

EDELWEISS TWO WHEELER PACKAGE INSURANCE 5 YEAR 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 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] 5Years []

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: 0-10,000km [] 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]

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 [] 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: _____

