MOTOR VEHICLE INSURANCE PROPOSAL FORM

			TWO WHEELER			
TVDE OF VEHICLE			PRIVATE CAR			
(7	TYPE OF VEHICLE (TICK WHICHEVER IS APPLICABLE)			MERCIAL VEHI	CLE . PASSENGER CARRYING	
			СОМ	MERCIAL VEHI	CLE . GOODS CARRYING	
			ОТНІ	ERS (SPECIFY)		
			ACT	ONLY		
(7		OF COVER REQUIRED HEVER IS APPLICABLE)	PAC	PACKAGE POLICY		
			OTHERS (SPECIFY- COVER FOR SELECTED PERILS/ ADD- ON COVERS)			
PERIOD OF INSURANCE	FROM:			TO:		
DEVELOPMENT						
OFFICER S NAME						
AGENT \$ / BRONAME & CODE	OKER¢\$					
INSURED PERSO	N DETAILS):				
NAME			MAL	<u> </u>	FEMALE	
AGE						
7.02						
CORRESPONDE	NCE ADDRE	ESS WITH PINCODE				

OCCUPATION (LIST OF OCCUPATIONS)

VEHICLE PARTICULARS:

PHONE NUMBER

E-MAIL ADDRESS

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

MOBILE NUMBER

DEFENCE /OFFICE

AGRICULTURE / MANUFACTURING /BUSINESS /

TRADE/ PROFESSIONAL /SALES /SERVICE /

FAX NUMBER

USE OF VEHICLE:

VEHICLE REGISTERED AS	PRIVATE / COMMERCIAL
USUAL VEHICLE PARKING PLACE	COVERED GARAGE/ UNCOVERED PARKING WITHIN BUILDING COMPOUND/ OUTSIDE BUILDING COMPOUND
MAIN USE OF VEHICLE	TRAVELLING TO WORK/ BUSINESS /TRADE/ CORPORATE OR EXECUTIVE WORK / SALES / LEISURE /RUNNING WITHIN OWN PREMISES
VEHICLE DRIVEN BY	SELF/ PAID DRIVER / RELATIVES
APPROXIMATE DISTANCE DRIVEN IN A YEAR	(IN KM)

		ELECTRIC /	NON .	SIDE CAR		TOTAL
BASIC VALUE		ELECTRONIC	ELECTRICAL	/	LPG / CNG KIT	VALUE
	Rs.	ACCESSORIES	ACCESSORIES	TRAILER	Rs.	(IDV)
		Rs.	Rs.	Rs.		Rs.
VALUE	VALUE OF					
OF	MOUNTED					
CHASSIS	EQUIPMENT					

HYPOTHECATION / H.P.A./ LEASE AGREEMENT FINANCIER PARTICULARS:

NAME	TYPE OF FINANCE	
ADDRESS OF FINANCIER		

VEHICLE PREVIOUS HISTORY:

AT TIME OF PURCHASE	VEHICLE NEW OR SECONDHAND ?	
PREVIOUS POLICY NUMBER		PREVIOUS POLICY PERIOD
POLICY TYPE		
NAME OF INSURER OF PREVIOUS POLICY		ADDRESS OF INSURER
WHETHER ENTITLED TO NO CLAIM BONUS		PERCENTAGE OF NO CLAIM BONUS
DOCUMENTS SUBMITTED IN PROOF FOR NO CLAIM BONUS		
HAS ANY INSURANCE COMPANY DECLINED YOUR PROPOSAL OR CANCELLED YOUR MOTOR POLICY?		REASONS:
PREVIOUS VI	EHICLE CLAIMS HISTORY IN LAST T	HREE YEARS
YEAR	NUMBER OF CLAIMS	AMOUNT OF CLAIMS

DRIVER DETAILS

DRIVER NAME	AGE	GENDER	RELATIONSHIP WITH OWNER	DL NO. , DATE OF FIRST ISSUE AND ISSUING AUTHORITY	ENDORSEME NTS* IF ANY, IN DL WITH DATE	RENEWAL DL NO. WITH DATE & ISSUING AUTHORITY	TYPE OF LICENCE HELD

HAS THE DRIVER UNDERGONE ANY SPECIALIZED TRAINING IMPARTED BY VEHICLE MANUFACTURER (E.G. VOLVO BUS) YES / NO						
*ENDORSEMEN	TS INCLUDING	G FOR HAZARDO	OUS GOODS CA	ARRYING		
DEDUCTIBLES						
DO YOU WISH TO OPT FOR HIGHER DEDUCTIBLE OVER AND ABOVE COMPULSORY POLICY EXCES (DEDUCTIBLE (RS.50 FOR TWO WHEELERS AND RS.500/RS.1000/- FOR PRIVATE CARS) YES/NO						CY EXCESS
TWO	RS. 500	E FOLLOWING R RS.750	RS. 100		00 RS.:	3000
WHEELER PRIVATE CAR	RS.2500	RS.5000	RS.750	0 RS.15	000	
DISCOUNTS AN	D LOADINGS					
ARE YOU A MEN	MBER OF AUT	OMOBILE ASSO	CIATION OF IN	DIA? Y	ES/NO	
IF YES, PLEASE						
A E	A. NAME OF AS B. MEMBERSH	SSOCIATION IIP NO				
C	DATE OF EX	KPIRY				
IS THE VEHICLE BY THE ARA		THE ANY ANTI-	THEFT DEVICE	E APPROVED ☐ YES	NO 🗆	
IF YES, ATTACH ASSOCIATIO		E OF INSTALLA	TION IN THE V	EHICLE ISSUED I	BY AUTOMOBILE	≣
WHETHER VEHI PLEASE SPECIF	-	N BY : NON-CON	IVENTIONAL S	OURCE DYES	□ NO . IF	YES,
WHETHER VEHI	CLE IS DRIVE	N BY BI-FUEL KI	T □ YES □	NO IF YES, PL	EASE GIVE DET	AILSõõõ.
WHETHER USE OF VEHICLE IS LIMITED TO OWN PREMISES YES ON NO WHETHER VEHICLE BELONGS TO FOREIGN EMBASSY YES NO WHETHER CAR IS CERTIFIED AS WINTAGE CAR WBY VINTAGE AND CLASSIC CAR CLUB OF INDIA. YES						INDIA. YES
/ NO WHETHER VEHI ENDORSED BY		NED FOR USE C	F BLIND/ HANI	DICAPPED PERS	SONS AND DULY	•
IS THE VEHICLE	ENGAGED IN	I RELIABILITY TR	RIALS / RALLIES	S YES 🗆	NO \square	
WHETHER VEHI	CLE IS USED	FOR DRIVING TU	JITIONS ?	YES NO		
OF THE COUNT	RY OR COUN				·	THE NAME
		MALDIVES			LANKA	
WHETHER VEHICLE IS FITTED WITH FIBRE GLASS TANK YES / NO						
	ADDITIONAL COVERS REQUIRED: LEGAL LIABILITY TO PAID DRIVER (No. OF					
PERONS:	PERONS:)					
PERSONS:	EGAL LIABILITY TO OTHER EMPLOYEES (NO. OF PERSONS:) YES / NO					
LEGAL LIABILITY PERSONS:	Y TO UNNAME)	ED PERSONS (NO). OF	YE	S/NO	
P.A. COVER FOR	R NAMED PER	RSONS		YE	S/NO	
P.A. COVER FOR UNNAMED PERONS / HIRER / YES / NO PILLION PASSENGERS						
DO YOU WISH TO RESTRICT THIRD PARTY PROPERTY DAMAGE COVER TO STATUTORY LIMIT OF Rs. 6000/- only						

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

0001000000000000							
	PURCHASE VALUE/PREV	'IOUS	YES / NO				
POLICY/	OPY OF USUAL DRIVER		YES / NO				
DIVIAING FIOFIACE C	OI I OI OOOAL DINIVER			I LO / NO			
	<u>DECLARA</u>	TION BY	Y THE INSRU	<u>JED</u>			
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.							
	clare that any additions or al be conveyed to the Insurers			after the submission of	f this Proposal Form		
now. I/We confirm the insurance of the above	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.							
i / we declare that the	vehicle is in perfect state a	and road	lworthy condi	tion.			
	vehicle is in perfect state a	and road	lworthy condi	tion.			
PLACE:	vehicle is in perfect state a	and road	lworthy condi		F THE PROPOSER		
	vehicle is in perfect state a	and road	lworthy condi		F THE PROPOSER		
PLACE:			dworthy condi	SIGNATURE OF	F THE PROPOSER		
PLACE:			,	SIGNATURE OF	F THE PROPOSER		
PLACE: DATE:			,	SIGNATURE OF	F THE PROPOSER		
PLACE: DATE: INSPECTED BY DESIGNATION TIME & DATE	VEHICLE	INSPEC	CTION REPO	SIGNATURE OF			
PLACE: DATE: INSPECTED BY DESIGNATION		INSPEC	,	SIGNATURE OF	F THE PROPOSER KM READING		
PLACE: DATE: INSPECTED BY DESIGNATION TIME & DATE	VEHICLE	INSPEC	CTION REPO	SIGNATURE OF			

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