| The New India Assurance Co. Ltd
दि न्यू इंडिया एश्योरेन्स कंपनी लिमिटेड | **PROPOSAL FORM FOR TWO WHEELER/PRIVATE CAR/COMMERCIAL VEHICLE LIABILITY POLICY** |

(The queries made/details stated below are the minimum requirements to be furnished by a proposer.The Insurer may seek any other information as desired for underwriting purpose)

| Coverage required for: | ☐ PRIVATE CAR | ☐ TWO WHEELER | ☐ COMMERCIAL VEHICLE |

1. Insured Details:-		Dev. Officer Name & Code (Office Use Only)		Agency/Intermediary Code & Name (Office Use Only)	
Proposer's (Owner's) Full Name: _____		Gender: Male / Female / Others	☐ M ☐ F ☐ OTH	Occupation:	
		Nationality:		Tel. No : Mobile No.	
Date of Birth:		CKYC No.		Aadhar No.	
Email ID:		PAN No.:		Driving Licence No.	
Bank Account No.:		Name of the Bank:		Passport No.	
IFSC Code:		Address of the Bank		Voter ID Card No.	
				GSTIN No.	
Address (where vehicle is normally kept and used)			Address (Permanent)		
_____Pin_____			_____Pin_____		

2. Nominee's Details:

Nominee's Full Name: _____		Gender: Male / Female / Others		Date of Birth:	
Relationship with Insured:		Nationality:		Tel. No : Mobile No.:	
Bank Account No.:		Occupation:		E-Mail Address:	
Corresponance Address :			Address (Permanent) :		
_____			_____		
_____Pin_____			_____ Pin_____		

3. In Case Nominee is a Minor:

Name of Guardian: _____	Address of Guardian: _____
Mobile No.: _____	_____ Pin_____

4. Other Insurance Details:

Whether Vehicle is already Insured with other Insurer	☐ YES ☐ NO	If Yes, Insurer Name: _____ Policy No.: _____Period of Insurance_____

5. Period proposed for insurance	From:_____AM / PM of _____ to Mid Night of _____

6. Particulars of the vehicle:

Registration No.		Class of vehicle	
Chassis No		Engine No	
Make		Model & Variant	
Cubic Capacity in CC/KW		Type of Fuel - Petrol/CNG/LPG/Bi-fuel / Electric Vehicle	
Year of Manufacture		Gross Vehicle Weight	
Name and Address of Registration Authority		Date of Registration	
Registration validity date		Seating Capacity of the Vehicle	
Color of Vehicle			

7. Additional Details of the vehicle:

Is Vehicle New or Second Hand at the time of purchase?	☐ NEW ☐ SECOND HAND	Current Ownership	
Vehicle Used for Private, Social, domestic, pleasure, professional purpose	☐ YES ☐ NO	Is vehicle in good condition?	☐ YES ☐ NO
Date of Purchase of vehicle		Obsolete Vehicle	☐ YES ☐ NO
Whether vehicle is used for driving tuition	☐ YES ☐ NO	Vehicle use is limited to own premises	☐ YES ☐ NO
Whether vehicle belongs to foreign embassy or consulate or Imported vehicle without Custom Duty	☐ YES ☐ NO	Whether vehicle is certified as Vintage car by Vintage and Classic Car Club of India	☐ YES ☐ NO
Vehicle designed for Blind/Handicapped/Mentally Challenged persons and endorsed by RTA	☐ YES ☐ NO		
Car in roadworthy condition and free from damage	☐ YES ☐ NO	Details of Vehicle Condition	
Extension of Geographical Area required	☐ YES ☐ NO	If yes: Extension to: 1. Bangladesh 2. Bhutan 3. Nepal,4 Pakistan 5. Srilanka 6. Maldives	
Vehicle Requisitioned by Government	☐ YES ☐ NO		
Whether Rally extension required for Motor Racing / Speed Test	☐ YES ☐ NO	No.of days for Rally	
Whether trailer attached to the vehicle (For Commercial Vehicle)	☐ YES ☐ NO	If Yes then,Number of Trailers Attached:_____	
Is the vehicle proposed for insurance is Under Hire Purchase / Under Lease Agreement / Under Hypothication Agreement.	☐ YES ☐ NO	If Yes, give name and address of concerned parties : _____	
If Side Car is attached	☐ YES ☐ NO		

8. COMPULSORY OWNER DRIVER PA

Do You Hold Valid Driving License (If No'please refer declaration on page 3)*	☐ YES ☐ NO	If Yes then License Type of Owner Driver	
Age of Owner Driver		Owner Driver Driving License No	
Owner Driver License Issue Date		Owner Driver License Expiry Date	
License Issuing Authority for Owner Driver		Name of Nominee:	
Do you have any other PA/CPA Policy with Minimum SI Rs. 15 Lac	☐ YES ☐ NO	If Yes, Please provide Details	

9. DRIVER/ DRIVING LICENCES PARTICULARS :

Do you Have Any other Driver	☐ YES ☐ NO	
In the past three years, whether the driver met with accident/s and convicted for such offences	☐ YES ☐ NO	If yes, give details:

10. PREVIOUS INSURANCE PARTICULARS :

Name of Previous Insurer		Previous Policy Number	
Address of the Previous Insurer		Expiry date of previous Policy	
Voluntary Excess	Rs.	No. of Claims (if any)	
NCB Applicable %			

11. PERSONAL ACCIDENT COVERS :

Do you want to include PA cover for Named Person	☐ YES ☐ NO	If Yes then Number of Named Persons	
Names of Named person	Mr/Ms/M/s		
Individual CSI for Named Person	Rs.	Capital SI for All Named Persons	Rs.
Do you wish to include PA Cover for Paid Drivers	☐ YES ☐ NO	If Yes then No of Paid Drivers	
Individual CSI for Paid Driver	Rs.	Capital SI for Drivers	Rs.
Do you want to include PA cover for unnamed person	☐ YES ☐ NO	If Yes then No of unnamed Persons	
Individual CSI for unnamed Person		Capital SI for unnamed Persons	Rs.
Nominee particulars :		Name, Sex and Age	

12. LEGAL LIABILITY COVERAGE : (Applicable for Commercial vehicles)

LL to paid drivers,cleaner employed for operation. and/or maintenence of vehicle under WCA	☐ YES ☐ NO	If Yes then Number of Drivers Legally Liable	
LL to Employees of Insured traveling and / or driving the Vehicle	☐ YES ☐ NO	If Yes then Number of employees Legally liable	
LL to Soldiers/Sailors/Airmen employed as Drivers	☐ YES ☐ NO	If Yes then Number of LL to Soldiers/Sailors/Airmen	
Do You want to reduce TPPD cover to the statutory limit of Rs.6000	☐ YES ☐ NO		

Declaration by the Proposer

I / We hereby declare that the statements made by me / us in this Proposal Form, including document(s) attached, are true and correct, to the best of my / our knowledge and belief and nothing materially affecting the risk has / have been concealed by me / us. I / We hereby agree that this declaration shall form the basis of the contract between me / us and "The New India Assurance Co. Ltd." and shall form part of the insurance contract.

I/We further declare that I/We do not hold an effective Driving License to drive the insured vehicle and therefore I/We am/are ineligible for Compulsory Owner Driver Personal Accident cover. (Please refer point 8 of proposal form)*

I / We further declare that any addition(s) or alteration(s) or modification(s) is / are carried out in the vehicle or in the document(s), during the currency of the policy, furnished / forming part of this Proposal Form, shall be intimated in writing to the Insurer immediately, failing which, the same shall be construed as breach of the Contract and my / our rights shall be forfeited thereunder, irrespective of whether or not, the same is material to the losses / Liabilities.

I / We also declare that I / we shall comply with the requirements of M. V. Act, 1988, and subsequent amendments thereto from time to time and rules made there under.

I / We also declare that I / we shall inform this insurer, in case, the Government requisitions this vehicle during the currency of the Policy (GR-38 of IMT).

I/We hereby declare that the vehickle proposed for insurance has a valid PUC & Fitness Certificate(in case of transport vehicles) on the date of fresh issuance/renewal of the policy

I / We also declare that this vehicle shall be handed over to the Driver only after due verification of genuinity and effectiveness of his Driving Licence to drive this vehicle

I / We hereby also declare that I / we am / are willing to accept a policy of insurance in this company's usual Form.

I/We hereby declare that there is no other Package/Liaibility insurance policy is in existence of the vehicle porposed for insurance.

☐ I Want to avail Policy in Physical Form.

☐ I Want to get the Policy related inforamtion in soft copy.

Place	LTI / Signature(s) of the Proposer	
Date & Time	Name of the Witness with signatue	

N. B.: I / We am / are putting my / our signature(s) after understanding the above contents, incorporated in this Proposal Form , read over to me / us, are true and in accordance with my / our version

INSURANCE ACT 1938, SECTION 41 - 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 or 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 a policy accept any rebate except such rebate as may be allowed in accordance with the prospectus or tables of the Insurer.

2. Any person making default in complying with the provisions of this section shall be punishable with fine, which may extend up to Ten Lac Rupees.