# EDELWEISS GOODS CARRYING VEHICLE PACKAGE INSURANCE PROPOSAL FORM

Edelweiss | GENERAL INSURANCE

1. Please answer all questions in CAPITAL LETTERS 2. Our liability does not commence until this Proposal has been accepted by Us and premium has been paid by You. 3. This Proposal will be basis of the subsequent policy that We issue to You. It is, therefore, essential that You provide all the information in this Proposal FULLY AND ACCURATELY and that You provide Us with any and all additional information relevant to the risk to be insured or Our decision as to acceptance of the risk or the terms upon which it should be accepted. 4. Failure to disclose facts, material to assessment of the risk or providing misleading information shall render the contract void.

***Servicing Branch Name:** _____ ***Servicing Branch Code:** _____

## INTERMEDIARY DETAILS

Intermediary Name: _____ Intermediary Contact No.: _____ Intermediary Reference Code: _____

Intermediary Email: _____ Intermediary Sales Person's Name: _____

Intermediary Sales Person's Contact: _____ Intermediary Sales Person's Code: _____ Source Code: _____

POS UID Aadhaar No./PAN: _____

## PROPOSER DETAILS

Customer ID: (If You are/were Insured with Us) _____ PAN: _____

*Copy of PAN card to be provided if (i) premium paid in cash equals or exceeds ₹50,000 or (ii) premium equals or exceeds ₹1,00,000"

Title: Mr. ☐ Mrs. ☐ Ms. ☐ M/s. ☐ Dr. ☐ Name: FIRST NAME MIDDLE NAME LAST NAME

Date of Birth: D D M M Y Y Y Y Age (in completed years): ☐☐ Gender: Male ☐ Female ☐ Third Gender ☐

Residence Address: _____

City: _____ State: _____ Pin Code: _____

Office Address: _____

City: _____ State: _____ Pin Code: _____

Contact Details: Mobile: _____ Telephone (Res.): _____

Telephone(Office): _____ E-mail ID: _____

Occupation / Business: _____ Proposed period of insurance: From: D D M M Y Y Y Y To D D M M Y Y Y Y

## VEHICLE DETAILS

Registration No.: _____ Date of Registration: D D M M Y Y Y Y Registration Authority (RTO): _____

Location of the Vehicle: _____ Year of Manufacture: Y Y Y Y Date of purchase of the vehicle by You: D D M M Y Y Y Y

Vehicle Purchased is: Brand New ☐ Used ☐ Vehicle Type: Indigenous ☐ Imported ☐ Does the Sum Insured include customs duty? ☐

Engine No.: _____ Chassis No.: _____

Make: _____ Model: _____ Subtype: _____ Colour: _____

Cubic Capacity/GVW/HP: ☐☐ Seating Capacity: Driver (1) + ☐ Fuel Used: Petrol ☐ Diesel ☐ CNG/LPG ☐ Electric ☐ Others ☐ _____

Tyres Used: Tubeless ☐ With Tube ☐ Transmission Type: Manual ☐ Automatic ☐

Kilometre Reading as on: D D M M Y Y Y Y _____ Average Monthly Use (in Kms): _____

Whether the vehicle is fitted with fibre glass tank? Yes ☐ No ☐

Type of Vehicle/Risk: Goods Carrying ☐ Type of Carrier: Private Carrier ☐ Public Carrier ☐

Trailer Details, if applicable: Make: _____

Trailer 1: Registration No.: _____ Chassis No.: _____

Trailer 2:Registration No.: _____ Chassis No.: _____

PUC Details: Number _____ Valid From: D D M M Y Y Y Y Valid Till: D D M M Y Y Y Y

Fitness Certificate Details: Valid up to: D D M M Y Y Y Y

Whether any modifications/conversions has been done on the maker's standard specification? Yes ☐ No ☐ If yes, please give details _____

Is the vehicle fitted with anti-theft device: Yes ☐ No ☐ a) Manufacturer and type of device: _____

b) Is it approved by Automobile Research Institute, Pune? Yes ☐ No ☐

Is the vehicle in good state of repair? Yes ☐ No ☐ If no, give damage details: _____

## USAGE

Where will the vehicle be generally used: Expressway ☐ National highways ☐ State highways ☐ City roads ☐ Town/Village roads ☐ Private roads ☐ (Indicate more than one if used)

Vehicle Usage: Towing purpose ☐ Other purpose ☐

Nature of Permit: National ☐ State ☐ Interstate ☐ City limits ☐

Will use of vehicle be restricted to own premises? Yes ☐ No ☐

During night, the vehicle is parked at: Covered parking ☐ Uncovered parking ☐ Road side ☐

Is the vehicle maintained by a company? Yes ☐ No ☐

Is the vehicle being used for driving tuitions? Yes ☐ No ☐

Are You a member of Automobile Association of India? Yes ☐ No ☐

If yes, Name of Association: _____ Membership No.: _____ Date of expiry: D D M M Y Y Y Y

Annual Mileage: 0-10,000km ☐ 10,000- 20,000km ☐ More than 20,000km ☐

## PAST INSURANCE DETAILS

Name and address of the previous insurer: _____

Previous policy number: | | | | | | | | | | | | | | | | | | Policy expiry date: D D M M Y Y Y Y

Type of cover: Package ☐ Liability only ☐ Fire and Theft only ☐ Fire only ☐ Theft only ☐

| | Year | Number of claims | Amount (₹) |
|---|---|---|---|
| Claims lodged during the preceding 3 years: | | | |
| | | | |
| | | | |

Status of No Claim Bonus (NCB) (Please attach renewal notice/ NCB Confirmation letter)

**NCB Declaration:**

I/ We hereby declare that the rate of NCB claimed by me/us is correct and that no claim has arisen in the expiring policy period (copy of policy enclosed). I/We further undertake that if this declaration is found to be incorrect, all benefits under the policy in respect of Section 1 of the policy will stand forfeited.

Signature

Date: D D M M Y Y Y Y

**Has any company, in respect of the risk to which this Proposal relates, ever:**

Declined a proposal, refused renewal or terminated insurance? Yes ☐ No ☐

Required an increased premium or imposed special conditions? Yes ☐ No ☐ If 'Yes" in either case, please give details: _____

## DRIVER DETAILS AND NOMINATION DETAILS

The vehicle would be driven by: (a) You, the insured only ☐ (b) You and Your Spouse ☐ (c) You, Your Spouse and any other person named below ☐

Please give details of main drivers/ named drivers referred above:

| Sr. No. | Name in Full | Relationship with the Proposer | Date of Birth | Occupation | No. of Driving Years | Suffering from any disease/infirmity (Please see note below) |
|---|---|---|---|---|---|---|
| | | | D D M M Y Y Y Y | | | |
| | | | D D M M Y Y Y Y | | | |
| | | | D D M M Y Y Y Y | | | |

In case of additional Driver, kindly attach a separate sheet

Note: Please mention, whether the person suffers from diabetes, epilepsy, heart condition or any other disease or infirmity (including uncorrected defective vision or a hearing or mental defect) that could affect his/ her ability to drive

**Details of nomination**

Name of Nominee: _____ Age: | | Relationship with Insured: _____

Name of Appointee (If Nominee is minor): _____ Relationship of Appointee with Nominee: _____

**Have You or any of the above drivers**

Been prosecuted or convicted for any offence or motor insurance / been refused or imposed any special condition by any insurer / had any accident during the last 3 years?

Yes ☐ No ☐

If You have answered Yes to any of questions above, please give details: _____

## PROPOSED COVERAGE

| Insured's declared value of the vehicle (₹) | Non-Electrical accessories fitted to the vehicle (₹) | Electrical and electronic accessories fitted to the vehicle (₹) | Trailer (₹) | Value of CNG/LPG kit (₹) | Total value (₹) |
|---|---|---|---|---|---|
| | | | | | |

Type of cover required: Package ☐ Theft and Third Party ☐ Any other (please explain) _____

Do you want to cover for lamps, tyres/tubes, mudguards, bonnet/side parts, bumper, headlights and paintwork of the damaged portion up to 50% (IMT 23)? Yes ☐ No ☐

Do you wish to cover against Overturning? Yes ☐ No ☐

(Applicable for mobile cranes, drilling rigs, mobile plants, excavators, navies, shovels, grabs, rippers, wheel order back hose) – (IMT 47)

Do you wish to cover Negligence of the Owner or Driver? – (IMT 44) Yes ☐ No ☐

Theft and Conversion Risk: Yes ☐ No ☐

Use of commercial type vehicles for both commercial and private purpose. Yes ☐ No ☐

Do You wish to limit Third Party Property Damage cover to the statutory limit of ₹ 6,000 Yes ☐ No ☐

Do You wish to opt for legal liability to : (a) Paid Driver: Yes ☐ No ☐ (b) Cleaner: Yes ☐ No ☐ (c) Other employees: Yes ☐ No ☐ (if Yes, No. of persons_____)

Do You wish to opt for Personal Accident cover for named persons? Yes ☐ No ☐

If Yes, please give the name of the persons (other than Yourself or paid driver /cleaner)

Do You wish to opt for Personal Accident cover for unnamed passengers? Yes ☐ No ☐

If Yes, No. of persons_____ Sum Insured per person_____

Do You wish to cover Non-Fare Paying Passengers? Yes ☐ No ☐

Do You wish to cover Legal Liability to person employed in connection with Operation/Maintaining and/or Loading/Unloading? Yes ☐ No ☐

Whether geographical area extension to the following countries is required?

Bangladesh ☐ Bhutan ☐ Maldives ☐ Nepal ☐ Pakistan ☐ Sri lanka ☐ (please tick whichever applicable)

**Details of Hire Purchase / Hypothecation / Lease:**

a) Is the vehicle proposed for insurance:

Under Hire Purchase: Yes ☐ No ☐ Under Lease Agreement: Yes ☐ No ☐ Under Hypothecation Agreement: Yes ☐ No ☐

b) If yes, give name and address of concerned parties: _____

**Add On Cover: Please choose Your add-on covers:**

Depreciation Protect ☐ Invoice Value Protect ☐ Consumable Expenses Protect ☐

NCB Protect ☐ EMI Protect ☐ EMI Amount ₹: _____ due on D D M M Y Y Y Y

Do you have any other CPA or individual PA cover (24 hours basis)? Yes ☐ No ☐

If Yes, please provide the Policy Number, Name of the Insurance Company, Sum Insured and Period of Insurance.

**Insured by someone else too? Please tell us who we're sharing this ride with!**

| Sr. No. | Policy Number | Name of the Insurance Company | Sum Insured (in₹) | Period of Insurance |
|---|---|---|---|---|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |

(This amount should be ₹15 Lakh if you do not have any other PA cover, or if you do, the total cover of all your policies should be ₹15 Lakh.)

**PAYMENT DETAILS:**

1) Mode of Payment: Cheque ☐ Cash ☐ Credit/Debit Card ☐ Others _____

Cheque No.: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Cheque Date: D D M M Y Y Y Y

2) Documents attached: Cover note ☐ Renewal notice ☐ Policy copy ☐ Inspection report ☐ Registration certificate ☐ Declaration ☐



**Edelweiss General Insurance Company Limited,** Corporate Office: 5th Floor, Tower 3, Kohinoor City Mall, Kohinoor City, Kirol Road, Kurla (West), Mumbai- 400 070, Registered Office: Edelweiss House, Off CST Road, Kalina, Mumbai-400 098, IRDAI Regn. No.: 159, CIN: U66000MH2016PLC273758, Reach us on: 1800 12000 (Toll-Free ), 022 42312000 (Call charges applicable) Email: support@edelweissinsurance.com, Website: www.edelweissinsurance.com, Issuing/Corporate Office: +91 22 4272 2200, Grievance Redressal Officer: +91 22 4931 4422, Dedicated Toll-Free Number for Grievance: 1800 120 216216. Trade logo displayed above belongs to Edelweiss Financial Services Limited and is used by Edelweiss General Insurance Company Limited under license.

## DECLARATION

I/We, hereby, further declare, on my behalf and on behalf of all persons proposed to be insured, that I/We have fully understood the product features, including its suitability, the contents of this proposal form and all other connected documents significant and incidental to availing the insurance policy from the company

I/We, the undersigned, hereby declare and warrant that the insurance contract and policy to be issued by Edelweiss General Insurance Company Limited [Company] is subject to the declarations, warranties, statements and particulars given in this proposal form. The statements and particulars given in this proposal form are complete, true and accurate to the best of my/our personal knowledge and belief.

I/We have clearly understood the terms and conditions [T & C] applicable to the proposed insurance contract and agree that the statements and particulars given in this proposal form shall be held to be promissory and shall be the basis of the insurance contract between me/us and the Company; and the Company shall have no liability under the insurance contract if it is found that any of my/our statements or particulars or declarations in this proposal form or other documents are incorrect and or untrue or there has been suppression of any information or provision of misleading or false information, in any respect, on any matter regarding the grant of a cover.

I/We hereby agree to receive the policy schedule only and understand that the T & C of the proposed insurance contract are available on the website of the Company, www.edelweissinsurance.com.

"I/We agree to receive service related information from Edelweiss General Insurance Co. Ltd. and its service providers from time to time, through electronic and telecommunication mode including WhatsApp, and understand that no unsolicited information will be sent to me/us.

I/We state that the salient features and terms and conditions of the proposed insurance contract have been explained to me/us in vernacular language, and I/We agree to the same."

Signature of Proposer(s)/ Authorized Signatory

Date: D D M M Y Y Y Y

Place: _____

Stamp, where proposer is a juristic person

## VEHICLE INSPECTION REPORT (For Break-In Insurance/Roll Over Cases)

Vehicle No.: Chassis No.:

Engine No.:

Odometer Reading: Colour: Photographs Attached: Yes No

Damage Details: _____

Inspected By: _____ Place: _____

Date: D D M M Y Y Y Y Time: H H : M M

Signature of Surveyor

## PROHIBITION OF REBATES (Insurance Act-1938, Section 41)

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 or 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 in the policy, nor shall any person taking out of renewing or continuing a policy accept any rebate except such rebate as may be allowed in accordance with the prospectus or table of the Insurer.

2.Any person making default in complying with the provisions of this section shall be punishable with a fine, which may extend to 10 lakh rupees.

As a go-green initiative, Edelweiss General Insurance Co. Ltd. shall be sending the policy documents to your e-mail address, as provided by you in this proposal form.

- ☐ I do not want the physical copy of my policy documents.
- ☐ I want the physical copy of the policy documents to be sent to my address, as mentioned in the proposal form.

## ACKNOWLEDGEMENT

We acknowledge with thanks, the receipt of your proposal dated_____ towards Edelweiss Goods Carrying Vehicle Package Insurance for the vehicle bearing reg. no. _____.

We also acknowledge receipt of premium amount by way of cash/ cheque/ demand draft/ others, vide instrument no. _____, for an amount of ₹ _____.

Please note that neither the submission to us of a completed proposal for insurance nor any payment for any policy sought, obliges us to agree to issue a policy, such decision is and always shall be in our sole and absolute discretion.

If we accept the proposal, it shall be subject to the policy terms and conditions and we shall have no liability to make any payment if the appropriate premium amount is not received by us in full and in time, or is not realised or any necessary requirement is not fulfilled.

If we do not accept the proposal, we will inform you within 15 days from the date of receipt of this proposal and refund any payment received from you without interest.

Signature of the Receiver and Official Seal



**Edelweiss General Insurance Company Limited,** Corporate Office: 5th Floor, Tower 3, Kohinoor City Mall, Kohinoor City, Kirol Road, Kurla (West), Mumbai- 400 070, Registered Office: Edelweiss House, Off CST Road, Kalina, Mumbai-400 098, IRDAI Regn. No.: 159, CIN: U66000MH2016PLC273758, Reach us on: 1800 12000 (Toll-Free ), 022 42312000 (Call charges applicable) Email: support@edelweissinsurance.com, Website: www.edelweissinsurance.com, Issuing/Corporate Office: +91 22 4272 2200, Grievance Redressal Officer: +91 22 4931 4422, Dedicated Toll-Free Number for Grievance: 1800 120 216216. Trade logo displayed above belongs to Edelweiss Financial Services Limited and is used by Edelweiss General Insurance Company Limited under license.