नेशनल इन्श्योरेन्स कम्पनी लिमिटेड
(भारत सरकार का एक उपक्रम)
'National Insurance Company Limited'
(A Govt. Of India undertaking)

Regd. & Head Office: 3, Middleton Street , Kolkata-700 001

Address of the policy Issuing Office:

Proposal Form for Motor Insurance

Please tick whichever is applicable

PRIVATE CAR	SCOOTER	MOTOR CYCLE	GOODS CARRIER (OWN)
GOODS CARRIER (PUBLIC)	PASSENGER CARRYING VEHICLE(3 WHEELERS)	PASSENGER CARRYING (4 WHEELED VEHICLE)	OTHERS (PL.SPECIFY)

(For Office Use Only)

Policy No……. Cover Note No. & Date…….M.R. No.& Date…….

D.O/Agent Code…….. Net Premium (Rs.) :- Service tax:- Total:- Cheque/Cash

ACCEPTED BY:-

1) Name of the Officer inspecting the Vehicle : -
2) Date & Place of inspection : -
3) Colour and Regd. No. of vehicle : -
4) Affix Chassis Print

I confirm the vehicle to be in externally good & road worthy condition and recommended for insurance.

Place & Date:- **Signature of inspecting officer.**

Note: -1) All questions should be answered in full. Ticks and dashes will not sufficient.
2) Acceptance of this Proposal subject to the rules and regulations of the Indian Motor Tariff and no liability is under taken until the proposal has been accepted by the Company and the premium paid.

1. Full Name of the Registered Owner (Proposer) of the Vehicle : -
2. Business/Occupation :-
3. Occupational Address :-
4. Telephone Nos: Office: - Residence: -
5. Type of Cover required :-
   (Liability only/ Package/ Others Pl. Specify)
6. Period of Insurance :- From……To…….
7. Details of Hire Purchase/Lease/Hypothecation of

concerned Vehicle if any :……

……..

Particulars of the vehicle propose for insurance (As per Registration Book)

1.	2.	3.	4.	5.	6.	7.	8.
Registration No, Date & Place of Registration	**Make and Type of Body**	**Year of manufacturer**	**Chassis No.**	**Engine No**	**Gross Vehicle Weight in Kg. (GVW)**	**C.C/ H.P.**	**Seating Capacity / License passenger carrying capacity including Driver/ Cleaner**

9. Previous History:

a.. Date of purchase of the vehicle …… whether the vehicle was new or 2nd hand at the time of purchase:…….

b. If the vehicle is in good condition? If "NO" please give full details…….

c. Name & Address of the Policy Issuing Office	d. Policy Number	e. Period of Insurance	f. Type of Cover	g. Claims lodged during the preceding 3 years		
				Year	Number	Amount

h. Has any Insurance Company ever:

i) Declined the proposal : Yes/No

ii) Cancelled or refused to renew : Yes/No (If yes give reason thereof)

iii) Imposed special condition or excess: Yes/No (If yes give reason thereof)

10. whether extension of Geographical area to the following countries required ? If "YES" please tick the name of the countries.

☐ BANGLADESH ☐ BHUTAN ☐ NEPAL ☐ PAKISTAN ☐ SRI LANKA

11. whether the Vehicle is driven by Non-Conventional Source of Power ? : Yes/ No
If Yes, please give details.

12. Whether the vehicle is used for Driving tuitions ? : Yes/ No

13. Whether use of vehicle is limited to own premises ? :

14. Whether vehicle is used for Commercial purposes ? : Yes/No (For Pvt. Car /2 Wh. only)

15. Whether the Commercial Vehicle used for Private purposes : Yes/ No

16. whether vehicle belongs to foreign embassy/ consulate ? : Yes/ No

17. Whether the Private Car is certified as Vintage / Classic Car : Yes/ No

18. Whether the vehicle is fitted with fibre glass tank ? : Yes/ No

19. Whether vehicle is designed for use of Blind / Handicapped/ Mentally challenged persons and duly endorsed as such by RTA ? : Yes/ No

20. Are you entitle to NOCLAIM BONUS? : Yes/ No
If yes, Please submit evidence of entitlement of NCB, in absence of any proof ,the following declaration must be given:
" I/ We declare that the rate of NCB claimed by me/us is correct and that no claim as arisen in he 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 1 of the policy will stand forfeited."

_____
Signature of the Insured

21. Is the vehicle is fitted with Anti Theft Device approved by AARI ? : Yes/ No (If yes, Please attached Certificate of installation issued by AA of India)

22. Do you wish to opt for higher deduction over and above the compulsory deductible (i.e. Rs.50/- for 2-Wh. & Rs.500/-/Rs.1000/- for Pvt. Car) If YES, : Yes / No (If YES, Please state amount)

For 2 Wheeler	For Private Car
Rs.500/750/1000/1500/3000/-	Rs.2500/5000/7500/15000

23. Are you a member of Automobile Association of India ? : Yes/ No (for Pvt. Car/ 2 Wh. Only)
If yes, State Name of Assn, Membership No. & Expiry date.

24. Liability to Third Parties (limited TPPD)
Do you wish to restrict the limits to the statutory limit TPPD of Rs.6000/- only ? : Yes/NO

25. Do you wish to cover Legal liability to the following ? : Yes/ No
a) Driver : Yes /No (No. of Person…….)
b) Other Employees : Yes /No (No. of Person…….)
c) unnamed passengers/ Non Fare paying passengers : Yes /No (No. of Person…….)

26. Optional Personal Accident

(If yes , give name & Sum Insured(CSI) opted for. Max. CSI Rs.1lac for 2 Wheelers and Rs.2lacs for Private cars and all other classes of vehicle.)

a) Do you wish to include PA cover for Named persons ? : Yes/ NO (Pvt. Car & 2 Wh. Only)

NAME **CSI OPTED (Rs.)**

1.
2.
3.

b) Do you wish to include PA cover for Unnamed persons/hirer/pillion riders (2-wh.)? : Yes/ NO (All classes of vehicle)

NAME **CSI OPTED (Rs.)**

1.
2.
3.

c) Do you wish to include PA cover for Drivers/Cleaners/Conductors ? : Yes/ NO (for all classes of vehicle)

NAME **CSI OPTED (Rs.)**

1.
2.
3.

27. INSURED'S DECLARED VALUE (Please fill the following table)

Insured's Declared value of the vehicle	Non-Electrical Accessories (With Description)	Electrical & Electronic Accessories (With Description)	Side Car/ Trailer (With indent No. etc.)	Value of CNG/LPG Kit	Total I.D.V.
Rs.	Rs.	Rs.	Rs.	Rs.	Rs.

28. Details of Driver:

a)	Age			
	Owner Driver			
	Others			
b)	Does the driver suffer from defective vision or hearing or any physical infirmity.			Yes/ No
	If "YES" please give details.			
c)	Has the driver ever been involved/ convicted for causing any accident or loss ? If YES			
	Driver's Name	Date of Accident	Circumstances of Accident/Claim	Loss/Cost(Rs.)

29. Any Other relevant information :……
……..

Additional Questionnaire for Motor Proposals with Break in Coverage

I/ We wish to confirm the following:-

1) There has no accident to my/our vehicle since the last policy expiry date, given above till now.
2) There has been an accident to my/our vehicle on after the expiry of policy, for which there is no Insurance Cover.
3) 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 of whatsoever nature for any loss/damage/liability arising out of any accident earlier to…….(Time) on…….(Date)

DECLARATION BY INSURED

I/We hereby declared that the statement 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 "National Insurance Company Limited".

I/ We also declare that any additions or alterations are carried out after the submission of the proposal form then the same would be conveyed to the insurers immediately.

Place :

Date: **Signature of proposer**

INSURANCE ACT 1938, SECTION 41- 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 on the premium shown on the policy nor shall any person taking out or renewing or continuing a policy accept any rebate except such as may be allowed in accordance with the published prospectuses or tables of the insures
2. Any person making default in complying with the provisions of this section shall be punishable with fine, which may extend to five hundred rupees.

PREMIUM COMPUTATION

A	B
Own Damage Premium	Liability only Premium
Total…….	Total……

Grand Total…….

Spl. Discount if any…….

Add Service Tax…….

Net Premium: