



PROPOSAL FORM - MOTOR INSURANCE

(Private Cars / Motorized 2 wheelers / Motorised 3 wh passenger carrying for pvt purpose)

Type of Cover Liability Only Cover Package Cover Others, Pl. specify _____
 Period of Insurance: From To

For office use
 Issuing office BO/DO _____
 Direct/Agent/ DO/ Broker/ Dealer _____
 Special Client Code _____
 Pre-Inspection by _____
 Dtd. / / Time _____

I. Personal Information
 Name: _____
 (First) (Middle) (Last)
 Address _____

 State _____ Pin Code. _____
 Mobile No. _____ Email _____
 Tel No. (Resi) : _____ Date of Birth
 PAN No. _____ Qualification. _____ Marital Status
 (V if married)
 Occupation _____ Gender M F Annual Income _____
Personal Accident Cover to Individual Registered Owner -Driver.
 (cover available for one vehicle only if Owner-Driver holds a valid DL)

Computation of premium

 Payable Amt. : Rs. _____

Payment mode : Cash/ Cheque/ BG/CD/Cr.CARD
 Cover Note No. _____ dtd. _____
Proposal Accepted/ Not Accepted

 Authorised Person/ UW with date & time

2. Vehicle Information
 Manufacturer _____ Make _____ Model of Body _____ Cubic Capacity _____ SEATING CAPACITY (Including driver)
 Invoice Price _____ Year of Mfg Colour _____
 Regn No. _____ Date of Regn RTO Location _____
 Engine No. _____ Chassis No. _____

Insured Declared Value* of the Vehicle (1)	Non-Electrical Accessories fitted to the Vehicle (2)	Value of Vehicle (IDV) (3=1+2)	Electrical & Electronic Accessories fitted to the Vehicle (4)	Side Car (Two-wheeler) Trailer (Pvt Cars) (5)	Value of CNG/ LPG kit (6)	Total Value (including all extra fittings) (7=3+4+5+6)
Rs. _____	Rs. _____	Rs. _____	Rs. _____	Rs. _____	Rs. _____	Rs. _____

*IDV of the vehicle as per GR 8 Of the India Motor Tariff,2002 (Please visit TAC website at www.tac.org.in for details)
FUEL TYPE Petrol Diesel LPG CNG Bi-fuel Petrol/Diesel & LPG/CNG Battery Others. Please specify _____
 If Bi-fuel, then specify if fitted separately by other than Manufacturer (Please note that RC has to be endorsed for Bi-fuel Kit)
 Is the vehicle proposed for insurance under Hire - Purchase Lease Agreement Hypothecation Agreement
 If yes, give the Name & Address of the concerned parties _____

3. Additional Discounts

1. Is vehicle designed for use of blind/physically challenged persons & RC accordingly endorsed?

2. Is the use of the vehicle limited to Own Premises?

3. Is the vehicle fitted with any anti-theft device?
 (If yes, attach certificate of installation issued by AAI)

4. Is the vehicle certified as Vintage Car?

5. Whether you intend to opt for higher deductible over and above the compulsory deductible? (Rs. 50 for 2 wheelers & Rs. 1000 for private cars)
 (Option for higher deductible entitles you to a discount on Premium)
 If yes, specify amount Rs. _____ (2-Wheelers : Rs. 500/750/1000/1500/3000 OR Pvt. Cars: 2500/5000/7500/15000)

6. Are you a member of Automobile Association of India (Discount on OD Premium : 5% max. Rs. 200)
 Name of Association _____ Membership Number _____ Date of Expiry (DD/MM/YY) _____

7. The policy provides Third Party Property Damage (TPPD) of Rs. 7.5 Lakhs (Pvt cars) and Rs. 1 Lakh (2-wheelers)
 Do you wish to opt for statutory TPPD coverage of Rs. 6,000 only? (Discount on TP premium : Rs. 100/- for pvt. Car & Rs. 50/- for 3Wh & 2 Wh)

Downloaded from www.insureatclick.com - Broker : Loyal Insurance Brokers Ltd.

4. Additional Benefits

1. Is the private vehicle used for commercial purposes?
2. Does the vehicle have a fibre glass tank?
3. Whether vehicle belongs to foreign embassy/consulate?
4. Is the vehicle used for driving tuitions?
5. Whether you intend to opt for higher towing charges over and above the limit prescribed in the policy? (Rs.300 for 2 whs & Rs.1500 for pvt cars)
- If yes, specify amount **2- Wheelers (upto Rs.300/-)** Rs. **OR** **Pvt. Cars (upto Rs.1500/-)** Rs.
6. **Legal Liability** : Indicate the number of employees for whom you intend to cover legal liability
- | | |
|----------------------------|----------------|
| Driver/ Conductor/ Cleaner | No. of Persons |
| Other Employees | |
7. Do you require **Additional Geographical Area** beyond India?
- Bangladesh Bhutan Maldives Nepal Pakistan Sri Lanka
- If so, please mark **✓** to required country name
8. Whether you intend to cover risk of Theft of accessories permanently fitted to 2wheeler proposed hereabove (**applicable only for two wheeler**)?
9. **Optional Personal accident cover for unnamed persons*** : Do you wish to include following PA (Personal Accident) Coverages:

No. of Persons	CSI opted for per person : Rs.
No. of Paid Drivers	CSI opted for per person : Rs.

10. **Optional Personal accident cover for named persons*** : In case of named persons, give name and CSI opted for:

Name	Sh/ Smt
CSI opted for	Rs.

*cover is available only for passengers limited to registered carrying capacity,) Max. CSI (Capital Sum Insured) per person is Rs.2 Lakh for Pvt. cars and Rs.1 Lakh for motorised 2-wheelers

OIC Latest Add-on Covers

- a. Do you require Nil Depreciation Cover?
- If renewal, whether previous policy has Nil Depreciation Cover ?
- (Please attach a proof thereof)
- (Alternate policy option for the insured whereby depreciation is not deducted from the claim at the time of settlement of loss) Terms & Conditions apply
- b. Do you require Alternate Car Benefits? (Only for Pvt Car)
- If yes, please indicate the number of days
- 5 10 15
- (In case of an accident /theft of the insured vehicle, the insured will be provided reimbursement for use of alternate vehicle for limited period of time) Terms & Conditions apply
- c. Do you require the cover for Loss of Personal Effects? (Only for Pvt Car)
- If yes, please indicate the insurance limit
- Rs. 5000 Rs.10000
- (This add-on cover will reimburse loss of personal items provided there is a valid claim under the OD section of motor policy) Terms & Conditions apply

5. Driver Details

Name of Driver	Age	Relationship with proposer	Occupation	Does driver suffer from	Details of accidents where driver has been involved
			Business/professional/ pvt company/ govt employee/ retired/ student	Defective Vision: Y/N Defective hearing: Y/N Physical infirmity: Y/N	
			Business/professional/ pvt company/ govt employee/ retired/ student	Defective Vision: Y/N Defective hearing: Y/N Physical infirmity: Y/N	

6. Previous History of the vehicle

1. Date of Purchase
2. Whether New or Second Hand
3. Use of the vehicle Pvt / Comercial / Both
4. Is the vehicle in a good road worthy condition and free from damage?
- If No, please give details _____
5. Previous Insurer Name & Location _____
6. Policy No.
7. Type of Cover _____
8. Expiry
9. Claim lodged during the preceding year : Number _____ Amount (Rs.) _____
10. Has any insurance company ever declined/ cancelled/ refused to renew/ imposed special conditions?
- If yes, please mention the reasons and details thereof _____
11. ARE YOU ENTITLED TO NO CLAIM BONUS? Y (____%) N (If yes, please submit/attach proof thereof. Please read the declaration below)

7. Any other relevant information:

Declaration

I hereby declare that the statements made by me in this proposal form are true to the best of my knowledge and belief and I hereby agree that this declaration shall form the basis of the contract between me and Oriental Insurance Co. Ltd. I hereby confirm and declare that above mentioned identification details of my Vehicle No. _____ are correct. Nothing has been hidden/ undisclosed. I declare that the rate of NCB stated above by me is correct and that no claim has arisen in the expiring policy (copy of the policy enclosed). I further undertake that, if this declaration is found to be incorrect, all benefits under the policy will stand forfeited. I further understand and agree that Oriental Insurance Company will seek confirmation of above stated details from my previous insurer. Pending receipt of necessary confirmation, I agree that, though coverage under the policy will be available to me, Oriental Insurance Company will be liable to release the payment towards any claims of the policy only after a confirmation in this regard is received. Further, any survey arranged/allowed by Oriental Insurance Company of the motor vehicle, pending confirmation of this declaration from my previous insurer, shall be without prejudice to any of the rights and remedies available to Oriental Insurance Company as contained herein and under the relevant laws and regulations. I also declare that 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 explicitly agree to receive a one page motor policy and give my consent hereby.

_____ Date _____ Place _____ Signature of Proposer _____

Section 41 of Insurance Act, 1938 - Prohibition of Rebates

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 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.