

# EDELWEISS PRIVATE CAR BUNDLED INSURANCE PROPOSAL FORM

1. Please answer all questions in CAPITAL LETTERS 2. The Liability of the Company does not commence until this Proposal has been accepted by the Company and premium has been paid 3. This Proposal will be the basis of any 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 risk to be insured or our decision as to acceptance of the risk or the terms upon which it should be accepted

\*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) Relationship Earlier to new policy \_\_\_\_\_ \*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 [ ]  
 Correspondence Address: House/Plot/Flat Number: \_\_\_\_\_ Building Name: \_\_\_\_\_  
 Area / Locality: \_\_\_\_\_ Landmark: \_\_\_\_\_ Street Name: \_\_\_\_\_  
 City /Village/Town: \_\_\_\_\_ State: \_\_\_\_\_ Pin Code: [ ][ ][ ][ ][ ][ ]  
 Contact Details: Mobile: [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ] Telephone (Res.): [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]  
 Telephone(Office): [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ] E-mail ID: \_\_\_\_\_ Occupation: Service [ ] Business [ ] Others (please specify) \_\_\_\_\_  
 Proposed period of insurance: From: [ D ][ D ][ M ][ M ][ Y ][ Y ][ Y ][ Y ] To: [ D ][ D ][ M ][ M ][ Y ][ Y ][ Y ][ Y ]  
 1 Yr OD: From [ D ][ D ][ M ][ M ][ Y ][ Y ][ Y ][ Y ] To [ D ][ D ][ M ][ M ][ Y ][ Y ][ Y ][ Y ] 3 Yr Liability: 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 ] Year of Manufacture: [ D ][ D ][ M ][ M ][ Y ][ Y ][ Y ][ Y ]  
 Engine No.: [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ] Chassis No.: [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]  
 Make: \_\_\_\_\_ Model: \_\_\_\_\_ Subtype: \_\_\_\_\_ Colour: \_\_\_\_\_  
 Cubic Capacity: [ ][ ][ ] KW: \_\_\_\_\_ Transmission Type: With Gear [ ] Automatic [ ]  
 Fuel used: Petrol [ ] Diesel [ ] CNG/LPG [ ] Electric [ ] Others [ ] \_\_\_\_\_

### USAGE

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

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: [ 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 [ ] If "Yes", please give details: \_\_\_\_\_  
 Required an increased premium or imposed special conditions? Yes [ ] No [ ] If "Yes", please give details: \_\_\_\_\_

Signature of Proposer(s)/  
Authorized Signatory

Stamp, where proposer is a juristic person

**DRIVER DETAILS AND NOMINATION DETAILS**

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

Name in Full: \_\_\_\_\_ Relationship with the Proposer: \_\_\_\_\_ Date of Birth: [D D][M M][Y Y][Y Y]

Occupation: \_\_\_\_\_ No. of Driving Years: [ ][ ]

Suffering from any disease/infirmity (Please see note below): \_\_\_\_\_

\*In case of additional driver, kindly attach a separate sheet.

**Details of nomination:** Name of Nominee: \_\_\_\_\_ Age: [ ][ ] Relationship with Insured: \_\_\_\_\_

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

**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  Stand-Alone OD  Any other (please explain) \_\_\_\_\_

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) 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 [ ][ ][ ][ ][ ][ ][ ]

Whether geographical area extension to the following countries is required?

Bangladesh  Bhutan  Maldives  Nepal  Pakistan  Sri Lanka  (please tick as 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: 1. Depreciation Protect  2. Engine Protect  3. NCB Protect  4. Invoice Value Protect

5. Key and Locks Protect  6. Consumable Expenses Protect  7. Mandatory Deduction Protect

8. Personal Belongings Protect  9. Road Side Assistance

10. EMI Protect  EMI Amount ₹ \_\_\_\_\_ due on - \_\_\_\_/\_\_\_\_/\_\_\_\_ 11. Tyre Protect

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, Period of Insurance, Amount of Sum Insured required

**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				From: _____ To: _____
2				From: _____ To: _____
3				From: _____ To: _____
4				From: _____ To: _____

(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:**

Mode of Payment: Cheque  Cash  Credit/Debit Card  Others \_\_\_\_\_

Cheque No.: [ ] Cheque Date: [D D][M M][Y Y][Y Y]

Documents attached: Cover note  Renewal notice  Policy copy  Inspection report  Registration Certificate  Declaration

**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](http://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.

Date: 

D	D	M	M	Y	Y	Y
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Place: \_\_\_\_\_

Signature of Proposer(s)/  
Authorized Signatory

Stamp, where proposer is a juristic person

**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 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 Private Car Bundled 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, which 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