

Details of Previous Insurance

44. Full Name of previous insurer M/s. _____

45. Address of previous insurer _____

46. Policy Number _____

47. Period of Insurance From [d,d|m,m|y,y,y,y] To [d,d|m,m|y,y,y,y]

48. NO CLAIM BONUS allowed under previous policy (%) _____

49. Claim lodge during 3 years

Year			
Total Number			
Total Amount Rs.			

Declaration by Proposer

I/We hereby declare that the statements made by me/us in this Proposal Form are true to the best of my/our knowledge and belief and I/We hereby agree that this declaration shall form the basis of the contract between me/us and RELIANCE General Insurance Company Limited. I/We also declare that, if any additions or alterations are carried out after the submission of this proposal form, then the same would be conveyed to the insurers immediately. I/We hereby declare that the contents of the form and documents have been fully explained to me/us and that I/We have fully understood the significance of the proposed contract. I/We agree to accept a policy subject to the condition prescribed by the company. ► I/We declare that the rate of NCB stated above by me/us is correct and that no claim has arisen in the expiring policy (copy of the policy enclosed). I/We further undertake that, if this declaration is found to be incorrect, all benefits under the policy in respect of section I of the policy will stand forfeited. ► I/We further understand and agree that RELIANCE General Insurance will seek confirmation of above stated details from my/our previous insurers. Pending receipt of necessary confirmation, I/We agree that, though coverage under the policy will be available to me/us, RELIANCE General Insurance will be liable to release the payment towards any claims under section I of the policy only after a confirmation in this regard is received. In the event this declaration is found to be incorrect, any and all coverage available under section I of the policy from the date of commencement of the policy shall stand automatically forfeited. Further, any survey arranged/allowed by RELIANCE General Insurance of the motor vehicle, pending confirmation of the declaration from my/our previous insurers, shall be without prejudice to any of the rights and remedies available to RELIANCE General Insurance as contained herein and under the relevant laws and regulations. ► I/We acknowledge and agree that, Pending receipt of confirmation of the declaration from my/our previous insurers, the "cash-less repair facility" provided by RELIANCE General Insurance shall stand suspended. ► I/We also shall endeavour to procure the renewal notice and pass on the same to RELIANCE General Insurance immediately upon the receipt of such renewal notice. Mode of Payment: Secure your payment by cheque/DD favouring Reliance General Insurance CO.Ltd. This policy shall be voidable at the option of the Company in the event of mis-representation, mis-description of non-disclosure of any material particulars by the Proposer. Any person who, knowingly and with intent to defraud the Insurance Company or other persons, files a proposal for insurance containing any false information, or conceals for the purpose of misleading, information, information concerning any fact material thereto, commits a fraudulent act which will render the policy voidable at the company's sole discretion and result in a denial of insurance benefits.

This proposal form was completed by

Name _____ Place _____

Date [d,d|m,m|y,y,y,y] _____ Date [d,d|m,m|y,y,y,y] _____

Signature _____

Signature of Proposer _____

IMPORTANT NOTICE

- In the event of a claim, please immediately call our 24 hour call centre only. Improper intimation or delay in intimating claim to call centre can lead to delay in settlement/denial of claim.
- For preferred cashless garage list, please logon to our website or speak to customer care executive. RGICL cannot provide cashless claim settlement at garages other than those in our network list*.
- Please intimate us your mobile number and we shall keep you updated of the status of the claim by way of SMS periodically. You can download our claim form and claim procedure. Also view claim status on our website. Insurance is the subject matter of solicitation.

* conditions apply.

RELIANCE

General Insurance

Helpline **1800 3002 8282** (toll free)
022 3989 8282 (charges apply)

Claims **1800 103 1999** (toll free)
022 4111 2600 (charges apply)

www.reliancegeneral.co.in

Proposal Form for Package Policy for Private Cars/Motorised Two Wheelers

Private Car Two Wheeler

For Office Use Only

Policy Number _____ Date [d,d|m,m|y,y,y,y]

Intermediary Details (To be filled in BLOCK CAPITALS)

Intermediary Name _____ Code _____

Branch Name _____ Code _____

Sales Manager Name _____ Code _____

Details (To be filled in BLOCK CAPITALS)

1. This Proposal is for A new Policy Renewal of Policy Endorsement Others (Please specify) _____

2a. Proposer's Full Name Mr. Mrs. _____

2b. Address for Communication

Flat Building _____ Road/Street/Sector _____

Area _____ City _____

Pin Code _____ State _____ Country _____

Phone _____ Mobile _____

Email _____ Fax _____

2c. Address where Vehicle is Normally Kept and Used

Flat Building _____ Road/Street/Sector _____

Area _____ City _____

Pin Code _____ State _____ Country _____

Phone _____ Mobile _____

Email _____ Fax _____

3. Occupation / Business _____

4. Period of Insurance From [d,d|m,m|y,y,y,y] To [d,d|m,m|y,y,y,y]

Details of the Vehicle

5. Registration Number _____ 6. Date of Registration _____

7. Registering Authority & Location _____

8. Year & Month of Manufacture _____ 9. Engine Number _____

10. Chassis Number _____ 11. Make of Vehicle _____

12. Type of Body/Model _____

13. Cubic Capacity _____ 14. Seating capacity including Driver _____

15. Registration No. of Luggage/ Caravan Trailer _____

16. Is the Vehicle Made in India Yes No 17. Type of Vehicle Two Wheeler Three Wheeler Four Wheeler

Details of the Vehicle Type and Use

17. Whether the Vehicle is driven by Non-conventional source of power? Yes No

If Yes, please give details Bi Fuel CNG LPG

Reliance General Insurance Co. Ltd. - Registered Office: 19, Reliance Centre, Walchand Hirachand Marg, Ballard Estate, Mumbai 400001.
Corporate Office: 570, Naigaum Cross Road, Next to Royal Industrial Estate, Wadala (W), Mumbai 400031.

An ISO 9001:2008 Certified Company

18. Will the Vehicle be used exclusively for
- a. Private, social, domestic, pleasure and professional purposes? Yes No
- b. Carriage of goods other than samples or personal luggage? Yes No
19. Whether the Vehicle is used for Commercial purposes? Yes No
20. Whether the Vehicle is used for Driving Tuitions? Yes No
21. Whether use of Vehicle is limited to Own Premises ? Yes No
22. Whether the Vehicle is fitted with Fibre Glass Tank ? Yes No
23. Whether the Vehicle belongs to the Embassy/Consulate of a Foreign Country ? Yes No
If so, is the duty element included in the IDV ? Yes No
24. Whether the Vehicle is design for use of Blind/Handicapped/Mentally Challenged Person? Yes No
25. Date of purchase of the Vehicle by the Proposer
26. Whether the Vehicle at the time of purchase was New Second Hand
27. Previous History:
- a. Will this vehicle be used exclusively for
- i. Private, Social, Domestic, Pleasure & Professional Purpose? Yes No
- ii. Carriage of goods other than samples or personal luggage? Yes No
- b. Is the vehicle is in good condition ? Yes No
If NO, please give details:

Risk Inclusions

28. Please Select the higherdeductible if youwish to opt for over and above the compulsory deductible(Rs. 500 - for Vehicles not exceeding 1500 cc, Rs. 1000 for vehicles exceeding 1500 cc

Private Car None Rs. 2,500 Rs. 5,000 Rs. 7,500 Rs. 15,000

Two Wheeler None Rs. 500 Rs. 750 Rs. 1,000 Rs. 1,500

29. Liability to third parties : The policy provides Third Party Property Damage (TPPD) of Rs. 1 lakh (Two wheelers) and Rs. 7.5 lakhs (Private car)

Do you wish to restrict the above limits to the statutory TPPD Liability limit of Rs. 6000/- only ? Yes No

Legal Liability	No. of Persons
Driver	

30. Personal Accident Cover for Owner Driver. Please give details of nomination

Name	Name of Nominee	Age of Nominee	Name of Appointee (if Nominee is Minor)	Relationship	Address

(Note: 1. Personal Accident cover for owner driver is compulsory for Sum Insured of Rs. 1,00,000/- for Two Wheelers and Rs. 2,00,000/- for Private Cars.

2. Compulsory PA cover for owner driver cannot be granted where a vehicle is owned by a company, a partnership firm or a similar body corporate or where the owner-driver does not hold an effective driving license)

31. Do you wish to include Personal Accident cove for Named Persons? Yes No

Name	CSI Opted	Name of Nominee	Age of Nominee	Name of Appointee (if Nominee is Minor)	Relationship	Address

(Note: The maximum CSI available per person is Rs. 2,00,000/- in case of Private Cars and Rs. 1,00,000?/- in the case of Motorized Two Wheelers)

32. Extension of Geographical Area:

Whether extension of Geographical Area to the following countries required?

1. Bangladesh 2. Bhutan 3. Maldives 4. Nepal 5. Pakistan 6. Sri Lanka

Inspection Report of the vehicle

33. This vehicle has been physically inspected by _____
(Employee/Authorised Agency) at _____ on _____ at _____ am/pm.
Detailed report attached herewith. (Inspection Reference No. _____)

Add On Covers (Subject to availability and eligibility)

1. Nil Depreciation Cover 2. NCB Retention Cover 3. _____ 4. _____

No Claim Bonus and Discount in Premium

34. Are you entitle to No Claim Bonus ? If yes, please submit proof thereof. Yes No

35. Is the vehicle fitted with any Anti-theft device approved by the ARAI ? Yes No

If yes, please attach certificate of Installation in the vehicle, issued by Automobile Association of India.

36. Are you a member of Automobile Association of India ? If yes, please submit membership copy. Yes No

Details of Hire Purchase / Hypothecation / Lease

37. Please state if the vehicle is under Hire purchase Lease Agreement Hypothecation Agreement

If so, give name and address of concerned parties.

38. Full Name _____ M/s _____

39. Address _____

40. Insured's Declared Value (I.D.V.)

List of Non-Electrical Accessories	Amount (Rs.)	List of Electrical and Electronic Accessories	Amount (Rs.)

41. Insured's Declared Value of :

The vehicle	Trailer (s) / side car	Bi-Fuel/CNG/LPG kit
Non-Electrical Accessories	Electrical/Electronic Accessories	Total Value (Rs.)

Details of Driver

42. Age of Owner Driver _____ 55. DOB of Driver

43. Any other relevant information _____

If the proposer omits to give full information or gives false information in reply to any question, the policy will be voidable at the instance of the Company

Payment Details

- Cheque DD Others

Cheque or DD Amount _____ /- Amount in words (_____)

Bank Name _____

Cheque/DD No. _____ Cheque/DD Date

Prohibition of rebates - Section 41 of The Insurance Act 1938

- 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 or 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 provisions of this Section shall be punishable with fine which may extend to Rs. 500/-

Note

The Insured's Declared Value (IDV) of the vehicle will be deemed to be the 'SUM INSURED' for the purpose of this tariff and it will be fixed at the commencement of each policy period for each insured vehicle.

The IDV of the vehicle is to be fixed on the basis of manufacturers' listed selling price of the brand & model as the vehicle proposed for insurance at the commencement of insurance / renewal, and adjusted for depreciation (as per schedule specified below). The IDV of the side cars(s) and / or accessories, if any, fitted to the vehicle but not included in the manufacture's listed selling price of the vehicle is / are also likewise to be fixed.

The schedule of age-wise depreciation as shown below is applicable for the purpose of Total Loss / Constructive Total Loss (TL / CTL) claims only. A vehicle will be considered to be a CTL where the aggregate cost of retrieval and / or repair of the vehicle subject to terms and conditions of the policy exceeds 75% of the IDV.

Schedule of Depreciation for Arriving at IDV

Age of the Vehicle	% Depreciation for fixing IDV	Age of the Vehicle	% Depreciation for fixing IDV
Not exceeding 6 months	5%	Exceeding 2 years but not exceeding 3 years	30%
Exceeding 6 months but not exceeding 1 year	15%	Exceeding 3 years but not exceeding 4 years	40%
Exceeding 1 year but not exceeding 2 years	20%	Exceeding 4 years but not exceeding 5 years	50%

Note : IDV of obsolete models of vehicles (i.e. Models which the manufacturers have discontinued to manufacture) and vehicle beyond 5 years of age will be determined on the basis of an understanding between the insurer and the insured.

For any assistance call **1800 3002 8282** (toll free) **022-39898282** (charges apply)