BAJAJ | Allianz

Bajaj Allianz General Insurance Company Limited

Regd. & Head Office : GE Plaza, Airport Road, Yerwada, Pune - 411006.

IMD Code	
Sub IMD Code	
IMD Name & Contact No.	
LG / Emp. Code	

Local Office Details

PRIVATE CAR PACKAGE POLICY - PROPOSAL FORM

1. Please answer all questions in BLOCK letters
2. The Liability of the Company does not commence until this Proposal has been accepted by the Company and premium has been paid
3. This Proposal will be the basis of any subsequent policy that we 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

In case you are/were Insured with us? kindly mention your Customer ID:

Proposer Details

1) Full Name: Title/ First name/ Middle Name/ Surname

2) Gender: Male ☐ Female ☐   3) Date of Birth : _____   Age (in completed years): ____

4a) Residence Address:

Address Line 1

Address Line 2

City _____ State _____

Pincode _____ E-Mail _____

4b) Office Address:

Address Line 1

Address Line 2

City _____ State _____

Pincode _____

5) Mobile _____ Telephone (Res.) _____ Telephone (Office) _____

6) Are You a member of the Customer Loyalty Program? Yes ☐ No ☐

   If yes, kindly provide your Customer Loyalty No: _____

7) Occupation : (a) Govt. Employee ☐ (b) Defense Personnel ☐ (c) Public sector employee ☐

   (d) Private Sector employee ☐ (e) Business ☐ (f) Self Employed (give details _____)

   (g) Others _____

8) Proposed Period of Insurance: From _____ To _____

9) Hypothecation Details:

   Name of Financial Institution/Bank: _____

   Name of Branch and Branch address: _____

   Loan Account Number: _____

Vehicle Details

1) Registration No. _____ Date of Registration _____

2) Registration Authority _____ Location of the vehicle _____

3) Vehicle Registered as: Private Car ☐ Commercial Vehicle ☐

4) Year of Manufacture _____

5) Date of purchase of the vehicle by You _____

6) Whether the vehicle was New or Second Hand at the time of purchase _____

7) Engine no: _____ Chassis No: _____

8) Make: _____ Model : _____

   Subtype _____ Colour _____

9) Cubic capacity _____ Seating capacity: Driver (1) + ____

10) Fuel Used: Petrol ☐ / Diesel ☐ / LPG ☐ / CNG ☐ / Electric ☐ / any other _____

11) Tyres used: Tubeless ☐ With Tube ☐

12) Kilometer reading as on date ☐☐☐☐☐☐ Average Monthly use (in Kms) ☐☐☐☐☐☐

13) Whether the vehicle is fitted with fiber glass tank? Yes ☐ No ☐

14) Whether any modifications/ conversions has been done on the maker's standard specification

If yes, please give details_____

15) Is the vehicle fitted with anti-theft device: Yes ☐ No ☐

    a)   Manufacture and type of device- _____

    b)   Is it approved by Automobile Research Institute, Pune? Yes ☐ No ☐

16) Is the vehicle in good state of repair- Yes ☐ No ☐

If no, give damage details: _____

Usage

17) Where will be the vehicle generally used : Expressway/ National highways/ State Highways/ City Roads / Town Village roads/ Private Roads

(indicate more than one if used) _____

18) Will the vehicle be let out on Hire? Yes ☐ No ☐

19) Will use of vehicle be restricted to own premises? Yes ☐ No ☐

20) During night, the vehicle is parked at : ☐ a) Inside locked garage ☐ (b) Inside covered locked garage ☐ (c) inside compound in open ☐ d) On public roads (e) Others (please Specify)_____

21) Is the vehicle maintained by a Company? Yes ☐ No ☐

22) Is the vehicle being used for driving tuitions? Yes ☐ No ☐

23) Does the vehicle belong to foreign embassy/ consulate? Yes ☐ No ☐

24) Is the vehicle designed for use of Blind/ Handicapped/ Mentally challenged persons and duly endorsed as such by RTA? Yes ☐ No ☐

25) Are You a member of Automobile Association of India? Yes ☐ No ☐

If yes, Name of Association_____ Membership No. ☐☐☐☐☐☐ Date of expiry ☐☐☐☐☐☐

Past Insurance Details

26) Name and address of the previous insurer ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

27) Previous Policy Number ☐☐☐☐☐☐☐ Policy expiry date: ☐☐☐☐☐☐☐

28) Type of Cover: Comprehensive ☐ Liability Only ☐ (Please tick)

29) Claims lodged during the preceding 3 years : _____
_____

30) Status of No Claim Bonus (NCB) (Please attach renewal notice/ NCB Conformation letter): _____

NCB Declaration: 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 further undertake that if this declaration is found to be incorrect, all benefits under the policy in respect of Section 1 and Section 4 of the policy will stand forfeited, with no refund of premium.

Date: **Signature:**

31) Has any company, in respect of the risk to which this Proposal relates, ever:

Declined a proposal, refused renewal or terminated insurance? Yes ☐ No ☐

Required an increased premium or imposed special conditions? Yes ☐ No ☐

If 'Yes" in either case, please give details: _____

32) Details of other vehicles owned by You:

1)   Make ☐☐☐☐☐☐☐☐☐☐ Model ☐☐☐☐☐☐☐ Reg.No: ☐☐☐☐☐☐☐☐☐☐

    Insured with ☐☐☐☐☐☐☐☐ Cover expiry date ☐☐☐☐☐☐☐

2)   Make ☐☐☐☐☐☐☐☐☐☐ Model ☐☐☐☐☐☐☐ Reg.No: ☐☐☐☐☐☐☐☐☐☐

    Insured with ☐☐☐☐☐☐☐☐ Cover expiry date ☐☐☐☐☐☐☐

Driver Details

33) The vehicle would be driven by: (a) You, the insured only (b) You and Your Spouse (c) You, Your Spouse and any other person named below

Please give details of main drivers/ named drivers referred above:

Sr. No.	Name in Full	Relationship with the Proposer	Date of Birth	Occupation	No. of Driving Years	Suffering from any disease / infirmity (Please see note below)
1						
2						
3						

In case of additional Driver kindly attach a separate sheet

Note: Please mention whether the person suffer from Diabetes, epilepsy, heart condition or any other disease or infirmity (including uncorrected defective vision or a hearing or mental defect) that could affect his/ her ability to drive

Have You or any of the above drivers:

a) Been prosecuted or convicted for any offence or any prosecution pending? Yes ☐ No ☐

b) Had motor insurance refused, had a policy cancelled or had any special conditions imposed by any motor insurer? Yes ☐ No ☐

c) Had any loss, accident or claim during the last 3 years in connection with any motor vehicle? Yes ☐ No ☐

If you have answered Yes to any of questions above please give details _____

Proposed Coverage

34)

Insured Declared Value of the vehicle (Rs.)	Non-Electrical Accessories fitted to the vehicle (Rs.)	Electrical and electronic accessories fitted to the vehicle (Rs.)	Trailer (Rs.)	Value of CNG/LPG kit (Rs.)	Total Value (Rs.)

35) Type of cover required: Package/ Third Party/any other (please explain) ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

36) Do You wish to limit Third Party Property Damage cover to the statutory limit of Rs.6000   Yes ☐ No ☐

37) Do You wish to opt for legal liability to :

    (a) Paid Driver: Yes/ No;   (b) Other employees: Yes/ No (if Yes, No. of persons ☐☐)

38) Do You wish to opt for Personal Accident cover for named persons?   Yes ☐ No ☐

    If Yes, please give the name of the persons (other than Yourself or paid driver /cleaner) ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

39) Do You wish to opt for Personal Accident cover for unnamed passengers?   Yes ☐ No ☐

    If Yes, No. of persons ☐☐   Sum Insured per person ☐☐☐☐☐☐☐

40) *What is the deductible You wish to opt for?

    (a) Minimum Deductible (as per tariff) ☐   (b) Rs. 2500 + minimum deductible ☐   (c) Rs. 5000 + minimum deductible ☐

    (d) Rs. 7500 + minimum deductible ☐   (e) Rs. 15000 + minimum deductible ☐

41) Whether geographical area extension to the following countries is required?

☐ Bangladesh, ☐ Bhutan, ☐ Maldives, ☐ Nepal, ☐ Pakistan, ☐ Srilanka (please tick whichever applicable)

Payment Details:

Cheque ☐ Cheque No: ☐☐☐☐☐☐☐ Cheque Date: ☐☐☐☐☐☐☐ Cash ☐   Credit Card ☐ Others _____

42) Documents attached:

    Cover Note ☐   Renewal Notice ☐   Policy Copy ☐

    Inspection Report ☐   Registration Certificate ☐   Declaration ☐

43) Premium Calculation Table

IDV (Insured Declared Value)		Value of Electrical Accessories	
Value of CNG/LPG		Value of Non-Electrical Accessories	
Own Damage	Amount	Liability	Amount
Own Damage @_____%		Basic TP Cover	
CNG/LPG		CNG/LPG	
Electrical/Non-Electical Accessories		PA for Owner Driver	
(-) NCB @_____%		PA for Passengers	
(-) TPPD Restriction		LL for Paid Driver	
(-) Voluntary Excess of Rs._____			
(-) Automobile Association Discount			
(-) Discount for ATD			
(-) Commercial Discount			
TOTAL			
Gross Premium (Own Damage + Liability)			
Service tax @			
Net Premium			

Declaration

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. The statements and particulars given in this 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 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. 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.

ADDITIONAL DECLARATION TO BE GIVEN BY CUSTOMER 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. 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.

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.

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

Vehicle Inspection Report (for Break-in Insurance/ Roll Over Cases)

Vehicle No.

Chasis No.

Engine No.

Odometer Reading

Colour

Photographs Attached ☐ Yes ☐ No

Damage Details

Inspected By

Place

Date and Time

Signature

Underwriter's Comments (FOR INTERNAL USAGE)

Underwriter's Name and Signature:_____

Date: