI (Attach installation certificate issued by any Automobile Association)

Vehicle is fitted with a Fibre Glass Fuel Tank. Vehicle will be used for Driving Tuitions.

20. Extended Covers:

Imported vehicle without payment of customs duty

Extension to Countries (Bangladesh/Nepla/Bhutan/Pakistan/Maldives/Sri Lanka)

Vehicle driven by non-conventional source of power. Details.

