



(The queries made/details stated below are the minimum requirements to be furnished by a proposer. The Insurer may seek any other information as desired for underwriting purpose)

Type of Policy	<input type="checkbox"/> PAY AS YOU DRIVE	<input type="checkbox"/> PACKAGE POLICY	<input type="checkbox"/> STANDALONE OWN DAMAGE
Coverage required for:	<input type="checkbox"/> PRIVATE CAR	<input type="checkbox"/> TWO WHEELER	<input type="checkbox"/> COMMERCIAL VEHICLE

1. Insured Details:-		Dev. Officer Name & Code (Office Use Only)	Agency/Intermediary Code & Name (Office Use Only)
Proposer's (Owner's) Full Name:		Gender: Male / Female / Others <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> OTH	Occupation:
Date of Birth:	CKYC No.	Nationality:	Tel. No : Mobile No.:
Email ID:	PAN No.:		Aadhar No.
Bank Account No.:	Name of the Bank:		Driving Licence No.
IFSC Code:	Address of the Bank		Passport No.
Address ( where vehicle is normally kept and used)		Voter ID Card No.	
Pin		GSTIN No.	
Address (Permanent)		Pin	

2. Nominee's Details:			
Nominee's Full Name:		Gender: Male / Female / Others	Date of Birth:
Relationship with Insured:	Nationality:	Occupation:	Tel. No : Mobile No.:
Bank Account No.:	Correspondance Address :	Email ID:	
Pin	Address (Permanent) :		
Pin	Pin		

3. In Case Nominee is a Minor:	
Name of Guardian:	Address of Guardian:
Mobile No.:	Pin

4. Other Insurance Details:	
Whether Vehicle is already Insured with other Insurer	<input type="checkbox"/> YES <input type="checkbox"/> NO
If Yes, Insurer Name: _____ Policy No.: _____ Period of Insurance _____	
5. Period proposed for insurance	From: _____ AM / PM of _____ to Mid Night of _____

6. Particulars of the vehicle:			
Registration No.		Class of vehicle	
Chassis No		Engine No	
Make		Model & Variant	
Cubic Capacity in CC/KW		Type of Fuel - Petrol/CNG/LPG/Bi-fuel / Electric Vehicle	
Year of Manufacture		Gross Vehicle Weight:	
Vehicle Invoice Value	Rs.	Color of Vehicle	
Insured's Declared Value (IDV)	Rs.	Seating Capacity of the Vehicle	
Name and Address of Registration Authority:		Date of Registration	
Registration validity date		Body Building Cost (If Applicable)	Rs.

7. Additional Details of the vehicle:			
Is Vehicle New or Second Hand at the time of purchase?	<input type="checkbox"/> NEW <input type="checkbox"/> SECOND HAND	Current Ownership	
Vehicle Used for Private, Social, domestic, pleasure, professional purpose	<input type="checkbox"/> YES <input type="checkbox"/> NO	Is vehicle in good condition?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Date of Purchase of vehicle		Obsolete Vehicle	<input type="checkbox"/> YES <input type="checkbox"/> NO
Whether vehicle is used for driving tuition	<input type="checkbox"/> YES <input type="checkbox"/> NO	Vehicle use is limited to own premises	<input type="checkbox"/> YES <input type="checkbox"/> NO
Whether vehicle belongs to foreign embassy or consulate or Imported vehicle without Custom Duty	<input type="checkbox"/> YES <input type="checkbox"/> NO	Whether vehicle is certified as Vintage car by Vintage and Classic Car Club of India	<input type="checkbox"/> YES <input type="checkbox"/> NO
Vehicle designed for Blind/Handicapped/Mentally Challenged persons and endorsed by RTA	<input type="checkbox"/> YES <input type="checkbox"/> NO	Value of CNG/LPG Kit	Rs.
Fibre Glass Tank Fitted	<input type="checkbox"/> YES <input type="checkbox"/> NO	If Yes then Value of Fibre glass fuel tanks	
Are you a member of Automobile Association of India	<input type="checkbox"/> YES <input type="checkbox"/> NO	If Yes then Name of Association	
Membership No.		Date of Expiry of Membership	
Car in roadworthy condition and free from damage	<input type="checkbox"/> YES <input type="checkbox"/> NO	Details of Vehicle Condition	
Is the vehicle fitted with Anti-theft device	<input type="checkbox"/> YES <input type="checkbox"/> NO	Give, details - Type / Model	
Extension of Geographical Area required	<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes: Extension to: 1. Bangladesh 2. Bhutan 3. Nepal, 4. Pakistan 5. Srilanka 6. Maldives	
Vehicle Requisitioned by Government	<input type="checkbox"/> YES <input type="checkbox"/> NO	No. of days for Rally	
Whether Rally extension required for Motor Racing / Speed Test	<input type="checkbox"/> YES <input type="checkbox"/> NO	If Yes then, Number of Trailers Attached: _____	
Whether trailer attached to the vehicle (For Commercial Vehicle)	<input type="checkbox"/> YES <input type="checkbox"/> NO	Total IDV of the Trailer Attached: _____	

7. Additional Details of the vehicle: (Cont..)					
Is the vehicle proposed for insurance is Under Hire Purchase / Under Lease Agreement / Under Hypothecation Agreement.		<input type="checkbox"/> YES <input type="checkbox"/> NO		If Yes, give name and address of concerned parties :	
Extra Electrical/ Electronic fittings		<input type="checkbox"/> YES <input type="checkbox"/> NO		If Yes then	
				Value of Music System	
				Rs.	
				Value of AC/Fan	
				Rs.	
				Value of Lights	
				Rs.	
				Value of Other Fittings	
				Rs.	
				Total Value of Extra Electrical/ Electronic fittings	
				Rs.	
Non-Electrical/ Electronic fittings		<input type="checkbox"/> YES <input type="checkbox"/> NO		Value of Non- Electrical/ Electronic fittings	
				Rs.	
Additional Towing Coverage Required		<input type="checkbox"/> YES <input type="checkbox"/> NO		If Yes then Additional Towing Coverage Amount	
				Rs.	
Side Car Attached		<input type="checkbox"/> YES <input type="checkbox"/> NO		If Yes, then value of side car	
				Rs.	
8. COMPULSORY OWNER DRIVER PA					
Do You Hold Valid Driving License (If No'please refer declaration on page 3)*		<input type="checkbox"/> YES <input type="checkbox"/> NO		If Yes then License Type of Owner Driver	
Age of Owner Driver				Owner Driver Driving License No	
Owner Driver License Issue Date				Owner Driver License Expiry Date	
License Issuing Authority for Owner Driver				Name of Nominee and Details:	
Do you have any other PA/CPA Policy with Minimum SI Rs. 15 Lac		<input type="checkbox"/> YES <input type="checkbox"/> NO		If Yes, Please provide Details	
9. DRIVER/ DRIVING LICENCES PARTICULARS :					
Do you Have Any other Driver		<input type="checkbox"/> YES <input type="checkbox"/> NO			
In the past three years, whether the driver met with accident/s and convicted for such offences		<input type="checkbox"/> YES <input type="checkbox"/> NO		If yes, give details:	
10. PREVIOUS INSURANCE PARTICULARS :					
Name of Previous Insurer				Previous Policy Number	
Address of the Previous Insurer				Expiry date of previous Policy	
Voluntary Excess		Rs.		No. of Claims (if any)	
NCB Applicable %				Estimated Amount of Claim/s	
11. MANDATORY LIABILITY POLICY DETAILS FOR STANDALONE OWN DAMAGE (SAOD) POLICY					
Period of Insurance		From _____ To _____		Policy No. and Name of Insurer	
12. PERSONAL ACCIDENT COVERS :					
Do you want to include PA cover for Named Person		<input type="checkbox"/> YES <input type="checkbox"/> NO		If Yes then Number of Named Persons	
Names of Named person		Mr/Ms/M/s			
Individual CSI for Named Person		Rs.		Capital SI for All Named Persons	
				Rs.	
Do you wish to include PA Cover for Paid Drivers		<input type="checkbox"/> YES <input type="checkbox"/> NO		If Yes then No of Paid Drivers	
Individual CSI for Paid Driver		Rs.		Capital SI for Drivers	
				Rs.	
Do you want to include PA cover for unnamed person		<input type="checkbox"/> YES <input type="checkbox"/> NO		If Yes then No of unnamed Persons	
Individual CSI for unnamed Person				Capital SI for unnamed Persons	
				Rs.	
Nominee particulars : Name and Details:					
13. LEGAL LIABILITY COVERAGE : (Applicable for Commercial vehicles)					
LL to paid drivers, cleaner employed for operation. and/or maintenance of vehicle under WCA		<input type="checkbox"/> YES <input type="checkbox"/> NO		If Yes then Number of Drivers Legally Liable	
LL to Employees of Insured traveling and / or driving the Vehicle		<input type="checkbox"/> YES <input type="checkbox"/> NO		If Yes then Number of employees Legally liable.	
LL to Soldiers/Sailors/Airmen employed as Drivers		<input type="checkbox"/> YES <input type="checkbox"/> NO		If Yes then Number of LL to Soldiers/Sailors/Airmen	
Do You want to reduce TPPD cover to the statutory limit of Rs.6000		<input type="checkbox"/> YES <input type="checkbox"/> NO			
14. ADD ON Covers					
NAME OF ADD ON				NAME OF ADD ON	
1. Nil Depreciation Add on Cover		<input type="checkbox"/> YES <input type="checkbox"/> NO		11. Personal Belongings Cover	
2. Road Tax Add on Cover		<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	
3. Return to Invoice Add on Cover		<input type="checkbox"/> YES <input type="checkbox"/> NO		12. High Value PA Cover	
4. No Claim Bonus (NCB) Add on Cover		<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	
5. Engine Protect Add on Cover		<input type="checkbox"/> YES <input type="checkbox"/> NO		13. Roadside Assistance Cover	
6. Additional Towing Charges Add on Cover		<input type="checkbox"/> YES <input type="checkbox"/> NO		(i) Basic Cover	
7. Loss of Contents Add on Cover		<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	
8. Consumable Items Cover		<input type="checkbox"/> YES <input type="checkbox"/> NO		(ii) Gold Cover	
9. Key Protect Cover		<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	
10. Tyre & Alloy Cover		<input type="checkbox"/> YES <input type="checkbox"/> NO		14. Hybrid Protect Add on Cover	
				(i) Basic Cover	
				<input type="checkbox"/> YES <input type="checkbox"/> NO	
				(ii) Comprehensive Cover	
				<input type="checkbox"/> YES <input type="checkbox"/> NO	
				15. Battery Protect Add on Cover	
				<input type="checkbox"/> YES <input type="checkbox"/> NO	
15. PAY AS YOU DRIVE					
Selection of Kilometers		4,000 KMS		6,000 KMS	
				8,000 KMS	
				10,000 KMS	
				Beyond 10,000 KMS	

#### INSTRUCTION ON INSURED'S DECLARED VALUE

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.: 1. 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 agreed percentage between the insurer and the insured.

**Declaration by the Proposer**

I / We hereby declare that the statements made by me / us in this Proposal Form, including document(s) attached, are true and correct, to the best of my / our knowledge and belief and nothing materially affecting the risk has / have been concealed by me / us. I / We hereby agree that this declaration shall form the basis of the contract between me / us and "The New India Assurance Co. Ltd." and shall form part of the insurance contract.

I/We further declare that I/We do not hold an effective Driving License to drive the insured vehicle and therefore I/We am/are ineligible for Compulsory Owner Driver Personal Accident cover. (Please refer point 8 of proposal form)\*

I / We further declare that any addition(s) or alteration(s) or modification(s) is / are carried out in the vehicle or in the document(s), during the currency of the policy, furnished / forming part of this Proposal Form, shall be intimated in writing to the Insurer immediately, failing which, the same shall be construed as breach of the Contract and my / our rights shall be forfeited thereunder, irrespective of whether or not, the same is material to the losses / Liabilities.

I / We also declare that I / we shall comply with the requirements of M. V. Act, 1988, and subsequent amendments thereto from time to time and rules made there under.

I / We also declare that I / we shall inform this insurer, in case, the Government requisitions this vehicle during the currency of the Policy (GR-38 of IMT).

I / We hereby declare that the vehicle proposed for insurance has a valid PUC & Fitness Certificate(in case of transport vehicles) on the date of fresh issuance/renewal of the policy

I / We also declare that this vehicle shall be handed over to the Driver only after due verification of genuinity and effectiveness of his Driving Licence to drive this vehicle

I / We hereby also declare that I / we am / are willing to accept a policy of insurance in this company's usual Form.

I/We hereby declare that there is no other Package/Liability insurance policy in existence of the vehicle proposed for insurance.

I Want to avail Policy in Physical Form.

I Want to get the Policy related information in soft copy.

Place	LTI / Signature(s) of the Proposer
Date & Time	Name of the Witness with signature

N. B.: I / We am / are putting my / our signature(s) after understanding the above contents, incorporated in this Proposal Form , read over to me / us, are true and in accordance with my / our version

**VEHICLE INSPECTION REPORT IN CASE OF BREAK IN INSURANCE**

(For Office Use Only )

Vehicle No.:	Colour of the vehicle:	Odometer Reading:
Chassis No.:	Engine No.:	Place of Inspection:
Specify the condition of the Vehicle and damages , if any:		
N. B. : Whether Photograph(s) of the Vehicle is/ are attached for ready reference? If yes, specify Nos. of Photographs:	Signature:	
Date & Time:	Name:	
Place:	Designation:	
	S. R. No.:	
Recommendation(s) of the Development Official:	Signature & Date with Name & S. R. No.:	
Nominated Underwriter:	Signature & Date with Name & S. R. No.:	

**INSURANCE ACT 1938, SECTION 41 - PROHIBITION OF REBATES**

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 prospectus 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 up to Ten Lac Rupees.



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