

# PROPOSAL FORM FOR PRIVATE CAR / TWO WHEELER INSURANCE



**FUTURE GENERALI**  
TOTAL INSURANCE SOLUTIONS

(Information for fields marked with asterisk [\*] is mandatory)

\*Cover Desired -  Package  Fire Only  Fire with Liability  Theft Only  Theft with Liability  Fire & Theft Only  Fire & Theft with Liability  
(Note - Cover shall commence not earlier than the date and time of acceptance of risk and/or issuance of cover note subsequent to payment of premium)

**Proposal for-**  New Policy  Endorsement

\*PERIOD OF INSURANCE: From    Hrs   Min   DD   MM   YY To Midnight Of    DD   MM   YY

**1. PROPOSER'S DETAILS\*:** (Registered owner of the Motor Vehicle) Name :-  Mr.  Ms.  Dr.  M/s.

\*Date of Birth/Age:  DD  MM  YYYY Age  yrs \* Sex: - Male/Female. \* Marital Status: - Married/Single/Widowed  
\* Occupation/Business/Service/Other:  Educational Qualification:-  \* PAN No:

**2. REGISTRATION ADDRESS OF VEHICLE TO BE INSURED\* :**   
  
City  State  Pin Code

**3. ADDRESS FOR COMMUNICATION (DISPATCH ADDRESS)\*:**   
  
City  State  Pin Code   
Telephone (O)  (R)  (M)  Fax No  E-Mail

**4. VEHICLE DETAILS\*:** (City where Vehicle will be primarily used\*: )

Make and Model*	Registration No.*	Engine No.*	Chassis No.*	Cubic capacity.*
Year of manufacture.*	Colour	RTO Where vehicle is/will be Registered.*	Date of Registration / Purchase.*	Seating capacity (including driver).*

**Note** - Copy of RC Book needs to be provided.  
**Declaration** \* - I/We hereby confirm that in case the details are found to be incorrect, any claim made under the policy will be rejected.  
Signature of the Proposer

What is the usage of the vehicle <input type="checkbox"/> Private Purpose Only <input type="checkbox"/> Commercial Purpose	Vehicle Type <input type="checkbox"/> 2 Wheeler <input type="checkbox"/> 4 Wheeler
Vehicle Make <input type="checkbox"/> Indigenous <input type="checkbox"/> Imported	Vehicle Insured is <input type="checkbox"/> Brand New <input type="checkbox"/> Used
Type of Road where Vehicle would normally ply <input type="checkbox"/> Hilly <input type="checkbox"/> National <input type="checkbox"/> State Highways <input type="checkbox"/> City <input type="checkbox"/> Town Roads <input type="checkbox"/> District Roads <input type="checkbox"/> Others- Pls specify.	Parking <input type="checkbox"/> Roadside Public Parking <input type="checkbox"/> Roadside Outside Parking <input type="checkbox"/> Within compound of residence open <input type="checkbox"/> Parking lot open or covered <input type="checkbox"/> Within compound of residence covered
Fuel type <input type="checkbox"/> Petrol <input type="checkbox"/> Diesel <input type="checkbox"/> Bi Fuel <input type="checkbox"/> CNG <input type="checkbox"/> LPG <input type="checkbox"/> Battery <input type="checkbox"/> Others- Pls specify.	Per day mileage <input type="checkbox"/> Upto 20 kms <input type="checkbox"/> 21 to 50 kms <input type="checkbox"/> 51 to 100 kms <input type="checkbox"/> 101 to 150 kms <input type="checkbox"/> Over 151 kms
Repair <input type="checkbox"/> Preferred garage <input type="checkbox"/> Dealership	Speedometer reading as on date*:
Trailer Registration No. and No. of trailer*	

**5. FINANCIER DETAILS:** Bank Name:   Hypothecation  Hire Purchase  Lease

**6. PREVIOUS INSURANCE PARTICULARS:** (Attach expiring Policy copy with schedule/Renewal notice or cover note as proof of insurance)

Previous Insurer name:	<b>Type of cover:</b> <input type="checkbox"/> Package <input type="checkbox"/> Fire and/or Theft with Liability <input type="checkbox"/> Fire and/or Theft only <input type="checkbox"/> Liability Only <b>Period of insurance:</b> <b>Has any Insurance Company ever:</b> 1) Declined the proposal. <input type="checkbox"/> Yes <input type="checkbox"/> No 2) Cancelled & refused to renew. <input type="checkbox"/> Yes <input type="checkbox"/> No 3) Required an increase in Premium. <input type="checkbox"/> Yes <input type="checkbox"/> No 4) Imposed special conditions or excess. <input type="checkbox"/> Yes <input type="checkbox"/> No				
Address:					
Policy/Cover note number:					
#No Claim Bonus in the expiring policy _____ %					
Claims reported in last 5 years:					
Year	1	2	3	4	5
No. of claims					
Amount					

# For granting NCB, appropriate documentary evidence to be submitted.

**7. INSURED DECLARED VALUE (IDV):**

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

Note - For vehicles more than 5 years old, please contact the Company for fixing the IDV



**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. ₹		
<b>10. EXTENDED COVER/EXTRA BENEFITS :</b>					
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)			
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)			
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>			
<b>Total B (g to j)</b>		₹	Named Person : _____		
<b>11. RESTRICTED COVER/DISCOUNTS :</b>					
Anti Theft Discount - Vehicle fitted with anti theft device and approved by ARAI	k. ₹	Capital Sum Insured : _____			
Handicap Discount - Vehicle is specially designed for use of Handicap Person and endorsed in the Registration Certificate	l. ₹	Name of the Nominee : _____			
Own Premises Discount - Vehicle will be used within own premises/confined to sites	m. ₹	Age of the Nominee : _____			
Voluntary Deductible: Pvt Cars - <input type="checkbox"/> Rs. 2500 <input type="checkbox"/> Rs.5000 <input type="checkbox"/> Rs.7500 <input type="checkbox"/> Rs.15000		Relationship with the Person : _____			
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. ₹	Name of the Appointee (If Nominee is Minor) : _____			
<b>Total C (k to n)</b>		₹	Relationship to Nominee : _____		
(Please attach separate sheet if no. of persons are more than one)					
Automobile Association Membership:		Personal Accident cover for Paid Driver			
Membership No. _____		No. of persons _____ CSI per person _____			
Association Name : _____		<b>Legal Liability Cover to -</b>			
Expiry Date : _____		Paid Driver No. of Persons _____			
<b>TOTAL OD Premium Before NCB D (A+B-C)</b>		₹	Paid Cleaner No. of Persons _____		
Less: NCB _____ %	₹	Paid Conductor No. of Persons _____			
<b>TOTAL OD After NCB E (D-NCB)</b>		₹	Soldier/Sailor/Airman employed as driver No. of Persons _____		
Less: Commercial Discount _____ %	₹	(in private capacity for private cars only)			
<b>TOTAL OD Premium F (E-Disc)</b>		₹	Employee (Other than paid driver/s) No. of Persons _____		
			Non-fare paying passengers No. of Persons _____		
			<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.

**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 ( ₹ ) \_\_\_\_\_  
 DD/MM/YY

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: _____	Intermediary Signature: _____	
Vehicle rated under <input type="checkbox"/> Zone - A <input type="checkbox"/> Zone - B <input type="checkbox"/> Business of Rural / Social Sector		

**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.