PROPOSAL FORM FOR PRIVATE CAR / TWO WHEELER INSURANCE

FUTURE GENERALI
TOTAL INSURANCE SOLUTIONS

(Information for fields marked with asterisk [*] is mandatory)

***Cover Desired** - ☐Package ☐ Fire Only ☐Fire with Liability ☐ Theft Only ☐ Theft with Liability ☐ Fire & Theft Only ☐ Fire & Theft with Liability

(Note – Cover shall commence not earlier than the date and time of acceptance of risk and/or issuance of cover note subsequent to payment of premium)

Proposal for- ☐ **New Policy** ☐ **Endorsement**

***PERIOD OF INSURANCE: From** Hrs Min DD MM YY **To Midnight Of** DD MM YY

1. PROPOSER'S DETAILS*: **(Registered owner of the Motor Vehicle) Name : -** ☐ **Mr.** ☐ **Ms.** ☐ **Dr.** ☐ **M/s.**

*Date of Birth/Age: _____ (DD/MM/YYYY) Age _____ yrs * Sex: - Male/Female. * Marital Status: - Married/Single/Widowed

*Occupation/Business/Service/Other: _____ Educational Qualification:- _____ *PAN No:

2. REGISTRATION ADDRESS OF VEHICLE TO BE INSURED* :

City **State** **Pin Code**

3. ADDRESS FOR COMMUNICATION (DISPATCH ADDRESS)*:

City **State** **Pin Code**

Telephone (O) _____ (R) _____ (M) _____ Fax No _____ E-Mail _____

4. VEHICLE DETAILS*: **(City where Vehicle will be primarily used*: _____)**

Make and Model*	Registration No.*	Engine No.*	Chassis No.*	Cubic capacity.*
Year of manufacture.*	**Colour**	**RTO Where vehicle is/will be Registered.***	**Date of Registration / Purchase.***	**Seating capacity (including driver).***

Note – Copy of RC Book needs to be provided.
Declaration * – I/We hereby confirm that in case the details are found to be incorrect, any claim made under the policy will be rejected.

Signature of the Proposer

What is the usage of the vehicle ☐ Private Purpose Only ☐ Commercial Purpose	**Vehicle Type** ☐ 2 Wheeler ☐ 4 Wheeler
Vehicle Make ☐ Indigenous ☐ Imported	**Vehicle Insured is** ☐ Brand New ☐ Used
Type of Road where Vehicle would normally ply ☐ Hilly ☐ National ☐ State Highways ☐ City ☐ Town Roads ☐ District Roads ☐ Others-Pls specify.	**Parking** ☐ Roadside Public Parking ☐ Roadside Outside Parking ☐ Within compound of residence open ☐ Parking lot open or covered ☐ Within compound of residence covered
Fuel type ☐ Petrol ☐ Diesel ☐ Bi Fuel ☐ CNG ☐ LPG ☐ Battery ☐ Others- Pls specify.	**Per day mileage** ☐ Upto 20 kms ☐ 21 to 50 kms ☐ 51 to 100 kms ☐ 101 to 150 kms ☐ Over 151 kms
Repair ☐ Preferred garage ☐ Dealership	**Speedometer reading as on date*:**
Trailer Registration No. and No. of trailer*	

5. FINANCIER DETAILS: Bank Name: ☐ Hypothecation ☐ Hire Purchase ☐ Lease

6. PREVIOUS INSURANCE PARTICULARS: (Attach expiring Policy copy with schedule/Renewal notice or cover note as proof of insurance)

Previous Insurer name:	**Type of cover:** ☐ Package ☐ Fire and/or Theft with Liability ☐ Fire and/or Theft only ☐ Liability Only **Period of insurance:**
Address:	
Policy/Cover note number:	**Has any Insurance Company ever:** 1) Declined the proposal. ☐ Yes ☐ No
#No Claim Bonus in the expiring policy _____ %	2) Cancelled & refused to renew. ☐ Yes ☐ No
Claims reported in last 5 years:	3) Required an increase in Premium. ☐ Yes ☐ No
4) Imposed special conditions or excess. ☐ Yes ☐ No	

Year	1	2	3	4	5
No. of claims					
Amount					

For granting NCB, appropriate documentary evidence to be submitted.

7. INSURED DECLARED VALUE (IDV):

The IDV of the Vehicle will be deemed to be the sum insured for the purpose of the policy and will be fixed on the basis of manufacturer's listed selling price of the brand and models as the vehicle proposed for insurance at the time of commencement of insurance/renewal and adjusted for depreciation as per schedule specified herein.	**Age of the vehicle**	**% of Depreciation**
	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%

Note - For vehicles more than 5 years old, please contact the Company for fixing the IDV

8. OWN DAMAGE (OD)

9. Third Party (TP)

(Please mention the premium amount where the cover is opted / applicable.)

	Sum Insured / IDV		Premium
* **Vehicle Value (IDV):** Rate _____	₹	a.	₹
Non-electrical Accessories: (Other than factory fitted)	₹	b.	₹
Side Car Value (only for 2 wheelers):	₹	c.	₹
Trailer(s) : (only for Private Cars)	₹	d.	₹
Bi-fuel/CNG/LPG Kit : Inbuilt ☐ Yes ☐ No	₹	e.	₹
Electrical Accessories (Other than factory fitted) :	₹	f.	₹

	Stereo	AC	Others - Pls specify
Make			
Model			
Year			

Total A (a to f) ₹

		Premium	
Basic TP Premium	a.	₹	
Third Party Property Damage cover restricted to Rs. 6000/- ☐ Yes ☐ No	b.	₹	
Trailer(s) : (only for Private Cars) : ₹ 400/-	c.	₹	
Bi-fuel/CNG/LPG Kit : ₹ 60/-	d.	₹	
Compulsory PA Owner Driver Cover ☐ Yes ☐ No Please tick 'No' if the owner is not having the valid driving license Nominee Name: _____ Age : ____yrs. Relationship with Insured:_____ Name of the Appointee: _____ (If Nominee is Minor) Relationship to the Nominee:_____	e.	₹	
Geographical Area Extension (☐ Bangladesh ☐ Bhutan ☐ Maldives ☐ Nepal ☐ Pakistan ☐ Sri Lanka)	f.	₹	
Voluntary Personal Accident cover (Unnamed) (Max. is 2 lacs/1 lac for private car/2wheeler respectively in multiple of Rs. 10,000) No. of persons are as per seating capacity CSI per person_____	g.	₹	
Voluntary Personal Accident cover (Named)	h.	₹	
Named Person : _____			
Capital Sum Insured : _____			
Name of the Nominee : _____			
Age of the Nominee : _____			
Relationship with the Person : _____			
Name of the Appointee (If Nominee is Minor) : _____			
Relationship to Nominee : _____			
(Please attach separate sheet if no. of persons are more than one)			
Personal Accident cover for Paid Driver No. of persons_____ CSI per person_____	i.	₹	
Legal Liability Cover to -			
Paid Driver No. of Persons_____	j.	₹	
Paid Cleaner No. of Persons_____	k.	₹	
Paid Conductor No. of Persons_____	l.	₹	
Soilder/Sailor/Airman employed as driver No. of Persons_____ (in private capacity for private cars only)	m.	₹	
Employee (Other than paid driver/s) No. of Persons_____	n.	₹	
Non-fare paying passengers No. of Persons_____	o.	₹	
TOTAL TP Premium G (a to o)		₹	
TOTAL PREMIUM (OD+TP) Before Service Tax (F + G)		₹	
ADD: Service Tax		₹	
TOTAL PREMIUM PAYABLE		₹	

10. EXTENDED COVER/EXTRA BENEFITS :

Geographical Area Extension (☐ Bangladesh ☐ Bhutan ☐ Maldives ☐ Nepal ☐ Pakistan ☐ Sri Lanka)	g.	₹
Fiber Glass Tank ☐ Yes ☐ No	h.	₹
Embassy Loading (without Custom Duty ##) Country Name _____	i.	₹
Driving Tuition Cover ☐ Yes ☐ No	j.	₹
Total B (g to j)		₹

11. RESTRICTED COVER/DISCOUNTS :

Anti Theft Discount - Vehicle fitted with anti theft device and approved by ARAI	k.	₹
Handicap Discount - Vehicle is specially designed for use of Handicap Person and endsorsed in the Registration Certificate	l.	₹
Own Premises Discount - Vehicle will be used within own premises/confined to sites	m.	₹
Voluntary Deductible: **Pvt Cars** - ☐ Rs. 2500 ☐ Rs.5000 ☐ Rs.7500 ☐ Rs.15000 **2 Wheeler** - ☐ Rs. 500 ☐ Rs. 750 ☐ Rs. 1000 ☐ Rs.1500 ☐ Rs. 3000	n.	₹
Total C (k to n)		₹

Automobile Association Membership:
Membership No. _____
Association Name : _____
Expiry Date : _____

TOTAL OD Premium Before NCB D (A+B-C)	₹
Less: NCB _____%	₹
TOTAL OD After NCB E (D-NCB)	₹
Less: Commercial Discount _____%	₹
TOTAL OD Premium F (E-Disc)	₹

12. DRIVER DETAILS:

The vehicle to be driven by ☐ Self - Driving Experience - _____ years ☐ Any other person/s please provide the below details:

	Name	Age	Gender	Driving Experience	Educational Qualification	No. of accidents in previous 5 years
Paid Drivers						
Others						

13. Add On Cover :

Do you wish to opt for following Add on covers? (Applicable for only select make and models of Pvt. Cars)

☐ Basic Plan (Zero Depreciation) ☐ Silver Plan (Zero Depreciation, Return to Invoice, NCB Protection)
☐ Gold Plan (Zero Depreciation, Return to Invoice, NCB Protection, Loss of Keys, Loss of Personal Belongings)
Extra Covers: ☐ Tyre Coverage ☐ Inconvenience Allowance ☐ Additional PA for Owner/ Driver ☐ Engine Protector
Total Add on Premium: _____

14. DECLARATION: *

I/We hereby declare and warrant that the above statements are true and complete in all respects and that there is no other information which is relevant to my application for insurance that has not been disclosed to you. I agree that this proposal and the declaration shall be the basis of the contract between me and FUTURE GENERALI INDIA INSURANCE CO LTD and I/We agree to accept a policy, subject to the conditions prescribed by FUTURE GENERALI INDIA INSURANCE CO LTD

☐ I/we hereby declare that the premium for the said policy is paid out of the legally declared and assessed sources of my/our income. OR
☐ I/we hereby declare that the premium is paid from the Bank Account of Mr. /Ms. _____, the payment is allowed under the Income Tax Act 1961, and there is insurable interest with the payee.

I/we am/are (please tick all that are applicable)
☐ High Net Worth Individual/s ☐ Non Residential Indian/s ☐ Politically Exposed Person/s ☐ Jeweller/s ☐ Non Governmental Organization ☐ Film Actor/s ☐ Producer/s

DECLARATION FOR NO CLAIM BONUS (NCB):

I/We hereby declare that the rate of NCB claimed by me/us is correct and the NO CLAIM has arisen in the expiring policy period (Copy of policy enclosed). I/We further undertake that if this declaration is found incorrect, all benefits under the Policy in respect of Section I of the policy will stand forfeited.

*** Premium paid by Cash / Cheque No** _____ **Date** _____ (DD/MM/YY) **Bank** _____ **Amount (₹)** _____

PAN No. _____
(if premium payable is above Rs.1 lac (Please attach proof))

Place: Date:

Signature of the Proposer

For Intermediary Use Only:

Mall / Intermediary Code: _____ Mall / Intermediary Name: _____ Cover Note No. _____
F.M./ F.G. Employee Code: _____
Vehicle rated under ☐ Zone - A ☐ Zone - B ☐ Business of Rural / Social Sector Intermediary Signature: _____

For Office Use Only: Vehicle Inspection Report

1.Colour: _____ 2.Speedometer reading: _____ 3. Details of visible damages: _____
4. Period of break in insurance: _____ 5. Recommendation: _____
6. Date Of Inspection: _____ 7. Inspection Number: _____ Future Generali Official Signature _____

SECTION 41. OF INSURANCE ACT, 1938-PROHIBITION OF REBTATES:

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 whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate except such rebate as may be allowed in accordance with the published prospectuses or tables of the Insurer. Any person making default in complying with the provisions of this section shall be punishable with fine, which may extend to Five Hundred Rupees.