CAR SHIELD - PRIVATE CAR PACKAGE POLICY
PROPOSAL FORM

Royal Sundaram
General Insurance

FOR OFFICE USE ONLY Sales Reference: Policy No:

IMPORTANT

❖ Please complete the form in CAPITAL LETTERS, using a black pen. ❖ All Fields are mandatory. ❖ The liability of the Company does not commence until the Company has accepted the Proposal Form duly filled in all respects and the full premium is paid. For any clarification on the cover, terms, etc., please contact Royal Sundaram. ❖ All questions in the form must be answered and it must be signed and dated. Continue on a separate sheet if necessary and attach as part of the Proposal Form. ❖ Attach latest proof of No Claim Bonus if applicable. ❖ Attach any other information material to the risk proposed. ❖ It is an offence under the Motor Vehicles Act 1988 to make a false statement or withhold any material information for the purpose of obtaining a Certificate of Motor Insurance.

ABOUT YOURSELF

Title ☐ Mr. ☐ Mrs. ☐ Miss ☐ Others (please specify) _____

Name (First Name / Middle Name / Last Name)

Date of birth Are you Married? ☐ Yes ☐ No

Communication Address

City

State Pincode (Mandatory)

Daytime Phone(s) - / (STD CODE)

Mobile Number / /

E-mail

e Insurance Account No GSTIN

Insurance Repository Name (IR) _____

PAN* UID No

*Mandatory if premium > 50,000 (by cash) or >100,000 (by cheque/DD/credit card)

ABOUT YOUR BANK DETAILS For remittance of claims payment/refunds if any. Please attach copy of cancelled cheque for verification of details

Bank Name	Branch
Type of Account: ☐ Saving ☐ Current	Account No:
IFSC Code:	MICR Code:

Customers are requested to remit the premium by way of cheque or demand draft or credit card. Cash remittance to be avoided.

Occupation : Please tick ☑ against the applicable description, if you fall under any of the below listed categories. If you fall under more than one of the listed titles below, please tick against all the applicable heads.

☐ Pvt. Sector ☐ Govt. Employee ☐ Self Employed ☐ Professional_____(Please Specify)
☐ House wife ☐ Retired Employee ☐ Student ☐ Head of State or of Government
☐ Senior Politician ☐ Senior Government/Judicial/Military Officer ☐ Important Political Party Official
☐ Senior Executive of State-Owned Corporation ☐ Others_____(Please Specify)

ABOUT YOUR VEHICLE Please give full details:

Date of Registration (D D M M Y Y Y Y) Date of delivery of vehicle to proposer (D D M M Y Y Y Y)

Registering Authority:

The address is same as above ☐ Yes ☐ No (If 'No' please give full details)

Address as per Registration Certificate

City

State Pincode

Period of Insurance: From (H H M M) (D D M M Y Y Y Y) To (H H M M) (D D M M Y Y Y Y)

Registration No. Engine Number

Make & Model Chassis Number

Year of Manufacture (Y Y Y Y) Cubic Capacity Seating Capacity (including driver)

Current Ownership ☐ New Vehicle ☐ Used Vehicle Type of fuel ☐ Petrol ☐ Diesel ☐ CNG ☐ LPG ☐ Others_____(Please Specify)

For what purpose do you use your car frequently? ☐ Travel to office ☐ Business purposes ☐ Leisure trips ☐ Long distance travel

Vehicle mostly driven on ☐ City roads ☐ Highways ☐ Hilly areas ☐ Village roads ☐ Airport/Airside ☐ Others

Where do you park your car? During the day ☐ Covered car park ☐ Open car park ☐ Road side parking ☐ Parking lot

At night ☐ Covered car park ☐ Open car park ☐ Road side parking

Average monthly milage run _____ Kms

Present value of your car & accessories

(Please tick as appropriate.)

For the Car (Insured's Declared Value)	For extra Electronic & Electrical accessories fitted to the car*	For extra Non-Electrical accessories fitted to the car*	Total 'Insured's Declared Value' of the car including accessories
₹	₹	₹	₹

* If extra accessories are to be insured please provide the details below (attach sheet if necessary):

Sl.No. ____ Make ____ Model ____ Estimated Value ₹ ____

If the car is fitted with a Bi-fuel system, please state: Type ____ Model ____ Estimated Value ₹ ____

1. Is the vehicle financed? ☐ Yes ☐ No
   ☐ Hire Purchase ☐ Hypothecation ☐ Lease Name and Address of finance company:_____
2. Is the car fitted with an anti-theft device approved by Automobile Research Association of India(ARAI), Pune and the installation certified by a recognized Automobile Association? ☐ Yes ☐ No
   If 'Yes' attach full details, including copies of by purchase & installation and Automobile Association approval documents.
3. Is there any other Safety features installed in your car? ☐ ABS ☐ Airbags ☐ Others (Please Specify)_____
4. Whether the vehicle is driven by non-conventional source of power? ☐ Yes ☐ No
   If 'Yes' please give details_____
5. Whether the vehicle is used for driving tuitions? ☐ Yes ☐ No
   If 'Yes' please give details_____
6. Whether extension of geographical area to the following countries required ? ☐ Yes ☐ No
   Bangladesh, Bhutan, Maldives, Nepal, Pakistan and Sri Lanka.
   If 'Yes' state the name of the countries 1)_____ 2)_____ 3)_____
7. Whether use of vehicle is limited to own premises? ☐ Yes ☐ No
8. Whether vehicle is used for Commercial purposes ? ☐ Yes ☐ No
9. Whether vehicle belongs to foreign embassy / consulate ? ☐ Yes ☐ No
10. Whether the car is certified as Vintage car by Vintage and Classic Car Club of India ? ☐ Yes ☐ No
11. Whether vehicle is designed for use of Blind/ Handicapped/mentally challenged persons and duly endorsed as such by RTA ? ☐ Yes ☐ No
12. Whether the vehicle is fitted with fibre glass tank ? ☐ Yes ☐ No
13. Are you a member of Automobile Association of India? ☐ Yes ☐ No
    If 'Yes' please state a) Name of Association_____ b) Membership No._____ c) Date of expiry_____

BENEFITS UNDER OUR POLICY:

- Compulsory Personal Accident (PA) Cover: For owner driver for capital sum insured of ₹ 2,00,000/-

  Nomination for PA Cover

Name of the Nominee	Age	Relationship	Name of the Appointee (if Nominee is a minor)

Do you (Owner) hold a valid Driving Licence ☐ Yes ☐ No If Yes, Driving Licence No. ____

First Issue Date D D M M Y Y Y Y Expiry Date D D M M Y Y Y Y

Issued by (Licencing Authority) ____

- The Standard Coverage for Third Party Property Damage is ☐ Yes ☐ No
  ₹7,50,000/-. Do you wish to restrict the same to ₹6,000/- only, as per Motor Vehicles Act to avail applicable discount
- Personal Accident Cover: For a maximum capital sum insured of ₹2,00,000/- covering Death and Disablement benefits for:
  a) Any named person other than paid driver and/or cleaner (Please enclose the details of the persons to be insured)

Name	Nominee	Relationship	Capital Sum Insured ₹

b) Paid driver(s)

☐ Yes ☐ No If 'Yes' Capital Sum Insured opted ₹ _____

c) Unnamed occupants other than the insured, his paid driver and/or cleaner, limited to the registered carrying capacity of the vehicle

☐ Yes ☐ No If 'Yes' Capital Sum Insured opted ₹ _____

- Wider legal liability to paid driver ☐ Yes ☐ No
- Legal liability for your employees ☐ Yes ☐ No (Maximum restricted to seating capacity)
  If 'Yes' number of employees ____
- Additional Towing charges of ₹500 or ₹1000 or ₹1500 opted for over and above the limit prescribed in the policy.
  If you wish to include this cover, state the limits required. ₹ _____

PRIVATE CAR PACKAGE POLICY PROPOSAL FORM FOR ADD-ON COVERS

These covers can be opted only for vehicles that are insured under a Package Policy with us.
This proposal is an addendum to the Private Car Package Proposal Form for insurance of your Private Car.

Cover Name	Cover Code	Description
Depreciation Waiver Clause	**RSMOAC001**	Would you like the Depreciation applicable on parts to be waived, in case of a partial loss claim. ☐ Yes ☐ No
Windshield Glass Clause	**RSMOAC002**	In the event of Breakage of Windshield Glass, would you like to avail replacement without affecting your No Claim Bonus ☐ Yes ☐ No
Facilities in lieu of Spare Car Clause	**RSMOAC003**	In the event of the vehicle meeting with an accident, you may choose one of the following compensation slabs, to reduce any inconvenience to you: Compensation Slabs in ₹. Per day Example: ₹150 ₹300 ₹500 ₹600 ₹750 ₹1,000
Full Invoice Price Insurance Clause	**RSMOAC004**	Would you like to include the Life Time Road Tax paid by you on your vehicle. ☐ Yes ☐ No
Life-time Road Tax Clause	**RSMOAC005**	Would you like to include the Life Time Road Tax paid by you on your vehicle. ☐ Yes ☐ No If yes, please give the following details Amount of tax paid: ₹ | Date of Payment: DD/MM/YY | State in which tax was paid: | Validity period of the RC: DD/MM/YY
Voluntary Deductible Clause	**RSMOAC006**	Would you like to opt for Voluntary Deductible under your policy. ☐ Yes ☐ No What limit would you like to opt for: ₹1,500 ₹2,500 ₹5,000 ₹7,500 ₹10,000 ₹15,000
Loss Of Baggage Clause	**RSMOAC007**	Would you like to cover your Baggage against accidental damage or loss whilst being kept in the insured Car. ☐ Yes ☐ No What limit would you like to opt for: (₹) Example: ₹2,500 ₹5,000 ₹7,500 ₹10,000
No Claim Bonus Protector (Option I)	**RSMOAC008**	Would you like to opt for No claim bonus protector? ☐ Yes ☐ No
Aggravation (Damage) Cover Clause (Without Deductible)	**RSMOAC009**	Would you like to opt for Aggravation (Damage) Cover? ☐ Yes ☐ No
Key Replacement Clause (Without Deductible)	**RSMOAC011**	Would you like to opt for Key Replacement? ☐ Yes ☐ No

I have read the literature explaining the above covers and have opted for them after fully understanding its benefits

PREVIOUS HISTORY

1. Is the car in a roadworthy condition and free from damage? ☐ Yes ☐ No — If 'No' please give details
   If 'No' please give full details:_____
2. Will the vehicle be used exclusively for:
   a. Private, social, domestic, pleasure & professional purposes ☐ Yes ☐ No_____
   b. Carriage of goods other than samples or personal baggage ☐ Yes ☐ No_____
3. Name and address of the previous insurer_____
5. Previous Policy No._____ Policy period_____
6. Type of cover ☐ Liability only cover ☐ Package cover ☐ Others (specify)_____
7. Has any insurance company ever:
   a) Declined the proposal ☐ Yes ☐ No
   b) Cancelled & refused to renew ☐ Yes ☐ No
   (If 'Yes' reasons there of_____
   c) Imposed special condition or excess ☐ Yes ☐ No
   (If 'Yes' reasons and details there of)_____

DECLARATION - NO CLAIM BONUS

Are you entitled to No Claim Bonus ☐ Yes ☐ No (If 'Yes' please submit proof from your previous insurer.)

I hereby declare that I have not made claim ☐ (or) I have made claim ☐ under my previous Policy No _____ issued by _____. I/We declare that the rate of NCB of_____% claimed by me/us is correct and that no claim has arisen in the expiring policy period (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.

COMPULSORY DEDUCTIBLE

The Policy excludes the first portion of each claim for loss or damage to the Motor Car. The amount of the Deductible is ₹1,000/- for cars with cubic capacity not exceeding 1500cc and ₹2,000/- for cars with cubic capacity exceeding 1500cc.

ABOUT OUR POLICY

Usage of the car : The Policy covers use of the car for social, domestic and pleasure purposes and also for professional purposes of the Insured or use by the Insured's employees for such purposes. The Policy does not cover use for hire or reward, racing, pace making, reliability trial, speed testing, the carriage of goods (other than samples) in connection with professional purpose or use for any purpose in connection with the Motor Trade.

DECLARATION

Before signing the Declaration check your answers carefully, particularly if this Proposal Form was completed by another person on your behalf. I/we declare that to the best of my/our knowledge and belief the answers given are true and all material information has been disclosed. I/we agree that if any answers have been completed by any other person such person shall for that purpose be regarded as my/our agent and acting on my/our behalf and not the agent of Royal Sundaram General Insurance Co. Limited.

I/we declare that this Proposal Form is for insurance in the normal terms and conditions of the Insurer's Policy and shall be incorporated in and form part of the insurance contract. 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 agree to download the policy terms, conditions, exceptions and applicable endorsements by logging on to the website www.royalsundaram.in (or) mail to customer.services@royalsundaram.in to obtain a hard copy of the same.

Date :

Place : Signature of the proposer (Vehicle Owner)

Section - 41 of Insurance Act, 1938 Prohibition of Rebates

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 of 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 continuing the policy accept any rebate except such rebate as may be allowed in accordance with the published prospectus or tables of the Insurer.
2. If any person fails to comply with sub-regulation (1) above, he shall be liable to payment of a fine which may extend to Ten Lakh Rupees.

Insurance is the subject matter of solicitation.

FOR OFFICE USE ONLY

(To be complete by the person accepting the proposal)

Branch Code	Product Code	Business Type (Please Tick)	
		☐ New Business ☐ Royal Sundaram Renewal	

MOTOR UNDERWRITING CHECKLIST

(✓) Tick the Appropriate reply	AVAILABLE		
PF Complete, Legible and Signed	Y	NA	N
IDV Acceptable (obtained from)	Renewal Notice	Circulated List Price	Royal Sundaram Helpline
Registration Details Available	Y	–	N
Year of Manufacture & Model Acceptable	Y	–	N
Renewal Notice Copy	Y	NA	N
Expiring Policy Copy	Y	NA	N
NCB Proof Furnished	Y	NA	N
Letter to previous Insurer for NCB Confirmation	Y	NA	N
Sale Proof Furnished	Y	NA	N
Premium Computation	Y	–	N
Premium Tallies / Prem Computation Sheet	Y	–	N
Cheque amount tallies with Premium	Y	–	N
Cheque date correct	Y	–	N
VIR attached if Break-in Insurance / Roll Over / Add-on Inclusion	Y	NA	N
Add - on Covers Offered	Y	NA	N
Renewal terms applied	☐ Loading	☐ Deductible	
If referred, give details of approvals / remarks: Name & Signature of Underwriter			

PREMIUM COMPUTATION SUMMARY

IDV		TP Basic	
OD Discount %		Other TP Covers	
OD Premium			
Other OD Covers			
		Total TP	
		Total OD + TP	
NCB %		Service Tax	
Total OD Premium		**Premium inclusive of Service Tax**	