

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.

Insured Details								
Name:								
Name of the Nominee for the purpose of Personal Accident cover for owner, driver under Section III.								
Correspondence Address:								
City								
State								
Pin code								
Mobile No								
Where the vehicle is normally kept and used is Same as that of above Yes <input type="checkbox"/> / No <input type="checkbox"/> If No, then please mention the location of the vehicle address below								
Address:								
City								
State								
Pin code								
Mobile No								
Is the vehicle proposed for insurance under Hire Purchase/Lease Agreement/Hypothecation Yes <input type="checkbox"/> /No <input type="checkbox"/> Please mention the type of agreement								
If Yes, give the name and address of the Institution having financial interest in the vehicle:								
Type of Policy		Liability only Policy <input type="checkbox"/>		Package Policy <input type="checkbox"/>				
		i. Full OD+TP <input type="checkbox"/>		ii. Theft+TP <input type="checkbox"/>				
		iii. Fire+TP <input type="checkbox"/>		iv. Fire+Theft+TP <input type="checkbox"/>				
Vehicle Details:-								
Registration Number	Year of Mft	Make	Model	Colour	CC	Seat Cap incl. Driver	Engine Number	Chassis Number
Insured's declared value:								
Insured's Declared Value	Non Electrical accessories	Electrical accessories	Side car(Two Wheeler)/Trailer (Pvt. car)	Value of CNG/LPG Kit	Total value			
Rs.	Rs.	Rs.	Rs.	Rs.	Rs.			
Note: The Insured's Declare 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 and it will be the purpose of Total Loss/Constructive Total Loss claims.								

Additional Information:

- Where is the vehicle parked at night? i. Locked enclosure ii. Not in locked enclosure but within the boundary wall iii. Outside the boundary wall
- Are you entitled to No Claim bonus Yes No If Yes, % (attach proof)
- Is the vehicle fitted with Anti Theft Device Yes No
- Do you wish to include Personal Accident (PA) cover for Named Person Yes No

If Yes, give the name and Capital Sum Insured (CSI) opted for. The Maximum CSI available per person is Rs. 2 lakhs in case of Private car and Rs. 1 lakhs in case of Motorised Two Wheeler.

S. No.	Name	Nominees	CSI opted(Rs.)

5. Do you wish to include PA cover for unnamed persons /hirer/pillion passengers(for Two Wheeler) Yes No

If yes, give the number of persons and Capital Sum Insured (CSI) opted. The Maximum CSI available per person is Rs. 2 lakhs in case of Private car and Rs. 1 lakhs in case of Motorised Two Wheeler.

No of persons CSI Opted (RS.)

6. Do you wish to cover Legal Liability to

- a. Driver Yes No
- b. Employees Yes No

7. Do you wish to opt for higher deductible over and above the compulsory deductible (Rs. 100/- For Two wheeler and Rs. 1000/Rs. 2000 for Private Car) Yes No

If Yes, please specify the amount, For Two Wheeler Rs. 500/750/1000/1500/3000. Rs.
For Private Car Rs. 2500/5000/7500/15000 Rs.....

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)

General Information:-

1. Is the vehicle used for driving tuition? Yes No
2. Is the cover to be extended to the geographical area to the following countries? Yes No
If Yes, please tick the country
Bangladesh Bhutan Maldives Nepal Pakistan Sri Lanka
3. Is the use of the Vehicle limited to own premises? Yes No
4. Does the vehicle belong to foreign embassy/consulat? Yes No
5. Is the vehicle designed for use of Blind/Handicapped/Mentally Challenged persons and duly endorsed as by RTA ? Yes No
6. Is the vehicle fitted with fiber glass tank? Yes No
7. Whether the vehicle was New or Second hand at the time of purchase. New Second Hand
8. Name and address of the Previous Insurer
9. Previous policy No. Period Of Insurance..... To (DD/MM/YYYY)
10. Please give the details of claims lodge during the preceding 3 years. (If Any)

S. No.	Year	Number	Amount(Rs.)

11. Has any insurance company ever:
- a) Declined your proposal ? Yes No If yes, Reason
- b) Cancelled & Refused to renew your policy Yes No If yes, Reason
- c) Imposed special condition or excess Yes No If yes, Reason

12. Details of Driver:

- a) If you are individual owner, do hold on effective driving license ? Yes No Not Applicable
- b) Age Owner Driver Others
- c) Does the Driver suffer from defective vision or hearing or any physical infirmity Yes No
If yes, Details
- d) Has the driver ever been involved/convicted for causing any accident or loss? Yes No
If yes, Please provide the details as under including the pending prosecutions, if any

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 and complete to the best of my/our belief and I/We hereby agree that this declaration shall form the basis of the contract between me/us and the IFFCO TOKIO GENERAL NSURANCE CO LTD. I/We also declare that any additions or alteration are carried out after the submission of this 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 to be taken as an admission of liability till the policy is issued.

NCB Declaration cum Warranty in policy

"Notwithstanding anything to the contrary contained in policy, it is hereby agreed, understood and warranted that the No Claim Bonus (NCB) allowed under this policy is subject to the fact that the Own Damage claim experience for the insured vehicle or the earlier vehicle (in case of transfer of No Claim Bonus (NCB) from the earlier vehicle) in the Previous year policy (s) was Nil. Accordingly you give the consent and accept that the No Claim Bonus (NCB) allowed under this current policy for insured vehicle is based on the above Nil claim history. However if we find that the basis of availing the "No Claim Bonus" (NCB) under the Current policy is incorrect; then we will impose suitable damages at the time of claim under Own Damage section of the policy, which may at our discretion include forfeiture of all benefits under the Own Damage section of the policy. In case you find that the No Claim Bonus (NCB) under the present policy is not correct, then you may please deposit the amount for No Claim Bonus (NCB) to us within 10 (Ten) days from the date of the issuance of the policy for the continuation of benefits under the Own Damage section of the policy".
The above NCB warranty will be there in the policy schedule also.

PROHIBITION OF REBATES Section 41 of the Insurance Act 1938 provides as follows:

No person shall allow or after 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 rebates 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 prospectus or tables of the Insurer. Any person making default in complying with the provision of this section shall be punishable with fine, which may extend to five hundred rupees

Place:-_____

Name and Signature of Proposer

Name & Signature of Authorized Representative of ITGI