



Toll Free Number
1800-209-5846 (1800-209-LTIN)

Website
www.ltinsurance.com

SMS
'LTI' to 5607058 (56070LT)

Proposal Form - my:asset Private Car Package Policy

GUIDELINES TO FILL THE FORM

1. Please fill the form in BLOCK LETTERS. All details with* are mandatory.
2. Please answer all the questions completely. If a particular question is not applicable to you and/or your business please mark that question as not applicable "N/A".
3. Please attach extra sheets wherever the space is insufficient to provide the additional underwriting information. Put a (√) mark wherever applicable.
4. Kindly contact the Company's Office or Agent for any doubts or clarifications on the proposal form.

Note: The liability of the Company does not commence until this proposal has been accepted by the Company and premium received.

PLEASE USE ONLY ORIGINAL PROPOSAL FORM. PHOTO COPIES WILL NOT BE ACCEPTED BY THE COMPANY.

FOR OFFICE USE ONLY

Branch Code	:	_____
Intermediary Code*	:	_____
Intermediary Location Code	:	_____
Intermediary Employee Code	:	_____
Intermediary Reference Code	:	_____
Sales Manager Code	:	_____

PROPOSER INFORMATION (Please enter details of the Customer)

Title* (Pls. Tick): Ms. Mrs. Mr. Gender: Male Female Date of Birth*: | D | D | M | M | Y | Y | Y | Y |

Name*: | F | I | R | S | T | | | | | M | I | D | D | L | E | | | | | L | A | S | T |

Father's Name*: | F | I | R | S | T | | | | | M | I | D | D | L | E | | | | | L | A | S | T |

Annual Income: less than ₹ 2 lacs between ₹ 2-5 lacs between ₹ 5-10 lacs between ₹ 10-20 lacs ₹ 20 lacs and above

Correspondence Address:

Block/Flat No.*: _____ Floor No.: _____ Building Name*: _____

Street Name*: _____ Locality: _____

Landmark*: _____

City/Village*: _____ Pincode*: _____

Post Office: _____ Marital Status: Single Married

Mobile No.*: _____ Landline*: | S | T | D | _____

PAN No.: _____

Email ID 1*: _____

Email ID 2: _____

Occupation: Government Service Private Sales Other Private Services Self Employed Housewife Student
 Retired Not Employed

If you are an L&T Group Employee, please provide your PS Number: _____

Company/Division Name: _____

VEHICLE REGISTRATION ADDRESS: Address same as above: Yes No If 'No', please provide below:

Block/Flat No.*: _____ Floor No.: _____ Building Name*: _____

Street Name*: _____ Locality: _____

Landmark*: _____

City/Village*: _____ Pincode*: _____

Post Office: _____

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TYPE OF COVER (Please select the appropriate coverage from the below options)

Package Fire Only Theft Only Fire and Theft Only

Liability Only and Fire Only Liability Only and Theft Only Liability Only and Fire and Theft Only

Proposed Policy Start Date: End Date:

VEHICLE INFORMATION (Please provide identification details of your vehicle)

Proposal for: Original Owner Second hand Vehicle Rollover L&T Renewal Endorsement

Make* Model*:

Variant*: Registration No.:

Registration Date: Registration/RTO Location:

Month & Year of Manufacture*: Cubic Capacity*:

Engine No.*: Seating Capacity (incl driver)*: Chassis No.*:

INSURED DECLARED VALUE DETAILS (IDV) (Please enter the amount for which Insurance Cover is required)

The IDV of the Vehicle will be deemed to be the "sum insured" for the purpose of the policy. It will be computed on the basis of manufacturer's listed selling price of the brand and models of the vehicle proposed for insurance at the time of commencement of insurance/renewal and adjusted for depreciation as per the adjacent schedule.	Age of the Vehicle	% of Depreciation for fixing IDV
	Not exceeding 6 months	5%
	Exceeding 6 months but not exceeding 1 year	15%
	Exceeding 1 year but not exceeding 2 years	20%
	Exceeding 2 years but not exceeding 3 years	30%
	Exceeding 3 years but not exceeding 4 years	40%
	Exceeding 4 years but not exceeding 5 years	50%

Note: For Vehicles > 5 years old, please contact Company for IDV

Please enter the Insured Declared Value of the Vehicle				₹
Non-electrical Accessories (Other than manufacturer fitted)				₹
Details: Electrical and Electronic Accessories (Other than manufacturer fitted)				₹
	Stereo	AC	Others- Please specify	
Make				
Model				
Year				
Bi-fuel/CNG/LPG Kit (Other than manufacturer fitted)				₹
Trailer Total Value				₹
Total IDV				₹

VEHICLE USAGE AND TYPE DETAILS (Please provide additional information about your vehicle)

• Normal Usage Area: City Urban Rural Other

• City where the vehicle is used:

• Vehicle Parking Details: Covered Parking Open Parking-Inside Compound Road Side Parking

• Vehicle Usage: Private / Social Purpose Driving Tuitions Confined to own premises Used for Foreign Embassy/Consulate Towing

• Is the vehicle a Vintage Car? Yes No Are you a member of Automobile Association? Yes No

If Yes, please provide: Name of the Association

Membership No.: Expiry Date:

• Is the vehicle to be insured Imported? Yes No • Is vehicle imported with Custom Duty? Yes No

• Is the vehicle specially designed for disabled? Yes No • Is the vehicle fitted with Fibre Glass Fuel Tank? Yes No

• Is the vehicle fitted with any Anti-theft device approved by the Automobile Research Association of India? Yes No

If Yes, attach Certificate of Installation in the vehicle issued by Automobile Association of India

• Have you covered your another vehicle with L&T Insurance? Yes No

COVERAGE DETAILS (Select additional benefits required, if any)

• Please select Voluntary Deductible#1: None ₹ 2500 ₹ 5000 ₹ 7500 ₹ 15000

• Do you wish to restrict the 3rd party property damage to statutory limit of ₹ 6000 only? Yes No

Do you want to opt for Geographical Extension#2? Yes No

If Yes, please select: Bangladesh Bhutan Nepal Pakistan Sri Lanka Maldives

Do you want Unnamed PA Cover#3? Yes No Sum Insured per person: _____

Do you want Named PA Cover? Yes No

If Yes, please provide details:

Sr. No.	Name	Sum Insured (₹)
1.		
2.		
3.		
4.		

Note: If you want to cover more than 4 persons, please provide the details in a separate sheet.

• Do you want to cover legal liability for Paid Drivers#4? Yes No If Yes, specify No. of Drivers: _____

• Do you want to cover legal liability for Other Employees#5? Yes No If Yes, specify No. of Employees: _____

Note - #1) This cover will give you discount in the Vehicle Own Damage premium, in case you agree to reduce the identified amount in each and every claim. #2) This cover will give protection to your vehicle at any of the locations selected. #3) This cover will give you compensation (upto the limit selected, in multiple of Rs.10,000 subject to maximum of Rs.2 Lacs) in the event of accident whilst travelling or getting in / out of the vehicle. #4) This cover will take care of your liability towards your paid driver in case he meets with an accident while on duty. #5) This cover will take care of your liability towards employees in case they meet with an accident while travelling in your vehicle.

DRIVER DETAILS (Please provide Driver related details)

Type	Name	Age/DOB	License Number	Driving Experience	No. of accidents in last 3 years
Owner Driver				Years	
Paid Driver				Years	
Other 1				Years	
Other 2				Years	

FINANCE INFORMATION (Please provide details of the institution giving finance for purchasing your vehicle, if any)

Type of Financier: Hire Purchase Lease Agreement Hypothecation

Financier Name: _____

Financier Address: _____

City: _____

PREVIOUS INSURANCE DETAILS (Please enter details of the Insurance Company with whom your vehicle has been insured currently)

Previous Insurer Name: _____

Previous Insurer Address: _____

City: _____ Phone No.: _____

Type of Cover:

Package Liability Only Fire Only Theft Only Fire and Theft Only

Policy Start Date:

Liability Only and Fire Only Liability Only and Theft Only Liability Only and Fire and Theft Only

Policy End Date:

Policy/Cover Note No.: _____

NCB on Policy %

 **L&T Insurance** is the brand of L&T General Insurance Company Limited Registered Office: L&T House, N.M. Marg, Ballard Estate, Mumbai - 400001.

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ACKNOWLEDGEMENT

my:asset

Received from Mr./Mrs./Ms. _____

Branch Code: _____

a sum of ₹ _____ through Cash#/Cheque / DD / Credit Card / Debit Card No. _____

Intermediary Code*: _____

against your proposal for my:asset Private Car Package Policy

Intermediary Location Code: _____

Vehicle No. _____

Intermediary Employee Code: _____

Signature of Intermediary: _____ Date:

Intermediary Reference Code: _____

Intermediary Name: _____ Time: :

Intermediary Contact Details: _____

Disclaimer: The liability of the company does not commence unless a written confirmation in the form of Covernote/Policy or in any other form is given to the proposer

#Cash towards premium will be accepted only at our branch offices.

Claims reported in last 3 years:

Year in which claim reported	Year 1	Year 2	Year 3
Number of Claims in the year			
Total Amount (₹)			

Note – Kindly submit Renewal Notice for your Expiring Policy or Expiring Policy Copy and duly signed Declaration to avail the No Claim Bonus Discount 'NCB'

PREMIUM PAYMENT DETAILS (Please provide the details of premium payment)

Premium Amount: ₹ _____ Select Payment Option: Cash# Cheque DD Credit/Debit Card

For Cheque / DD (Payable in favour of "L&T General Insurance Company Limited")

Instrument No.: _____ Instrument Date: Instrument Amount: ₹ _____

Bank Name: _____

For Credit Card / Debit Card

Card No.: _____ Card Type: Master Card Visa AMEX

Expiry Date: Name on Card: _____

(Only Proposer's Card to be accepted)

Cash towards premium will be accepted only at our branch offices.

DECLARATION

I/We agree that the Policy shall become voidable at the option of the Company, in the event of any untrue or incorrect statement, misrepresentation, non-description or nondisclosure of any material fact* in the proposal form/personal statement, declaration and connected documents, or any material information has been withheld by me or anyone on my/our behalf to obtain any benefit under this policy. I understand and agree that this proposal and other information and documentation I have given or will give, relating to myself or any other person to be insured, will be basis of the insurance contract between me/us and L&T General Insurance Company Limited, and I also understand the consequences of any default.

* A material fact is one that is likely to influence the Company's acceptance or assessment of the proposal. You should consult your insurance advisor if you are in doubt as to what constitutes material fact.

I/We authorize L&T General Insurance Company Limited to share my/our contact information like name, company name, address, phone number and e-mail id etc. relating to me / us, with their affiliate/group companies and also for communicating any promotional marketing offers and other transactional / features / products / services of L&T General Insurance Company Limited and its affiliate group companies via SMS Telephone

I/We have understood the terms and conditions of this insurance contract and agree that the insurance would be effective only on acceptance of this application by the Company and the payment of premium by me/us in advance.

I/We agree and confirm that the issuance of the Policy is subject to realization of premium cheque.

Place: Date: _____
Signature of Proposer

DECLARATION FOR NCB

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 incorrect, benefits under the policy in respect of Section I of the policy will stand forfeited.

Date: _____
Signature of Proposer

PROHIBITION OF REBATES – UNDER SECTION 41 OF INSURANCE ACT 1938

No person shall allow or offer to allow either directly or indirectly as inducement to any person to take out renew or continue an insurance in respect of 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 on the Policy, nor shall any person taking out or renewing or continuing a Policy accept any rebate except such rebate as may be allowed in accordance with the published prospectuses or tables of the Insurer.

Any person making default in complying with the provision of this section shall be punishable with fine which may extend to ₹ 500/-

 **L&T Insurance** is the brand of L&T General Insurance Company Limited Registered Office: L&T House, N.M. Marg, Ballard Estate, Mumbai - 400001.