

UIN: IRDAN113RP0008V01201617

Scrutiny No.	Receipt No.	Policy No.	IMD Code	Sub IMD Code	IMD Name	Mobile No	Emp/ LG Code

LONG TERM TWO WHEELER PACKAGE POLICY- PROPOSAL FORM

- Please answer all questions in BLOCK letters
- The Liability of the Company does not commence until this Proposal has been accepted by the Company and premium has been received by the Company.
- This Proposal will be the basis of any subsequent Motor policy that the company will 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

Proposer Details

- Full Name: Title/ First Name/ Middle Name/ Surname
- Gender: Male Female Others 3) Date of Birth: 4) Marital Status Married Single
- Address details for policy and claims related communication:
 Address Line 1
 Address Line 2
 City State Pincode
- Mobile Number 7) E-Mail
- Occupation: Business Service (If service, then Desk Job Field Job) Student House wife Retired Others
- Hypothecation/ Hire Purchase/ Lease Agreement Details: (a.)Name of Financial Institution/Bank: _____
 (b.) Loan Account No (if Applicable) : _____
- Type of Cover Required Package Fire Only Theft Only Fire and Theft Only
- Proposed Policy Period: From TO

Vehicle Details

- Registration No 2) Date of Registration
- Year of Manufacture 4) Registering Authority and Location _____
- Engine no: 6) Chassis No:
- Make: _____ 8) Model: _____ 9) Sub Type _____
- Cubic capacity 11) Seating capacity: Driver (1) + 12) Kilometer reading as on date _____
- Fuel Used: Petrol Diesel LPG CNG Electric Any other (Please Specify) _____
- Is the Vehicle imported? Yes No If Yes, Please provide date and country of import _____
- NCB Earned on last policy (if applicable): % (Kindly attach relevant documents)

Proposed Coverage

- Whether the vehicle is used for driving tuitions? Yes No
- Whether geographical area extension to the following countries is required? (Please tick whichever applicable)
 Bangladesh, Bhutan, Maldives, Nepal, Pakistan, Sri Lanka
- Whether use of vehicle is limited to own premises? Yes No
- In which location would the two wheeler be mostly used?
 Highways City Rural Areas Hilly terrain Sparsely populated areas Others If Others, Please specify _____
- Whether vehicle is used for Commercial purposes? Yes No
- Whether vehicle belongs to foreign embassy / consulate? Yes No
- Whether the vehicle has been imported without paying customs duty? Yes No
- Whether vehicle is designed for use of Blind/ Handicapped/ mentally challenged persons and duly endorsed as such by RTA? Yes No
- Whether the vehicle is fitted with fiber glass tank? Yes No
- Additional Compulsory Deductible Applicable: Rs _____
- Voluntary Deductible Opted Rs _____
- Are you a member of Automobile Association of India? Yes No
 If yes, please state (a.) Name of Association _____ (b.) Membership No. _____ (c.) Date of expiry _____
- Is the vehicle fitted with anti-theft device: Yes No
 If Yes, attach Certificate of Installation in the vehicle issued by Automobile Association of India.
- Do you wish to restrict the third party limits to the statutory TPPD Liability limit of Rs.6000/- only? Yes No
- Do you wish to cover Legal Liability to ?
 Driver (No. of persons _____) Other employees (No. of persons _____) Unnamed Passengers (No. of Persons _____)

16) Nominee Details for Owner Driver:

Name of Nominee	Age	Relationship with Insured

17) Do you wish to opt for Personal Accident cover for named persons? Yes No

If yes, give name and nominee details. The maximum Sum Insured available per person Rs. 1 Lakh

Name of Insured	Name of Nominee	Nominee Age	Relationship of Nominee with Insured

18) Do you wish to include P.A. Cover for unnamed person /hirer/pillion passengers(two wheelers) ? Yes No

If Yes, give number of persons? _____

19) Add Cover(s) Opted _____

20) Details of Add On Cover(s) Opted _____

21) Documents attached:

 Cover Note Renewal Notice Policy Copy Inspection Report Registration Certificate Declaration

Premium Calculation Table

(A) Insured Declared Value (IDV) of the vehicle		(D) Value of Non-Electrical Accessories fitted to the vehicle	
(B) Value of CNG/LPG kit		E) Side Car (two wheeler)	
(C) Value of Electrical accessories fitted to the vehicle			
		TOTAL IDV in Rs (A+B+C+D+E)	
Own Damage	Amount	Liability	Amount
Own Damage @ _____%		Basic TP Cover	
CNG/LPG		(-) TPPD Restriction (Statutory limit of Rs. 6000)	
Electrical/Non-Electrical Accessories		CNG/LPG	
(-) NCB @ _____%		PA for Owner-Driver	
(-) Voluntary Excess of Rs. _____		PA for Passengers	
(-) Commercial Discount @ _____%		Sum Insured per person (Rs.)	
Add-on Package Opted:		Number of persons	
Package Name : _____		Legal Liability to Paid Driver	
Other Details (if any) _____		Legal Liability to other employees	
		Number of employees	
TOTAL		TOTAL	
Net Premium (Own Damage + Liability)			
Service tax @ _____%			
Gross Premium			

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 and 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 car(s) and / or accessories, if any, fitted to the vehicle but not included in the manufacturer'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	% 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. IDV of obsolete models of vehicles (ie. Models which the manufacturers have discontinued to manufacture) and vehicles beyond 5 years of age will be determined on the basis of an understanding between the insurer and the insured.

Past Insurance Details

1) Date of Purchase of the vehicle by the Proposer _____

2) Whether the vehicle was New or Second Hand at the time of Purchase _____

3) Will the vehicle be used exclusively for

A. Private, social, domestic, pleasure & professional purposes Yes No B. Carriage of goods other than samples or personal luggage Yes No 4) Is the vehicle in good condition? Yes No If "No", please give full details _____

5) Name and address of the previous insurer _____

6) Previous Policy Number _____ 7) Period of Insurance from ___/___/_____ to ___/___/_____

8) Claims lodged during the preceding 3 years

Year	Claim Number	Claim Amount

