

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 |

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)
			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 driversa) Been prosecuted or convicted for any offence or any prosecution pending? Yes No b) Had motor insurance refused, had a policy cancelled or had any special conditions imposed by any motor insurer? Yes No c) Had any loss, accident or claim during the last 3 years in connection with any motor vehicle? 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 (₹)	Side-cars(₹)	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) 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 | | | | | | | |

What is the deductible You wish to opt for?

(a) Minimum deductible (as per tariff) (b) ₹500+ minimum deductible (c) ₹750 + minimum deductible (d) ₹ 1000+ minimum deductible (e) ₹1500 + minimum deductible (f) ₹3000 + minimum deductible

Whether geographical area extension to the following countries is required?

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

ADD-ON COVER

Please choose Your add-on covers: 1. Depreciation Protect 2. Invoice Value Protect 3. Consumable Expenses Protect 4. Pillion Protect
5. Emergency Medical Expenses Protect 6. Additional Third Party Property Damage Protect

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, 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:

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

3) Premium calculation table:			
IDV (Insured Declared Value)		Value of Electrical Accessories	
Value of CNG/LPG		Value of Non-Electrical Accessories	
Own Damage	Amount	Liability	Amount
Own Damage @ _____ %		Basic TP Cover	
CNG/LPG		CNG/LPG	
Electrical/Non-Electrical Accessories		PA for Owner Driver	
(-) NCB @ _____ %		PA for Passengers	
(-) TPPD Restriction		LL for Paid Driver	
(-) Voluntary Deductible of _____			
(-) Automobile Association Discount			
(-) Discount for ATD			
(-) Commercial Discount			
TOTAL			
Gross Premium (Own Damage + Liability)			
UT/IGST Amount @ 18%			
SGST Amount @ 9%			
CGST Amount @ 9%			
Net Premium			

DECLARATION

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.

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

Date:

D	D	M	M	Y	Y

Place: _____

Signature of Proposer(s)/ Authorized Signatory

Stamp, where proposer is a juristic person

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

Vehicle No.:

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 Chassis No.:

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Engine No.

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Odometer Reading:

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 Colour: _____ Photographs Attached: Yes No

Damage Details: _____
Inspected By: _____ Place: _____

Date:

D	D	M	M	Y	Y	Y	Y

 Time:

H	H	:	M

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 lac 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 Two Wheeler Package Insurance / Edelweiss Two Wheeler Stand-Alone Own Damage 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
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