EDELWEISS TWO WHEELER LONG TERM PACKAGE INSURANCE PROPOSAL FORM

Edelweiss | GENERAL INSURANCE

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 to be provided where premium equals or exceeds ₹1 lakh
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 2Years ☐ 3Years ☐

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: ☐☐ 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: 0-10000km ☐ 10000- 20000km ☐ 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 ☐ If 'Yes" in either case, please give details: _____
Required an increased premium or imposed special conditions? Yes ☐ No ☐ If 'Yes" in either case, please give details: _____

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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 (₹)	Side car (₹)	Value of CNG/LPG kit (₹)	Total Value (₹)

Type of cover required: Package ☐ Theft and Third Party ☐ 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 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: _____

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	Period of Insurance
1.				
2.				
3.				
4.				

Amount of Sum Insured required – ₹ _____

(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 ☐

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, 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. Insurance is the subject matter of solicitation.

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

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.

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 Two Wheeler Long Term 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, 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

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, 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. Insurance is the subject matter of solicitation.