



**8. OWN DAMAGE (OD)**

**9. Third Party (TP)**

**(Please mention the premium amount where the cover is opted / applicable.)**

Sum Insured / IDV		Premium	Premium	
* Vehicle Value (IDV): Rate _____	₹	a. ₹	<b>Basic TP Premium</b>	
Non-electrical Accessories: (Other than factory fitted)	₹	b. ₹	Third Party Property Damage	
Side Car Value (only for 2 wheelers):	₹	c. ₹	cover restricted to Rs. 6000/- <input type="checkbox"/> Yes <input type="checkbox"/> No	
Trailer(s) : (only for Private Cars)	₹	d. ₹	Trailer(s) : (only for Private Cars) : ₹ 400/-	
Bi-fuel/CNG/LPG Kit : Inbuilt <input type="checkbox"/> Yes <input type="checkbox"/> No	₹	e. ₹	Bi-fuel/CNG/LPG Kit : ₹ 60/-	
Electrical Accessories (Other than factory fitted) :	₹	f. ₹	Compulsory PA Owner Driver Cover <input type="checkbox"/> Yes <input type="checkbox"/> No	
Stereo			Please tick 'No' if the owner is not having the valid driving license	
AC			Nominee Name: _____ Age : ____yrs.	
Others - Pls specify			Relationship with Insured: _____	
Make			Name of the Appointee: _____	
Model			(If Nominee is Minor)	
Year			Relationship to the Nominee: _____	
<b>Total A (a to f)</b>		₹	e. ₹	

**10. EXTENDED COVER/EXTRA BENEFITS :**

Geographical Area Extension ( <input type="checkbox"/> Bangladesh <input type="checkbox"/> Bhutan <input type="checkbox"/> Maldives <input type="checkbox"/> Nepal <input type="checkbox"/> Pakistan <input type="checkbox"/> Sri Lanka)	g. ₹	Geographical Area Extension ( <input type="checkbox"/> Bangladesh <input type="checkbox"/> Bhutan <input type="checkbox"/> Maldives <input type="checkbox"/> Nepal <input type="checkbox"/> Pakistan <input type="checkbox"/> Sri Lanka)		f. ₹
Fiber Glass Tank <input type="checkbox"/> Yes <input type="checkbox"/> No	h. ₹	Voluntary Personal Accident cover (Unnamed) (Max. is 2 lacs/1 lac for private car/2wheeler respectively in multiple of Rs. 10,000)		g. ₹
Embassy Loading (without Custom Duty ##) Country Name	i. ₹	No. of persons are as per seating capacity CSI per person _____		
Driving Tuition Cover <input type="checkbox"/> Yes <input type="checkbox"/> No	j. ₹	<b>Voluntary Personal Accident cover (Named)</b>		h. ₹
<b>Total B (g to j)</b>		₹	Named Person : _____	
			Capital Sum Insured : _____	
			Name of the Nominee : _____	
			Age of the Nominee : _____	
			Relationship with the Person : _____	
			Name of the Appointee (If Nominee is Minor) : _____	
			Relationship to Nominee : _____	
			(Please attach separate sheet if no. of persons are more than one)	
			Personal Accident cover for Paid Driver	
			No. of persons _____ CSI per person _____	
			i. ₹	
			<b>Legal Liability Cover to -</b>	
			Paid Driver No. of Persons _____	
			j. ₹	
			Paid Cleaner No. of Persons _____	
			k. ₹	
			Paid Conductor No. of Persons _____	
			l. ₹	
			Soldier/Sailor/Airman employed as driver No. of Persons _____	
			(in private capacity for private cars only)	
			m. ₹	
			Employee (Other than paid driver/s) No. of Persons _____	
			n. ₹	
			Non-fare paying passengers No. of Persons _____	
			o. ₹	
			<b>TOTAL TP Premium G ( a to o)</b>	
			₹	
			<b>TOTAL PREMIUM (OD+TP) Before Service Tax ( F + G)</b>	
			₹	
			ADD: Service Tax	
			₹	
			<b>TOTAL PREMIUM PAYABLE</b>	
			₹	

## Duty not payable if not insured, for both partial and total loss claims.

**11. RESTRICTED COVER/DISCOUNTS :**

Anti Theft Discount - Vehicle fitted with anti theft device and approved by ARAI	k. ₹	
Handicap Discount - Vehicle is specially designed for use of Handicap Person and endorsed in the Registration Certificate	l. ₹	
Own Premises Discount - Vehicle will be used within own premises/confined to sites	m. ₹	
Voluntary Deductible: Pvt Cars - <input type="checkbox"/> Rs. 2500 <input type="checkbox"/> Rs.5000 <input type="checkbox"/> Rs.7500 <input type="checkbox"/> Rs.15000		
2 Wheeler - <input type="checkbox"/> Rs. 500 <input type="checkbox"/> Rs. 750 <input type="checkbox"/> Rs. 1000 <input type="checkbox"/> Rs.1500 <input type="checkbox"/> Rs. 3000	n. ₹	
<b>Total C (k to n)</b>		₹
Automobile Association Membership:		
Membership No. _____		
Association Name: _____		
Expiry Date: _____		
<b>TOTAL OD Premium Before NCB D (A+B-C)</b>		₹
Less: NCB _____ %		₹
<b>TOTAL OD After NCB E (D-NCB)</b>		₹
Less: Commercial Discount _____ %		₹
<b>TOTAL OD Premium F (E-Disc)</b>		₹

**12. DRIVER DETAILS:**

The vehicle to be driven by  Self - Driving Experience - \_\_\_\_\_ years  Any other person/s please provide the below details:

	Name	Age	Gender	Driving Experience	Educational Qualification	No. of accidents in previous 5 years
Paid Drivers						
Others						

**13. Add On Cover :** Do you wish to opt for following Add on covers? (Applicable for only select make and models of Pvt. Cars)

Basic Plan (Zero Depreciation, Reimbursement of Consumables)  Silver Plan (Zero Depreciation, Reimbursement of Consumables, Return to Invoice, NCB Protection)

Gold Plan (Zero Depreciation, Reimbursement of Consumables, Return to Invoice, NCB Protection, Loss of Keys, Loss of Personal Belongings)

Extra Covers:  Tyre Coverage  Inconvenience Allowance  Additional PA for Owner/ Driver  Engine Protector

**Total Add on Premium:** \_\_\_\_\_

**14. DECLARATION: \***

I/We hereby declare and warrant that the above statements are true and complete in all respects and that there is no other information which is relevant to my application for insurance that has not been disclosed to you. I agree that this proposal and the declaration shall be the basis of the contract between me and FUTURE GENERALI INDIA INSURANCE CO LTD and I/We agree to accept a policy, subject to the conditions prescribed by FUTURE GENERALI INDIA INSURANCE CO LTD

I/we hereby declare that the premium for the said policy is paid out of the legally declared and assessed sources of my/our income. OR

I/we hereby declare that the premium is paid from the Bank Account of Mr./Ms. \_\_\_\_\_, the payment is allowed under the Income Tax Act 1961, and there is insurable interest with the payee.

I/we am/are (please tick all that are applicable)

High Net Worth Individual/s  Non Residential Indian/s  Politically Exposed Person/s  Jeweller/s  Non Governmental Organization  Film Actor/s  Producer/s

**DECLARATION FOR NO CLAIM BONUS (NCB):**

I/We hereby declare that the rate of NCB claimed by me/us is correct and the NO CLAIM has arisen in the expiring policy period (Copy of policy enclosed). I/We further undertake that if this declaration is found incorrect, all benefits under the Policy in respect of Section I of the policy will stand forfeited.

\* Premium paid by Cash / Cheque No \_\_\_\_\_ Date \_\_\_\_\_ Bank \_\_\_\_\_ Amount ( ₹ ) \_\_\_\_\_

PAN No. \_\_\_\_\_ (if premium payable is above Rs.1 lac (Please attach proof) Place: \_\_\_\_\_ Date: \_\_\_\_\_

**For Intermediary Use Only:** \_\_\_\_\_ Signature of the Proposer

Mall / Intermediary Code: \_\_\_\_\_ Mall / Intermediary Name: \_\_\_\_\_ Cover Note No. \_\_\_\_\_

F.M./ F.G. Employee Code: \_\_\_\_\_

Vehicle rated under  Zone - A  Zone - B  Business of Rural / Social Sector \_\_\_\_\_ Intermediary Signature: \_\_\_\_\_

**For Office Use Only: Vehicle Inspection Report**

1.Colour: \_\_\_\_\_ 2.Speedometer reading: \_\_\_\_\_ 3. Details of visible damages: \_\_\_\_\_

4. Period of break in insurance: \_\_\_\_\_ 5. Recommendation: \_\_\_\_\_

6. Date Of Inspection: \_\_\_\_\_ 7. Inspection Number: \_\_\_\_\_ Future Generali Official Signature \_\_\_\_\_

**SECTION 41. OF INSURANCE ACT, 1938-PROHIBITION OF REBTATES:**

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 of any kind of risk relating to lives or property in India, any rebate of 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 provisions of this section shall be punishable with fine, which may extend to Five Hundred Rupees.

Future Generali India Insurance Company Limited  
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