

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			
		<b>TOTAL IDV in Rs (A+B+C+D+E)</b>	
<b>Own Damage</b>	<b>Amount</b>	<b>Liability</b>	<b>Amount</b>
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. _____		<b>PA for Passengers</b>	
(-) 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	
<b>TOTAL</b>		<b>TOTAL</b>	
<b>Net Premium (Own Damage + Liability)</b>			
<b>Service tax @ _____%</b>			
<b>Gross Premium</b>			

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

9) Has any insurance company ever :

- a) declined the proposal Yes  No
- b) cancelled & refused to renew Yes  No  (if yes, reasons there for .....)
- c) imposed special condition or excess Yes  No  (if yes, reasons and details thereof) .....

10) Details of Driver :

(a) Age : Owner Driver \_\_\_\_\_ Others \_\_\_\_\_

(b) Does the driver suffer from defective vision or hearing or any physical infirmity. Yes  No

If "Yes" please give details. \_\_\_\_\_

(c) Has the driver ever been involved/convicted for causing any accident or loss ? If yes, please give details as under including the pending prosecution, if any :-

Driver's Name	Date of Accident	Circumstances of Accident/ Claim	Loss/Cost Rs.

11) Any other relevant information \_\_\_\_\_

#### Payment Details

Cheque  Cheque No:  Cheque Date:  Cash  Credit Card  Others \_\_\_\_\_

#### Payment Details

Mode of Payment:  Cheque  DD  Cash  Others

Cheque - Given by:  Spouse  Father  Mother  Son/Daughter  Employer/Employee  Financier



To support our Go Green initiative, we will send policy copy link on your registered mobile number / email id. This is a digitally signed valid document. Please tick the box, if you still want to receive physical copy of your insurance policy.

I/We, the undersigned hereby declare and warrant that the insurance contract and policy to be issued by Bajaj Allianz General Insurance Company Ltd [Company] is subject to the declarations, warranties, statements and particulars given in this proposal form. I/We declare that to the best of my personal knowledge and belief that the vehicle is in sound and roadworthy condition. I/We undertake that the vehicle to be insured shall not be driven by any person who to my/our knowledge has been refused insurance or continuance thereof. The statements and particulars given in this Proposal form are complete, true and accurate to the best of my/our personal knowledge and belief. I/we have clearly understood the terms and conditions [T & C] to the insurance contract and agree that the statements and particulars given in this proposal form shall be held to be promissory and shall be the basis of the insurance contract between me/us and the Company and the Company shall have no liability under the insurance contract if it is found that any of my/our statements or particulars or declarations in this proposal form or other documents are incorrect and or untrue or suppressed any information or provided misleading or false information in any respect on any matter to the grant of a cover. I/we will accept the usual T & C and form of the policy prescribed and issued by Company. I/We also declare that 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 agree and undertake that I/we are agreeable to receive one page policy document without enclosing the T & C of policy and I hereby authorise company that all T & C of policy can be displayed in the website of company that enables access by me/us if I/we want to know the terms and conditions of policy displayed on website. The salient features of the policy, terms and conditions of this proposal have been explained to me/us in vernacular language, and I/we agree to the same. *(Please tick in case same is agreed by you)*

I/We hereby give voluntary consent to BAGIC/Company to share my/our personal information and data provided in this proposal form with its group companies or any other person in connection with the Insurance Policy or otherwise, including for providing products and services of group companies that may be of interest to me/us, to be used in accordance with their respective privacy policies and subject to appropriate measures being in place to safeguard my/our personal information.  Yes /  No

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

I/We declare that the rate of NCB claimed by me/ us is correct & that no claim has arisen in the expiring policy period. I/We further undertake that if this declaration is found to be incorrect, all benefits under the policy will stand forfeited with no liability to refund the premium.

Place:

Date:

Signature of Proposer

Name and Designation  
(In case of Corporate)

**Section 41 of 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 of 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 prospectus or tables of the insurer. Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to ten lakh rupees.

**Certified that the contents of the Proposal Form and documents have been fully explained to the Proposer and that he/they have fully understood the significance of the proposed contract\*\*\***

Place:

Date:

Signature (On behalf of Proposer)

Name

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

It is mandatory to keep your policy with updated contact (Mobile No., Email ID and PAN Card) and bank account details, to process any of your service requests faster and hassle-free in future.

You can update the same through Caringly yours App – <http://onelink.to/v9zp7c>, WhatsApp Service {Say 'Hi' on WhatsApp - +91 75072 45858}, Contact our 24-Hour Call Center at [1800-209-5858](tel:1800-209-5858), [1800-102-5858](tel:1800-102-5858), Give a Missed Call on – [8080945060](tel:8080945060), SMS “WORRY” to [575758](tel:575758), Email – [bagichelp@bajajallianz.co.in](mailto:bagichelp@bajajallianz.co.in), website – <https://www.bajajallianz.com/general-insurance.html>, contact your agent or nearest branch.