



UNITED INDIA INSURANCE CO. LTD.

MOTOR VEHICLE INSURANCE PROPOSAL FORM

TYPE OF VEHICLE (TICK WHICHEVER IS APPLICABLE)	TWO WHEELER
	PRIVATE CAR
	COMMERCIAL VEHICLE . PASSENGER CARRYING
	COMMERCIAL VEHICLE . GOODS CARRYING
	OTHERS (SPECIFY)

TYPE OF COVER REQUIRED (TICK WHICHEVER IS APPLICABLE)	ACT ONLY
	PACKAGE POLICY
	OTHERS (SPECIFY- COVER FOR SELECTED PERILS/ ADD- ON COVERS)

PERIOD OF INSURANCE	FROM:		TO:	
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DEVELOPMENT OFFICER'S NAME & CODE		
AGENT'S / BROKER'S NAME & CODE		

INSURED PERSON DETAILS :

NAME	MALE	FEMALE
AGE		
CORRESPONDENCE ADDRESS WITH PINCODE		
PHONE NUMBER	MOBILE NUMBER	
E-MAIL ADDRESS	FAX NUMBER	
OCCUPATION (LIST OF OCCUPATIONS)	AGRICULTURE / MANUFACTURING /BUSINESS / TRADE/ PROFESSIONAL /SALES /SERVICE / DEFENCE /OFFICE	

VEHICLE PARTICULARS:

ENGINE NO.	COLOR :				
CHASSIS NO.	FUEL:				
REGISTRATION NO.	VEHICLE SEGMENT : HIGH/MIDDLE/ENTRY				
DATE OF FIRST REGISTRATION/PURCHASE	REGISTERING AUTHORITY AND LOCATION :				
MAKE	MODEL	YEAR OF MANUFACTURE	ENGINE / CUBIC CAPACITY	SEATING CAPACITY	TYPE OF BODY

HAS THE DRIVER UNDERGONE ANY SPECIALIZED TRAINING IMPARTED BY VEHICLE MANUFACTURER (E.G. VOLVO BUS) YES / NO

*ENDORSEMENTS INCLUDING FOR HAZARDOUS GOODS CARRYING

DEDUCTIBLES

DO YOU WISH TO OPT FOR HIGHER DEDUCTIBLE OVER AND ABOVE COMPULSORY POLICY EXCESS (DEDUCTIBLE (RS.50 FOR TWO WHEELERS AND RS.500/RS.1000/- FOR PRIVATE CARS) YES/NO

IF YES, TICK ANY ONE OF THE FOLLOWING RELEVANT OPTIONS

TWO WHEELER	RS. 500	RS.750	RS. 1000	RS.1500	RS.3000
PRIVATE CAR	RS.2500	RS.5000	RS.7500	RS.15000	

DISCOUNTS AND LOADINGS

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 _____

IS THE VEHICLE FITTED WITH THE ANY ANTI-THEFT DEVICE APPROVED BY THE ARAI.? YES NO

IF YES, ATTACH CERTIFICATE OF INSTALLATION IN THE VEHICLE ISSUED BY AUTOMOBILE ASSOCIATION OF INDIA.

WHETHER VEHICLE IS DRIVEN BY : NON-CONVENTIONAL SOURCE.. YES NO . IF YES, PLEASE SPECIFY DETAILS .

WHETHER VEHICLE IS DRIVEN BY BI-FUEL KIT YES NO IF YES, PLEASE GIVE DETAILS

WHETHER USE OF VEHICLE IS LIMITED TO OWN PREMISES YES NO

WHETHER VEHICLE BELONGS TO FOREIGN EMBASSY YES NO

WHETHER CAR IS CERTIFIED AS VINTAGE CAR BY VINTAGE AND CLASSIC CAR CLUB OF INDIA. YES / NO

WHETHER VEHICLE IS DESIGNED FOR USE OF BLIND/ HANDICAPPED PERSONS AND DULY ENDORSED BY RTA AS SUCH?

IS THE VEHICLE ENGAGED IN RELIABILITY TRIALS / RALLIES YES NO

WHETHER VEHICLE IS USED FOR DRIVING TUTIONS ? YES NO

WHETHER EXTENSION OF GEOGRAPHICAL AREA IS REQUIRED : YES / NO. IF YES, STATE THE NAME OF THE COUNTRY OR COUNTRIES:

BANGALADESH BHUTAN MALDIVES NEPAL PAKISTAN SRI LANKA

WHETHER VEHICLE IS FITTED WITH FIBRE GLASS TANK YES / NO

ADDITIONAL COVERS REQUIRED:

LEGAL LIABILITY TO PAID DRIVER (No. OF PERONS: _____)	YES / NO
LEGAL LIABILITY TO OTHER EMPLOYEES (NO. OF PERSONS: _____)	YES / NO
LEGAL LIABILITY TO UNNAMED PERSONS (NO. OF PERSONS: _____)	YES / NO
P.A. COVER FOR NAMED PERSONS	YES / NO
P.A. COVER FOR UNNAMED PERONS / HIRER / PILLION PASSENGERS	YES / NO
DO YOU WISH TO RESTRICT THIRD PARTY PROPERTY DAMAGE COVER TO STATUTORY LIMIT OF Rs. 6000/- only	YES/NO

ADDITIONAL INFORMATIONS RELEVANT TO PERSONAL ACCIDENT INSURANCE COVERS:

PA COVER FOR UNNAMED PERSONS : CAPITAL SUM INSURED AND NUMBER OF PERSONS :
 PA COVER FOR NAMED PERSONS : NAMES OF PERSONS, CAPITAL SUM INSURED PER HEAD AND
 NOMINEE NAMES

ENCLOSURES / DOCUMENTS ATTACHED:

PHOTOSTAT COPY OF THE R.C. WITH PHOTO OF THE INSURED	YES / NO
TRACING OF ENGINE NO. / CHASIS NO.	YES / NO
COPY OF INVOICE / PURCHASE VALUE/PREVIOUS POLICY/	YES / NO
DRIVING LICENCE COPY OF USUAL DRIVER	YES / NO

DECLARATION BY THE INSURED

I / We hereby declare that the Statements 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 his declaration shall form the basis of the contract between me / us and the UNITED INDIA INSURANCE CO.LTD.

I / We also hereby declare that any additions or alterations carried out after the submission of this Proposal Form then the same would be conveyed to the Insurers immediately.

I / We wish to confirm that there has been no accident to my / our vehicle since the last Policy Expiry Date till now. 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 or whatsoever nature for any Loss / Damage / Liability arising out of any accident earlier to _____ (time).

I / We declare that the vehicle is in perfect state and roadworthy condition.

PLACE:

DATE:

SIGNATURE OF THE PROPOSER

VEHICLE INSPECTION REPORT

INSPECTED BY					
DESIGNATION					
TIME & DATE					
COLOUR	REGN. NO.	ENGINE NO.	CHASIS NO.	KM READING	

I confirm that the Vehicle is in externally good condition and recommended for acceptance of coverage for I.D.V. as declared by the Insured.

PLACE:

DATE:

SIGNATURE OF THE INSPECTING PERSON