

## **Motor Proposal Form for Private Car / Two Wheeler**

Dear Customer,

Thank you for applying to ITGI's AUTO PROTECTOR. To help us process your policy quickly, please fill the form completely. While all this is part of our everyday business, we at ITGI take special care to safeguard every bit of information you provide us. That's simply because we respect your right to privacy. With us, your information is in safe hands. Our personnel will constantly be in touch with you-updating every single detail you provide about yourself.

If you have any queries, please call our Customer Care Centre at 1800-103-5499 (Toll Free). We are committed to bringing you the best through ITGI's products and services.

| Sei vices.  |                                   |   |                     |               |               |                              |                                  |                 |             |                     |
|---|-----------------------------------|---|---------------------|---------------|---------------|------------------------------|----------------------------------|-----------------|-------------|---------------------|
| Insured Details   | 1                                 |   |                     |               |               |                              |                                  |                 |             |                     |
| Name:   |                                   |   |                     |               |               |                              |                                  |                 |             |                     |
| Name of the Nominee for                                     | the purpose of Pe                 | rsonal Accid  | ent cover for own   | er, driver ur | nder Section  | III.                         |                                  |                 |             |                     |
| Correspondence  |                                   |   |                     |               |               |                              |                                  |                 |             |                     |
| Address:  |                                   |   |                     |               |               |                              |                                  |                 |             |                     |
|   |                                   |   |                     |               |               |                              |                                  |                 |             |                     |
| City  |                                   |   |                     |               | State         |                              |                                  |                 |             |                     |
| Pin code  |                                   |   |                     | ٨             | Nobile No     |                              |                                  |                 |             |                     |
| Where the vehicle is norm                                   | ally kept and used                | d is Same as  | that of above       | Yes           | / No If       | No, then plea                | ase mention the la               | ocation of the  | e vehicl    | e address below     |
|   |                                   |   |                     |               |               |                              |                                  |                 |             |                     |
| Address:  |                                   |   |                     |               |               |                              |                                  |                 |             |                     |
|   |                                   |   |                     |               |               |                              |                                  |                 |             |                     |
| City  |                                   |   |                     |               | State         |                              |                                  |                 |             |                     |
| Pin code  |                                   |   |                     |               | Nobile No     |                              |                                  |                 |             |                     |
| Is the vehicle proposed for                                 | incurance under                   | Hiro Purchas  | o/Logso Agroomo     | nt /Hvmotha   | ocation       | Yes /No                      | Dla sua a sua                    |                 |             |                     |
|   |                                   |   | -                   |               |               | 1es /140                     | Please me                        | ention the typ  | e or ac     | greemenr            |
| If Yes, give the name and                                   | address of the Inst               | titution havin  | g tinancial interes | t in the vehi |               |                              |                                  |                 |             |                     |
| Type of Policy  | Liability only                    | Liability only Policy Package Policy ii. Full OD+TP iii. Theft+TP iv. Fire+Theft+TP |                     |               |               |                              |                                  |                 |             |                     |
| Vehicle Details:-   |                                   |   |                     |               |               |                              |                                  |                 |             |                     |
| Registration Number   | Year of Mft                       | Make  | Model               | Со            | lour          | CC                           | Seat Cap incl.<br>Driver         | Engine Number   |             | Chassis Number      |
|   |                                   |   |                     |               |               |                              |                                  |                 |             |                     |
| Insured's declared va                                       | lue:                              |   |                     |               | ·             |                              |                                  |                 |             |                     |
| Insured's Declared<br>Value                                 | Non Electric                      |   | Electrical acce     | ssories       |               | wo Wheeler)/<br>r (Pvt. car) | Value of CNG/LPG Kit Total value |                 | Total value |                     |
| Rs  | . Rs                              |   | Rs                  |               | Rs            |                              | Rs Rs                            |                 |             |                     |
| <b>Note:</b> The Insured's Declor of each policy period for |                                   |   |                     |               |               |                              |                                  | vill be fixed a | t the co    | mmencement          |
| Additional Information                                      |                                   |   |                     |               | ,,            | - 101di 2000 did             |                                  |                 |             |                     |
| 1. Where is the vehicle p                                   |                                   | i. Locked   | enclosure ii.       | . Not in loc  | cked enclosu  | re but within t              | he boundary wal                  | l iii. Ou       | itside th   | ne boundary wall    |
| 2. Are you entitled to No                                   | Claim bonus                       |   |                     |               | Yes           |                              | No If Yes,                       |                 | % (c        | attach proof)       |
| 3. Is the vehicle fitted with                               | cle fitted with Anti Theft Device |   |                     |               |               |                              |                                  |                 |             |                     |
| 4. Do you wish to include                                   | e Personal Accide                 | ent (PA) cov  | er for Named Per    | rson          | Yes           |                              | No 📗                             |                 |             |                     |
| If Yes, give the name and<br>of Motoriesed Two Whee         | l Capital Sum Ins<br>eler.        | ured (CSI) c  | pted for. The Ma    | ximum CS      | l available p | er person is R               | s. 2 lakhs in case               | e of Private c  | ar and      | Rs. 1 lakhs in case |
| S. No.  | Name                              |   |                     |               | Nominees      |                              |                                  | CSI opted(Rs.)  |             |                     |
|   |                                   |   |                     |               |               |                              |                                  |                 |             |                     |
|   |                                   |   |                     |               | 1             |                              |                                  |                 |             |                     |
|   |                                   |   |                     |               |               |                              |                                  |                 |             |                     |
| 5. Do you wish to include                                   | PA cover for un                   | named pers  | ons /hirer/pillion  | n passenge    | ers(for Two V | Vheeler)                     | Yes                              |                 | No          |                     |
| If yes, give the number of<br>lakhs in case of Motories     |                                   | ıpital Sum Ir   | sured (CSI) opted   | d. The Max    | kimum CSI a   | vailable per p               | erson is Rs. 2 lak               | hs in case o    | f Private   | e car and Rs. 1     |

| 6. Do you wish to cover Legal Liability to  |  |   |  |  |  |  |  |  |  |
|---|--|---|--|--|--|--|--|--|--|
| a. Driver   | No   |   |  |  |  |  |  |  |  |
| b. Employees  |  | Yes   | No   |  |  |  |  |  |  |
| 7. Do you wish to opt for higher deductible over and above the compulsory (Rs. 100/- For Two wheeler and Rs. 1000/Rs. 20 If Yes, please specify the amount, For Two Whee For Private Car  |  |   |  |  |  |  |  |  |  |
| 8. Are you a member of Automobile Association of India? Yes No  |  |   |  |  |  |  |  |  |  |
| If Yes. Please state, Name of Association   |  |   |  |  |  |  |  |  |  |
| Membership No   |  | Date of Expiry  | (DD/MM/ YYYY)  |  |  |  |  |  |  |
| 1. Is the vehicle used for driving tuition?   | No   |   |  |  |  |  |  |  |  |
| Is the cover to be extended to the geographical area to the follow     If Yes, please tick the country  | ving countries?  | Yes   | No   |  |  |  |  |  |  |
|   | istan Sri Lanka  |   |  |  |  |  |  |  |  |
| 3. Is the use of the Vehicle limited to own premises?   |  | Yes   | No   |  |  |  |  |  |  |
| 4. Does the vehicle belong to foreign embassy/consulat?   | N II I I   | Yes   | No   |  |  |  |  |  |  |
| <ol> <li>Is the vehicle designed for use of Blind/Handicapped/Mentally C<br/>duly endorsed as by RTA ?</li> </ol>   | hallenged persons and  | Yes   | No   |  |  |  |  |  |  |
| 6. Is the vehicle fitted with fiber glass tank?   |  |   |  |  |  |  |  |  |  |
|   |  |   |  |  |  |  |  |  |  |
| 8. Name and address of the Previous Insurer   |  |   |  |  |  |  |  |  |  |
| Previous policy No Period Of     10. Please give the details of claims lodge during the preceding 3 years.  |  | То  | (DD/MM/YYYY)   |  |  |  |  |  |  |
|   | A  |   |  |  |  |  |  |  |  |
| S. No. Year   | Num  | oer   | Amount(Rs.)  |  |  |  |  |  |  |
|   |  |   |  |  |  |  |  |  |  |
|   |  |   |  |  |  |  |  |  |  |
|   |  |   |  |  |  |  |  |  |  |
| , , , , , , , , , , , , , , , , , , ,   | <b>=</b> .′ ′  |   |  |  |  |  |  |  |  |
|   |  |   |  |  |  |  |  |  |  |
| 12. Details of Driver:  | / 55/ 11535511   |   |  |  |  |  |  |  |  |
| a) If you are individual owner, do hold on effective driving lic b) Age Owner Driver  | Not Applicable   |   |  |  |  |  |  |  |  |
| <ul> <li>c) Does the Driver suffer from defective vision or hearing or an<br/>of the second of the properties of the proper</li></ul> | ,  | Yes No  |  |  |  |  |  |  |  |
| If yes, Details   |  |   |  |  |  |  |  |  |  |
| Name of Driver Date of Accident   | Circumstances of   | Accident/ Claim   | Loss/ Claim (RS.)  |  |  |  |  |  |  |
|   |  |   |  |  |  |  |  |  |  |
| 13. Please give any other information that may be relevant  |  |   |  |  |  |  |  |  |  |
| DECLARATION   |  |   |  |  |  |  |  |  |  |
| I/We hereby declare that the statements made by me/us in this proposal form is true of basis of the contract between me/us and the IFFCO TOKIO GENERAL NSURANCE C proposal form then the same would be conveyed to the Insurer's immediately.  Note: - Submission of this proposal form even along with any mode of payment is not  | and complete to the best of O LTD. I/We also declare to be taken as an admission   | my/our belief and I/W<br>hat any additions or alto<br>n of liability till the polic   | e hereby agree that this declaration shall form the<br>eration are carried out after the submission of this<br>cy is issued.   |  |  |  |  |  |  |
| NCB Declaration cum Warranty in policy  "New white the base of the contrary contained in a region it is basely across and understood and ungreented that the New Claim Popula (NCP) allowed under this policy is subject to   |  |   |  |  |  |  |  |  |  |
| "Notwithstanding anything to the contrary contained in policy, it is hereby agreed the fact that the Own Damage claim experience for the insured vehicle or the earlie policy (s) was Nil. Accordingly you give the consent and accept that the No Claim Bo history. However if we find that the basis of availing the "No Claim Bonus" (NCB) und Own Damage section of the policy, which may at our discretion include forfeiture of a (NCB) under the present policy is not correct, then you may please deposit the amount the continuation of benefits under the Own Damage section of the policy". The above NCB warranty will be there in the policy schedule also.   | , underslood and warfanding, rehicle (in case of transfe<br>unus (NCB) allowed under the der the Current policy is inc<br>Her the Current policy is inc<br>Ill benefits under the Own E<br>t for No Claim Bonus (NCB | a maine No Claim Bonus (h<br>r of No Claim Bonus (h<br>nis current policy for ins<br>orrect; then we will imp<br>pamage section of the p<br>) to us within 10 (Ten) d | ICB) from the earlier vehicle) in the Previous year<br>ured vehicle is based on the above Nil claim<br>ose suitable damages at the time of claim under<br>olicy. In case you find that the No Claim Bonus<br>ays from the date of the issuance of the policy for |  |  |  |  |  |  |
| PROHIBITION OF REBATES Section 41 of the Insurance Act 1938 provides as follows:  |  |   |  |  |  |  |  |  |  |
| No person shall allow or offer to allow either directly or indirectly as an inducement to any persor<br>any rebate of the whole or part of the commission payable or any rebate of the premium shown<br>such rebate as may be allowed in accordance with the published prospectus or tables of the Ins<br>which may extend to Ten Lakh Rupees.  | on to take or renew or continue<br>on the policy, nor shall any per<br>surer. Any person making defar  | an insurance in respect of<br>rson taking out or renewing<br>ult in complying with the pr   | any kind of risk relating to lives or property in India,<br>g or continuing a policy accept any rebate, except<br>ovision of this section shall be punishable with fine,   |  |  |  |  |  |  |
| Place:  |  |   |  |  |  |  |  |  |  |

Name and Signature of Proposer

Name & Signature of Authorized Representative of ITGI