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 D D M M Y Y Y Y Are you Married? ☐ Yes ☐ No

Communication Address

City

State Pincode

Daytime Phone(s) - /
STD CODE

Mobile Number /

E-mail

Occupation ☐ Pvt. Sector ☐ Govt. Employee ☐ Self Employed ☐ Professional_____(Please Specify)
☐ House wife ☐ Retired Employee ☐ Student ☐ Others_____(Please Specify)

ABOUT YOUR VEHICLE **Please give full details of your car below:**

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 D D M M Y Y Y Y To D D M M Y Y Y Y Time am/pm

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 ☐ 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

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
Rs.	Rs.	Rs.	Rs.

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

Sl.No. | Make | Model | Estimated Value Rs.

If the car is fitted with a Bi-fuel system, please state: Type | Model | Estimated Value Rs.

1. Is the car in a roadworthy condition and free from damage? ☐ Yes ☐ No — If 'No' give full details:

2. Is the Vehicle financed? (Please tick as appropriate.) ☐ Yes ☐ No — Name and Address of finance company:
   If yes, is it ☐ Hire Purchase ☐ Hypothecation ☐ Lease.

3. 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.

4. Is there any other Safety features installed in your car? ☐ ABS ☐ Airbags ☐ Others (Please Specify)

ABOUT THE DRIVERS

Name of Primary Driver | Age | Years

How many people drive your car? (eg. self, spouse and driver = 3) ☐ 1 Person ☐ 2 Persons ☐ 3 Persons ☐ More than 3 Persons

Have you or any person who will drive:

1. Been convicted of any motoring offence during the last 3 years or is any prosecution pending? Been refused motor insurance, been quoted increased premium, had special terms imposed or had motor insurance cancelled or renewal refused? Been convicted of any criminal offence or have any possible prosecutions outstanding? ☐ Yes ☐ No — If 'Yes' please give full details:

2. During the last 3 years has the driver been involved in any accident or loss (irrespective of blame)? ☐ Yes ☐ No — If 'Yes' please give full details in the boxes below

Driver's Name	Date	Circumstances of Accident /Loss	Amount Claimed Rs.

BENEFITS UNDER OUR POLICY:

- Compulsory Personal Accident Cover: For owner driver for capital sum insured of Rs. 2,00,000/-

Nomination for PA Cover

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

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
  Rs. 7,50,000/-. Do you wish to restrict the same to Rs. 6,000/- only, as per Motor Vehicles Act to avail applicable discount
- Personal Accident Cover: For a maximum capital sum insured of Rs. 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 Rs.

b) Paid driver(s)

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

- Wider legal liability to paid driver ☐ Yes ☐ No
- Legal liability for your employees ☐ Yes ☐ No
  If yes, number of employees. (Maximum restricted to seating capacity)

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 Rs. Per day _____(Multiple of Rs.50 with a Minimum of Rs.150) Example: Rs.150 | Rs.300 | Rs.500 | Rs.600 | Rs.750 | Rs.1,000
Full Invoice Price Insurance Clause	**RSMOAC004**	Would you like to insure the vehicle for its full Manufacturers' Listed Selling Price ☐ 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: Rs. | 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: Rs.1,500 | Rs.2,500 | Rs.5,000 | Rs.7,500 | Rs.10,000 | Rs.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: Rs.2,500 | Rs.5,000 | Rs.7,500 | Rs.10,000

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

NO CLAIM BONUS

1. Was this vehicle insured before ☐ Yes ☐ No Date of Expiry D D M M Y Y Y Y

If yes state the Policy Number _____ Insurer Name _____

2. Do you have Bonus/Malus from any previous insurer? ☐ Yes ☐ No If you attach latest proof from previous insurer

DECLARATION - NO CLAIM BONUS

" 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".

DISCOUNTS UNDER OUR POLICY

Automobile Association: Are you a member of recognised Association? ☐ Yes ☐ No If Yes please give the following details:

Name of the Automobile Association _____ Membership No. _____ Expiry Date D D M M Y Y Y Y

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 Rs.500/- for cars with cubic capacity not exceeding 1500cc and Rs.1,000/- 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 Alliance Insurance Company 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 renewing or continuing the policy accept any rebate except such rebate as may be allowed in accordance with the published prospectus or table of the Insurers.
2. If any person fails to comply with sub-regualtion (1) above he shall be liable to payment of a fine which may extend to Rupees Five Hundred.

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	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**	

Royal Sundaram
General Insurance

Royal Sundaram Alliance Insurance Company Limited
Corporate Office: Sundaram Towers, 45 & 46, Whites Road, Chennai-600 014.
Registered Office: 21, Patullos Road, Chennai - 600 002.

1800 345 8899 | customer.services@royalsundaram.in | www.royalsundaram.in

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