

PAST INSURANCE DETAILS

Name and address of the previous insurer: _____

Previous policy number: Policy expiry date: Type of cover: Package Liability only Fire and Theft only Fire only Theft only

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

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.

Date:

Signature

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 DETAILSThe 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)
			<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
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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 nominationName 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)

