



## Proposal Form for Standalone Own Damage Policy- Private Car

Application Number: \_\_\_\_\_

Note: 1) Policy wording are available on request. 2) Please complete all sections in capitals & tick boxes wherever applicable. 3) Failure to disclose facts material to assessment of the risk or providing misleading information shall render the contract void. 4) Geographical Area of operation: INDIA.

Is the Vehicle Made in India  Yes  No

Type of Cover Required: Standalone Own Damage

### For Office Use Only

Policy Number: \_\_\_\_\_

Date: \_\_\_\_\_

Inspection Lead No. \_\_\_\_\_

### 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: Rollover Policy:  Used Policy:  Renewal:  New

2a. Proposer's/Insured Full Name (Registered Owner of the Vehicle): \_\_\_\_\_

### 2b. Address

	Address of Communication	Address at which the vehicle is registered
Flat/Building/Door/Block No		
Road/Street/Sector		
Nearest Landmark		
Area		
City		
Pin Code		
State		
Country		

City where vehicle is primarily used: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Mobile Number: \_\_\_\_\_



Email: \_\_\_\_\_ Fax: \_\_\_\_\_

3. Occupation of the Insured: \_\_\_\_\_ (Salaried/ Self Employed/ Profession)

4. Period of Insurance: From: .... / .... Hrs of DD / MM / YYYY To: Mid Night of DD / MM / YYYY

(Note: (Cover will commence not earlier than the date & time of acceptance of risk and subsequent to the payment of premium by the insured to the company and realization thereof by the Company.)

5. Source of Fund: Business: \_\_\_ Profession: \_\_\_ Salary: \_\_\_\_\_ Agricultural Income: \_\_\_ Savings: \_\_\_\_\_ Others: \_\_\_\_\_

6. Monthly Income: Up to Rs 20,000  Rs 20,001- Rs 50,000  Rs 50,000- Rs 1,00,000   
Rs 1,00,000 and above

7. PAN No. :

8. AADHAR No:

9. Do you have a GST registration number:  Yes  No

If yes please specify \_\_\_\_\_

10. Related Party:  Yes  No

#### Details of the Vehicle

11. Registration Number:

12. Date of Registration:

13. Registering Authority & Location:

14. Year & Month of Manufacture:

15. Engine Number:

16. Chassis Number:

17. Make of Vehicle:

18. Model of the vehicle:

19) Is the vehicle Imported Yes/ No

20. Type of Body:

21. Cubic Capacity:

22. Seating capacity including Driver:

23. Fuel Type: Petrol/ Diesel/ Others

## Details of the Vehicle Type and Use

24. Whether the Vehicle is driven by Non-conventional source of power?

Yes  No  If yes Bi Fuel  CNG  LPG

<b>Important: Insured's Declared Value (IDV)</b>			Age of the Vehicle	Depreciation	
<p>The <b>Insured's Declared Value (IDV)</b> 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.</p> <p>The IDV of the vehicle is to be fixed on the basis of the manufacturer's 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 alongside). The IDV of the side car(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.</p> <p>The schedule of age-wise depreciation as shown alongside is applicable for the purpose of Total Loss/Constructive Total Loss (<b>TL/CTL</b>) claims only. The 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.</p> <p>IDV of obsolete models of the vehicles (i.e. models which the manufacturers have discontinued to manufacture) and vehicles beyond 5 years of age will be determined on the basis of understanding between the Insurer and Insured.</p>			<p>Not exceeding 6 Months</p> <p>Exceeding 6 months but not exceeding 1 year</p> <p>Exceeding 1 year but not exceeding 2 years</p> <p>Exceeding 2 years but not exceeding 3 years</p> <p>Exceeding 3 years but not exceeding 4 years</p> <p>Exceeding 4 years but not exceeding 5 years</p>	<p>5%</p> <p>15%</p> <p>20%</p> <p>30%</p> <p>40%</p> <p>50%</p>	
Insured Declared Value (IDV) of the Vehicle	Non-Electrical Accessories fitted to the Vehicle	Electrical and Electronic Accessories fitted to the Vehicle	Side Car (Two-Wheeler)	Value of CNG/ LPG Kit	Total Value

25. Age of Owner Driver & Date of Birth:

26. Add On Covers (subject to availability & eligibility)

- |   |         |
|---|---------|
| a) Zero Depreciation (Standalone Own Damage- Private Car)         | Yes/ No |
| No of Claims Opted for _____                                      |         |
| b) Return to Invoice (Standalone Own Damage- Private Car):        | Yes/ No |
| Road Tax amount paid: INR _____                                   |         |
| Registration Charges Paid: INR _____                              |         |
| Do you have invoice of vehicle: Yes/ No                           |         |
| Invoice Value of vehicle: INR _____                               |         |
| c) Consumable Expenses (Standalone Own Damage- Private Car):      | Yes/ No |
| d) Daily Conveyance Benefit (Standalone Own Damage- Private Car): | Yes/ No |
| Per day allowance _____ Coverage Days _____                       |         |
| Franchise Days _____ No of Claims Opted for _____                 |         |
| e) Engine Protector (Standalone Own Damage- Private Car):         | Yes/ No |
| f) Tyre & Rim Protector (Standalone Own Damage- Private Car):     | Yes/ No |
| Specifications of Tyre & Tubes _____                              |         |
| g) Key Protect Cover (Standalone Own Damage- Private Car)         | Yes/ No |

- h) Loss of Personal Belongings (Standalone Own Damage- Private Car) Yes/ No  
Benefit Amount:\_\_\_\_\_
- i) NCB Retention Cover (Standalone Own Damage- Private Car) Yes/ No
- j) Road Side Assistance Yes/ No
- k) Road Side Assistance Gold Yes/ No

27. Is the Vehicle fitted with any Anti-theft device approved by the ARAI?

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

28. Are you a member of Automobile Association of India?

- If yes, please submit a membership copy. Yes  No
- a. Name of the Association
- b. Membership Number
- c. Date of Expiry

29. Will the Vehicle be exclusively used for

- a. Private, social, domestic, pleasure and professional purposes? Yes  No

If no, then state purpose of use\_\_\_\_\_

- b. Carriage of goods other than samples or personal luggage or commercial purpose?  
 Yes  No (delete)

30. Whether the Vehicle is used for Driving Tuitions? Yes  No

31. Whether the Vehicle is limited to Own Premises? (Only if not licensed for general road use by RTO)  
 Yes  No

32. Whether the Vehicle is fitted with Fibre Glass Tank? Yes  No

33. 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

34 Whether the Vehicle is design for use of Blind/ Handicapped/ Mentally Challenged Person? (Attach RC Copy)

Yes  No

35. Date of purchase of Vehicle by the Proposer:

36. Whether the Vehicle at the time of purchase was New  Second Hand

37. Is there a valid PUC certificate for the said vehicle: Yes/ No; If Yes please provide expiry date of PUC\_\_\_\_\_

(Please not insurance cannot be granted if insured does not have valid PUC at the date of commencement of policy)

38. Whether the vehicle is used for commercial purpose? Yes/ No

### Risk Inclusions

39. Please select the higher deductible if you wish to opt for over and above the compulsory deductible (Rs 1000 for vehicles not exceeding 1500 CC, Rs 2000 for vehicle exceeding 1500 CC)

Private Car:  Rs 2500  Rs 5000  Rs 7500  Rs 15000

40. Extension of Geographical Area:

Whether extension of Geographical Area to the following countries required?

Bangladesh  Bhutan  Maldives  Nepal  Sri Lanka  Pakistan

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

Hypothecation Agreement

If so, give name and address of concerned parties.

42. Full Name: \_\_\_\_\_

43. Address: \_\_\_\_\_

44. Any other material facts relevant for this insurance?  
\_\_\_\_\_

(Note: Copies of R.C. & Fitness Certificate should be submitted along with the proposal form)

### Existing Third Party Policy Details

45. Name of the Insurer:

46. Policy Number:

47. Policy Period: From: .../... Hrs of DD / MM / YYYY To: Mid Night of DD / MM / YYYY

### Payment Details

Cheque/DD Cheque/DD Number: \_\_\_\_\_

Cheque Date: DD/MM/YYY Cash: \_\_\_\_\_ Credit Card: \_\_\_\_\_ Others: \_\_\_\_\_

### Details of Previous Insurance

48. Is the vehicle in good condition? Yes/ No

If no please give full details. \_\_\_\_\_

49. Is previous insurance in proposer/insured name? Yes/ No

50. Full Name of Previous Insurer: \_\_\_\_\_

Address: \_\_\_\_\_



51. Policy Number: \_\_\_\_\_ Period of Insurance: DD/MM/YYYY to DD/M/YYYY

52. Type of Cover: \_\_\_\_\_ Package Policy \_\_\_\_\_ Liability Only. \_\_\_\_\_ Other (to be described)

53. Add On Opted: Yes/ No, If yes please name the add on covers \_\_\_\_\_

54. NO CLAIM BONUS (NCB) allowed under previous policy (%): \_\_\_\_\_

55. Claim lodged during the preceding 3 years: \_\_\_\_\_ Yes \_\_\_\_\_ No

If Yes:Year	Number	Claim Amount

56. Are you entitled to No Claim Bonus: \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please submit / attached proof thereof

57. Has any insurance company ever

Declined Your Proposal          Required an increase in premium

Cancelled or Refused your Renewal          Imposed Special Conditions or Excess

I/ We hereby declare that the rate of NCB claimed by me/ us is correct and that No claim has arisen in the expiring policy period (copy of policy enclosed). I/ We undertake that if this declaration is found incorrect, all benefits under this policy in respect of Section 1 of the policy will stand forfeited.

Signature of the Proposer

58. Details of Drivers:

a) Age                      Owner Driver  
   Other

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.

d) Driving Experience \_\_\_\_\_

#### AML Guidelines

I/ We hereby confirm that all premiums have been/ will be paid from bonafide sources and no premium has been/ will be paid out of the proceeds of crime related to any of the offence listed in Prevention of Money Laundering Act 2002. I understand that the company has the right to call for the documents to establish source of funds. The insurance company has the right to cancel the insurance contract in case I am/ have



been found guilty by any competent court of law under any of the statues, directly/ indirectly governing the Prevention of Money Laundering in India.

Nationality \_\_\_ Indian \_\_\_ Non- Indian, If Non Indian please specify the country \_\_\_\_\_

Type of Organization

\_\_\_Corporations \_\_\_Government \_\_\_Non Government Organizations \_\_\_Society \_\_\_Trust  
\_\_\_Partnership \_\_\_International Organization \_\_\_Cooperatives \_\_\_ Section 25  
companies

I/We hereby declare that the statements, answers & particulars made by me/us in this Proposal Form are correct, complete & 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 Raheja QBE General Insurance Company Limited. It is hereby understood that the statements, answers and particulars provided herein above, are the basis on which this insurance is being granted and that if, after the insurance is effected, it is found that any of the statements, answers or particulars are incorrect or untrue in any respect, the company shall have no liability under this insurance.

I/We also declare that, if any additions or alterations are carried out after the submission of this proposal form, would be conveyed to the Insurance Company immediately and in such event it shall be at the discretion of the Company as to whether to continue and/or modify/alter with additional terms and conditions with the cover as may be granted. I/ We herby states that the above mentioned address shall be taken as address on record for the purpose of GST.

This proposal form was completed by

Name: \_\_\_\_\_

Place: \_\_\_\_\_

Date: DD/MM/YYYY

\_\_\_\_\_

Signature of Proposer/Insured

### Prohibition of rebates - Section 41 of The Insurance Act 1938

1. 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.
2. Any person making default in complying with the provisions of this Section shall be punishable with fine which may extend to Rs. 10 Lacs

INSURANCE IS THE SUBJECT MATTER OF SOLICITATION