Bajaj Allianz General Insurance Co. Ltd.,

Bajaj Allianz House, Airport Road, Yerawada, Pune - 411006. Reg No.: 113 CIN: U66010PN2000PLC015329

Policy No.

Scrutiny No.

UIN: IRDAN113RP0008V01201617

IMD Code	Sub IMD	IMD	Mobile
	Code	Name	No

BAJAJ	Allianz (ll)
Caringly y	ours-

Emp/ LG Code

LONG TERM TWO WHEELER PACKAGE POLICY- PROPOSAL FORM

Please answer all questions in BLOCK letters

Receipt No.

- The Liability of the Company does not commence until this Proposal has been accepted by the Company and premium has been received by 2. the Company.
- 3. 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
1) Full Name: Title/ First Name/ Middle Name/ Surname
2) Gender: Male Female Others 3) Date of Birth: 4) Marital Status Married Single
5) Address details for policy and claims related communication:
Address Line 1 Address Line 1
Address Line 2
City
6) Mobile Number 7) E-Mai
8) Occupation: Business Service (If service, then Desk Job Field Job) Student House wife Retired Others
9) Hypothecation/ Hire Purchase/ Lease Agreement Details: (a.)Name of Financial Institution/Bank:(b.)Loan Account No (if Applicable) :
10) Type of Cover Required Package Fire Only Theft Only Fire and Theft Only
11) Proposed Policy Period: From The The To The Tolly
Vehicle Details 1) Registration No 2) Date of Registration
3) Year of Manufacture 4) Registering Authority and Location
5) Engine no: 6) Chassis No:
7) Make:
13) Fuel Used: Petrol Diesel LPG CNG Electric Any other (Please Specify)
14) Is the Vehicle imported? Yes $\ \square$ No $\ \square$ If Yes, Please provide date and country of import
15) NCB Earned on last policy (if applicable):
Proposed Coverage
1) Whether the vehicle is used for driving tuitions? Yes \(\subseteq \text{No} \subseteq \)
2) Whether geographical area extension to the following countries is required? (Please tick whichever applicable)
☐Bangladesh, ☐Bhutan, ☐Maldives, ☐Nepal, ☐Pakistan, ☐Srilanka
3) Whether use of vehicle is limited to own premises? Yes \Box No \Box
4) In which location would the two wheeler be mostly used?
☐ Highways ☐ City ☐ Rural Areas ☐ Hilly terrain ☐ Sparsely populated areas ☐ Others If Others, Please specify
5) Whether vehicle is used for Commercial purposes ? Yes \Box No \Box
6) Whether vehicle belongs to foreign embassy / consulate ? Yes \Box No \Box
7) Whether the vehicle has been imported without paying customs duty? Yes \Box No \Box
8) Whether vehicle is designed for use of Blind/ Handicapped/ mentally challenged persons and duly endorsed as such by RTA? Yes 🔲 No 🗆
9) Whether the vehicle is fitted with fiber glass tank? Yes \Box No \Box
10) Additional Compulsory Deductible Applicable: Rs
11) Voluntary Deductible Opted Rs
12) Are you a member of Automobile Association of India? Yes 🔲 No 🖂
If yes, please state (a.) Name of Association
13) 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.
14) Do you wish to restrict the third party limits to the statutory TPPD Liability limit of Rs.6000/- only? Yes \Box No \Box 15) Do you wish to cover Legal Liability to ?
Driver (No. of persons) Other employees (No. of persons) Unnamed Passengers (No. of Persons)

Nominee Details for Owner Driver:	A .	1	B 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	tub. to	Caringl
Name of Nominee Age		Relationship with Insured			
Do you wish to opt for Personal Accident cover fo	•		□ No □		
If yes, give name and nominee details. The maxi			•		
Name of Insured Name of No	minee	Non	ninee Age	Relationship of Nom	inee with Insure
Do you wish to include P.A. Cover for unnamed po	erson /hirer/p	oillion passenger	s(two wheelers)?	Yes □ No □	
If Yes, give number of persons?					
Add Cover(s) Opted					
Details of Add On Cover(s) Opted					
Documents attached:					
☐ Cover Note ☐ Renewal Notice ☐ Poli	су Сору	\square Inspection	Report □Regist	ration Certificate [☐ Declaration
Premium Calculation Table					
(A) Insured Declared Value (IDV) of the vehicle			on-Electrical Acces	sories fitted to the	
		vehicle			
(B) Value of CNG/LPG kit		E) Side Car (t	wo wheeler)		
(C) Value of Electrical accessories fitted to the					
vehicle			TOTALID	V in Rs (A+B+C+D+E)	
Own Damage	Amount	Lighility	TOTALID	V III KS (ATDTCTDTE)	Amount
Own Damage Own Damage @%	Amount	Liability Basic TP Cove	r		Amount
CNG/LPG			' iction (Statutory lin	nit of Rs. 6000)	
Electrical/Non-Electrical Accessories		CNG/LPG	iction (Statutory iii)	11. 01 113. 00007	
		PA for Owner	-Driver		
(-) Voluntary Excess of Rs.		PA for Passen	gers		
(-) Commercial Discount @%		Sum Ir	nsured per person (Rs.)	
Add-on Package Opted:		Number of persons			
Package Name :					
		Legal Liability		•	
Package Name : Other Details (if any)		Legal Liability	to other employee:	5	
Other Details (if any)		Legal Liability			
Other Details (if any)	L	Legal Liability	to other employee:	TOTAL	
Other Details (if any) TOTA Net Premium (Own Damage + Liability)	L	Legal Liability	to other employee:		
Other Details (if any) TOTA Net Premium (Own Damage + Liability) Service tax @%	L	Legal Liability	to other employee:		
Other Details (if any) TOTA Net Premium (Own Damage + Liability) Service tax @% Gross Premium		Legal Liability Num	to other employees ber of employees	TOTAL	it will be fixed at
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Claim Number

Claim Amount

Year

9) Has any insurance company (ever:				BAJAJ	Allianz
a) declined the proposal	Yes □ No				Caringly y	ours
b) cancelled & refused to ren	new Yes 🗆 No	\Box (if yes, reasons the	re for			
c) imposed special condition 10) Details of Driver : (a) Age : Owner Driv	or excess Yes No	☐ (if yes, reasons and	details thereof)			
If "Yes" please give deta	n involved/convicted for cau			-	 ncluding th	ne
Driver's Name	Date of Accident	Circumstances of	Accident/ Claim	Loss/Cost	Rs.	
11) Any other relevant information	<u> </u>					
11) Any other relevant information Payment Details	νn					
Cheque □ Cheque No	Cheque	e Date:	☐☐☐ Cash ☐ C	Credit Card □ Other	s	
	= =		our registered mobile	number / email id. Th	Financier is is a digita	illy
I/We, the undersigned hereby of Company Ltd [Company] is subjet the best of my personal knowled be insured shall not be driven be and particulars given in this Proclearly understood the terms all proposal form shall be held to Company shall have no liability this proposal form or other docing any respect on any matter to the I/We also declare that any acconveyed to the insurers immediate.	ect to the declarations, warra edge and belief that the vel y any person who to my/our posal form are complete, tru nd conditions [T & C] to the be promissory and shall be under the insurance contra tuments are incorrect and or the grant of a cover. I/we will dditions or alterations are co	nties, statements and particle is in sound and rown knowledge has been reference and accurate to the binsurance contract and the basis of the insurance if it is found that an untrue or suppressed ar accept the usual T & C ar	articulars given in the adworthy condition of the adworthy condition of the adworthy condition of the adworthy of my/our staten by information or prince of the policy of	nis proposal form. I/We n. I/We undertake the continuance thereconal knowledge and tements and particulars or particulars or particulars or prescribed and issued	Ve declare hat the ve for the state belief. I/vollars given company a for declara false infored by Com	that to chicle to cements we have in this and the tions in rmation pany.
I/We hereby agree and underta hereby authorise company that know the terms and conditions been explained to me/us in verr	all T & C of policy can be di of policy displayed on websi	splayed in the website of te. The salient features	of company that en of the policy, term	ables access by me/os and conditions of t	us if I/we	want to
I/We hereby give voluntary conso its group companies or any other of group companies that may be appropriate measures being in p	r person in connection with the of interest to me/us, to be us	he Insurance Policy or ot sed in accordance with t	herwise, including f	or providing products	and servi	

ADDITIONAL DECLARATION TO BE GIVEN BY PROPOSER SEEKING NO CLAIM BONUS:

I/We declare that the rate of NCB claimed by me/ us undertake that if this declaration is found to be incorrect premium.		
Place: Nam	Signature of Proposer	
	ase of Corporate)	
Section 41 of Insurance Act, 1938		
No person shall allow or offer to allow, either directly of insurance in respect of any kind of risk relating to lives or rebate of the premium shown on the policy, nor shall any rebate as may be allowed in accordance with the published the provisions of this section shall be liable for a penalty	property in India, any rebate of the who person taking out or renewing or continu d prospectus or tables of the insurer. Any	ole or part of the commission payable or any uing a policy accept any rebate, except such
Certified that the contents of the Proposal Form and do	• •	e Proposer and that he/they have fully
understood the significance of the proposed contract***	·	
Place:	Signature (On behalf of Proposer	r)
Date:	Name	

^{***} This is required only where, for any reason, the Proposal Form and other connected papers are not filled by the Prospect/Proposer.