

PRIVATE CAR MOTOR INSURANCE PROPOSAL FORM

Proposer's Name							
Address for Correspondence							
Telephone & Fax Number		Mobile No:					
E-mail Address							
Bank Account No. (SB/ Current)		PAN No:					
HPA/Hypothecation							
Type of Policy Required		Package policy					
Period of Insurance		From Time..... Date :				To	
<u>Details of Vehicle</u>							
Regn.No.	Eng.No.& Chas. No.	Year of Make	Make& Model / Type of Body	Cubic Capacity	Seating Capacity	Colour	Fuel Used
Registering Authority - Name and location :							
Value of the Vehicle:							
Invoice Value	Electric / Electronic Accessories	Non-Electrical Accessorie	Side Car/Trailer	LPG/CN G Kit	Total Value	IDV	
History of the Vehicle							
Previous Policy No	Type of cover	Name of Insurer & Address	Entitlement of No Claim Bonus	Date of Policy Expiry	Claim Experience for last 3 years	Date of first Purchase & Regn.	
Usage of the Vehicle:							
Purpose of Use	Details of Vehicle Parking		Details of Driver		Average km run in a year		
Pleasure	Covered Garage		Self				
Professional	Uncovered Garage		Paid Driver				

Business/Trade	Within the Compound	Relatives	
Corporate	Roadside	Friends	
Discounts & Loading:			
Voluntary Excess: Do you wish to Opt for Voluntary Excess over and above the Compulsory Policy Excess		Yes/No – If yes, please specify the amount Two Wheeler – Rs.500/700/1000/1500/3000 Private	
Are you a member of Automobile Association of India		Yes/No If yes, please State: 1. Name of Association 2. Membership No: Date of Expiry :	
Is the vehicle fitted with the any Anti-Theft Device approved by ARAI		Yes/No If yes, attach certificate of installation issued by AASI	
Whether the vehicle is driven by non-conventional source		Yes/No If yes, please specify the details	
Whether the vehicle is driven by Bi--fuel kit / Fibre Glass Tank Fitted		Yes/No If yes, please specify the details	
Do you wish to restrict TPPD cover to Statutory limit of Rs.6000/-only		Yes / No	
Additional covers required			
Theft of Accessories (Two wheelers only)			
Legal Liability to Driver			
PA for paid driver			
Compulsory Personal Accident Cover for Owner Driver			
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 and Rs.2,00,000/- for Private Cars. 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 driving license)			
P A Cover for Named Persons			

Named Occupants PA Cover for	(JMT-15)	Do you wish to include Personal Accident cover for named persons? YES / NO, 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 Lakhs in case of Private Cars and Rs.1 Lakh in the case of Motorized Two Wheelers)					
P A cover for unnamed Persons/Pillion / unnamed passengers					
Add on Cover					
Nil Depreciation					
Courtesy Car					
Medical Expenses					
Personal Effects					
Other Details					
Whether use of vehicle is limited to own premises		Yes/No			
Whether the vehicle belongs to foreign embassy		Yes/No			
Whether the Car is certified as Vintage Car		Yes/No			
Whether the vehicle is designed for use of blind/handicapped persons		Yes/No If yes, please specify the details of Endorsement by RTA			
Whether the vehicle is used for Driving Tutorials		Yes/No			
Whether extension of Geographical Area is required		Nepal Bangladesh, Bhutan, Maldives, Pakistan, Sri Lanka			

Do you wish to have a One Page Policy? Yes / No

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 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 Policy Expiry Date till now. I/We confirm that I/We have remitted the premium at..... on.....

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..

SIGNATURE OF THE PROPOSER

Place :
Date :