

PROPOSAL FORM TWO WHEELER PACKAGE POLICY

Proposal for: New Vehicle Rollover Endorsement Renewal (LGIL Policy No.) _____

- Note:** 1) Please complete the proposal form in BLOCK LETTERS and tick boxes whichever applicable
 2) Attach additional sheets if space given is insufficient
 3) The queries made/details stated below are the minimum requirements to be furnished by a proposer. (The Company may seek any other information as desired for underwriting purpose.)

Intermediary Details

IMD Name : _____ IMD Code : _____
 Branch Name : _____ Branch Code : _____
 SM Name : _____ SM Code : _____
 MISP/POSP Name : _____ MISP/POSP Code : _____
 PAN Card No. : _____ OR Aadhar Card No. : _____

(Mandatory to provide PAN Card No. or Aadhar Card No. in case of MISP/POSP)

Type of Cover : Package (Comprehensive) Policy for 1 year Package (Comprehensive) Policy for 2 years Package (Comprehensive) Policy for 3 years
 Package (Comprehensive) Policy for 5 years Bundled Cover (1 year Own Damage & 5 years Third Party)

Vehicle Details

Vehicle Make	Model	Variant	Year of Manufacture & Month	CC / KW	Gross Vehicle Weight (GVW) For Goods carrying Vehicle	Seating Capacity/LCC (Including Driver/Cleaner)	Body Type

Insured Declare Value

Year	For Vehicle Rs.	Electrical Accessories	Non Electrical Accessories	Trailers / Side Car (If Any)	CNG/LPG Kit (if not part of standard vehicle)	Total IDV Rs.
1						

"Add On Covers" Selected: Depreciation Cover Consumable Cover GAP Value Cover Road Side Assistance Cover Engine Safe Cover
 EV Secure (Battery & Charger Protection covers : Damage to Battery @ SI _____, Damage to Charger @ SI _____, Damage to Property @ SI _____, Charger Liability Protection @ SI _____) Battery Serial Number : _____ EV Secure Add-on excess: Do you wish to take the EV Secure excess over an above the compulsory excess for Battery & charger protection cover ? If Yes please mention the Excess amount for : Damage to Battery / Charger _____, Damage to Property _____
 Whether you have opted for any Add on Coverage's last year. Yes No
 If yes, please specify the Add on Coverage's _____

Vehicle Registration No. _____ Colour of Vehicle _____

Engine No. _____ Chassis No. _____

Place of Registration _____ Date of Registration

d	d	m	m	y	y	y	y
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Trailer Chassis No. (if any) _____ Vehicle type Indigenous Imported Rated under : Zone A Zone B

Is the vehicle attached with any of the Fleet? Yes No No. of vehicles attached with fleet : _____ CC / KW : _____

Is the vehicle made in India? Yes No

Financier Details : Hypothecation Agreement Hire Purchase Lease Agreement Body Type : _____

Name of Financier & Address : _____

Name of Insured : (Mr/Mrs/Ms/Dr) _____

PAN Card No. : _____ Aadhar Card No. : _____

E Insurance Account No. : _____ I would like to open E Insurance Account with _____ Insurance Repository

Communication Address : _____

Area / Landmark : _____ State : _____ City / District : _____ Pin Code : _____

Contact Details : Mobile No. : _____ Residence / Office : _____

Email ID : _____ GSTIN : _____

Date of Birth :

d	d	m	m	y	y	y	y
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 Business/Occupation (For Individual Customer) _____

Registration Address : _____

Any other details : _____

Period of Insurance for Package Policy of 1 year & 3 years:

From Time:

h	h	m	m
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 Date:

d	d	m	m	y	y	y	y
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 To the Midnight of Date:

d	d	m	m	y	y	y	y
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Period of Insurance for PA Owner Driver Cover: From Time:

h	h	m	m
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 Date:

d	d	m	m	y	y	y	y
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 To the Midnight of Date:

d	d	m	m	y	y	y	y
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Period of Insurance for Bundled Cover : _____

Section I - Own Damage From Time:

h	h	m	m
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 Date:

d	d	m	m	y	y	y	y
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 To the Midnight of Date:

d	d	m	m	y	y	y	y
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Section II - Liability : From Time:

h	h	m	m
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 Date:

d	d	m	m	y	y	y	y
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 To the Midnight of Date:

d	d	m	m	y	y	y	y
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Please give details of nomination:

Particulars	Name of Passenger	Name of Nominee/ Existing Nominee	Name of New Nominee (In case of change of existing Nominee)	Age	Relationship	Name of Appointee (If Nominee is a minor)	Relationship with the nominee
For PA to owner Driver							
For PA to Named Passenger							

(In case of more than 1 named passengers, please provide details in the above format on a separate sheet)

Note: • Personal Accident Cover for Owner Driver is compulsory for Sum Insured of Rs 15,00,000/- • Compulsory PA cover to Owner Driver cannot be granted where a vehicle is owned by a company, a partnership firm or a similar body corporate or where the owner driver does not hold an effective driving license.

Persons or classes of Person entitled to drive: Please refer overleaf. Any Limitations as to use of Motor vehicle: Please refer overleaf.

In the event of dishonor of Cheque(s), insurance cover provided under this document automatically stands cancelled from inception irrespective of whether a separate communication is sent or not.

Premium Payment Details: Cash Cheque Demand Draft Credit Card Online Insured Bank Details: _____

Premium Amount (including service tax): _____ Bank Name and Branch: _____

Cheque / DD No.: _____ Bank A/C No.: _____

Cheque / DD Date: _____ IFSC Code: _____

In case the annualized premium is more than Rs. 25000/-, the proposer is requested to provide a cancelled cheque of his/her bank account if the premium is not paid from the same.

Details of Electrical Accessories

Item Details: _____ Make & Model: _____ Year of Manf.: _____ IDV: _____

Details of Non-Electrical Accessories

Item Details: _____ Make & Model: _____ Year of Manf.: _____ IDV: _____

