

MOTOR PROTECT COMMERCIAL VEHICLE PACKAGE POLICY PROPOSAL FORM

IMPORTANT GUIDELINES:

1. **Insurance is the contract of utmost good faith requiring of the Proposer and the Insured not only to disclose all material facts but also not to suppress any material facts in response to the questions in the proposal form.**
2. **Before completing this proposal form, read the prospectus/key features document/policy wordings to understand the meaning of the terms used herein.**
3. **Insurance is a contract of utmost good faith, requiring the proposer and the insured to disclose all material facts and not withhold any relevant information in response to the questions in this proposal form. It is important to answer all questions.**
4. **If additional space is needed, attach a separate signed and dated sheet, and reference the relevant question number.**
5. **Cover shall commence no earlier than the date and time of acceptance and subsequent to receipt of the premium.**

(Information for fields marked with asterisk [*] is mandatory)

*Cover ☐ Package ☐ Fire Only ☐ Fire with Liability ☐ Theft only
Desired ☐ Theft with Liability ☐ Fire & Theft Only ☐ Fire & Theft with Liability

(Note: Cover shall commence not earlier than the date and time of acceptance of risk/or issuance of cover note subsequent to payment of premium)

Proposal For- ☐ New Policy ☐ Renewal ☐ Rollover ☐ Endorsement

Period of Insurance: From hrs min

To midnight of

1. FOR OFFICE USE

Intermediary Name: _____ Intermediary Code: _____

Business Channel: ☐ Agency ☐ Banca ☐ Corporate/Broking ☐ Direct

RM/SP Name: _____ RM/SP Code: _____

RM/SP Contact No. _____ GSTN: if applicable _____

POSP PAN (if applicable) _____

2. PROPOSER'S DETAILS*

(Registered owner of the motor vehicle) Name: - ☐ Mr. ☐ Ms. ☐ Dr ☐ M/s

Date of Birth: Age _____ Yrs Sex: ☐ Male ☐ Female
☐ Third Gender

Marital Status ☐ Married ☐ Single ☐ Widowed Occupation/Business/Service/Other: _____

Educational Qualification: _____ PAN No. _____ Are you a professional? Yes/No,
if yes please specify _____

I want Private Car Insurance Policy and related information in: ☐ Physical Format ☐ e-Format (electronic)

e-IA number (e-Insurance Account number) _____

Choose Insurance Repository (for those selecting e-format):

- ☐ NSDL Data Management Ltd ☐ CDSL Insurance Repository Ltd ☐ Karvy Insurance Repository Ltd
☐ CAMS Repository Services Ltd.

CKYC No (Central Know Your Customer Registry No): _____ (if available)

(If not available request you to kindly download the form from our website and request you to kindly submit along with this proposal form)

GSTIN: If applicable _____ (If more than one GSTIN, kindly attach an annexure with details)

3. REGISTRATION ADDRESS OF VEHICLE TO BE INSURED*

City: _____ State _____ Pin code _____

4. PRESENT ADDRESS FOR COMMUNICATION (DISPATCH ADDRESS*)

Building Name / Block No _____

Street Name: _____ City _____ State _____

Pin code _____ Telephone (O) _____ (R) _____ (M) _____

Fax No _____ Email _____

PERMANENT ADDRESS FOR COMMUNICATION: (if left blank, will be construed as being same as Present Address)

Building Name / Block No _____

Street Name: _____ City _____ State _____

Pin code _____ Telephone (O) _____ (R) _____ (M) _____

Fax No _____ Email _____

5. VEHICLE DETAILS* (City where vehicle will be primarily used)

Make and model	Registration No.	Engine No.	Chassis No.	CC / GVW
Year of manufacturer	RTO where vehicle is/will be registered.	Date of Registration/purchase	Seating capacity (including driver)	Colour

Note: Copy of RC book needs to be provided.
Declaration*-I/We hereby confirm that in case the details are found to be incorrect, any claim made under the policy will be rejected.

Signature of the Proposer

Vehicle Insured is ☐ Brand New ☐ Used

Type of Permit <input type="checkbox"/> Hilly <input type="checkbox"/> National/State Highways <input type="checkbox"/> City / Town roads <input type="checkbox"/> District Roads <input type="checkbox"/> Others – Others - please specify	Purpose of Use <input type="checkbox"/> Goods Carrying (Private Carrier) <input type="checkbox"/> Goods Carrying (Public Carrier) <input type="checkbox"/> Passenger Carrying (Private Carrier) <input type="checkbox"/> Passenger Carrying (Public Carrier) <input type="checkbox"/> Others -please specify	No of Wheels <input type="checkbox"/> Two Wheelers <input type="checkbox"/> Three Wheelers <input type="checkbox"/> Four Wheelers <input type="checkbox"/> More than 4 Wheelers	Fuel Type <input type="checkbox"/> Petrol <input type="checkbox"/> Diesel <input type="checkbox"/> Bi Fuel <input type="checkbox"/> CNG <input type="checkbox"/> LPG <input type="checkbox"/> Battery <input type="checkbox"/> Others - please specify	Per day mileage <input type="checkbox"/> Up to 20 Kms <input type="checkbox"/> 21 to 50 Kms <input type="checkbox"/> 51 to 100 Kms <input type="checkbox"/> 101 to 150 Kms <input type="checkbox"/> Over 151 Kms
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If the Vehicle Owned / Hired/ Leased/ Permitted or likely to be Owned / Hired / Leased / Permitted by State Transport Authorities for the purpose of their operation for the Public Transport ☐ Yes ☐ No

Vehicle make <input type="checkbox"/> Indigenous <input type="checkbox"/> Imported	Repair <input type="checkbox"/> Preferred garage <input type="checkbox"/> Dealership
Speedometer reading as on date*:	
Nature of goods normally carried <input type="checkbox"/> Hazardous <input type="checkbox"/> Non- Hazardous If hazardous give details of hazardous substance	Parking <input type="checkbox"/> Roadside public Parking <input type="checkbox"/> Roadside Outside Parking <input type="checkbox"/> Within Compound of Residence (open) <input type="checkbox"/> Within compound of residence (covered)

Pollution Under Control (PUC) Certificate:	
Vehicle being insured has valid Pollution Under Control (PUC) certificate as on inception date of policy (not applicable for new vehicle)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Trailer Registration No. and No. of trailer*	

6. FINANCIER DETAILS

Bank Name	<input type="checkbox"/> Hypothecation	<input type="checkbox"/> Hire Purchase	<input type="checkbox"/> Lease
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7. INSURER PARTICULARS (attach expiring policy copy with schedule/ renewal notice as proof of insurance)

Previous Insurer name:										Type of cover: <input type="checkbox"/> Package <input type="checkbox"/> Fire and/or Theft with liability <input type="checkbox"/> Fire and/or Theft only <input type="checkbox"/> Liability only				
Address:														
Period of Insurance:	D	D	M	M	Y	Y	Y	Y		# No claim Bonus in the expiring policy %				
Policy/Cover note number:										Has any Insurance Company ever: 1) Declined the proposal. 2) Cancelled & refused to renew 3) Required an increase in premium. 4) Imposed special conditions or excess.			Yes	No
Claims reported in last 5 years:														
Year	1	2	3	4	5									
No of claims														
Amount														

#For granting NCB, appropriate documentary evidence to be submitted

8. INSURED DECLARED VALUE (IDV)

The IDV of the vehicle will be deemed to be the sum insured for the purpose of the policy and will be fixed on the basis of manufacturer's listed selling price of the brand and models as the vehicle proposed for insurance/renewal and adjusted for depreciation as per schedule specified herein.	Age of the vehicle	% of depreciation
	Not exceeding 6months	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: For vehicles more than 5 years old, please contact the Company for fixing the IDV		

Own Damage (OD)

the cover is opted/applicable)

Please mention the premium amount where

		IDV	Premium
*Vehicle Value (IDV): Rate _____	Basic IDV		a.
	Body IDV		
Non-electrical accessories: (Other than factory fitted)			b.
Bi fuel/CNG/LPG Kit: Inbuilt <input type="checkbox"/> Yes <input type="checkbox"/> No			c.
Trailer(s): No of Trailer _____			d.
Electrical Accessories (other than factory fitted)			e.
	Stereo	AC	Others – please specify
Make			
Model			
Year			
Total A (a to e)			₹.

Extended Cover / Extra Benefits		Restricted Cover / Discounts	
Geographical Area Extension <input type="checkbox"/> Bangladesh <input type="checkbox"/> Bhutan <input type="checkbox"/> Maldives <input type="checkbox"/> Pakistan <input type="checkbox"/> Nepal <input type="checkbox"/> Sri Lanka	f. ₹.	Anti-Theft Discount vehicle fitted with anti-theft device and approved by ARAI	m. ₹.
Fibre Glass Fuel Tank <input type="checkbox"/> Yes <input type="checkbox"/> No	g. ₹.	Handicap Discount Vehicle is specially designed for use of Handicap Person and endorsed in the Registration Certificate	n. ₹.
Embassy Loading (without custom duty##) country name	h. ₹.		
Driving Tuition Cover IMT-23	i. ₹.		
Overturning Cover Vehicle is used for Private and Commercial <input type="checkbox"/> Yes <input type="checkbox"/> No	j. ₹.		
	k. ₹.	Own Premises Discount Vehicle will be used within own premises / confined to sites	o. ₹.
	l. ₹.		
Total B (f to l)		₹.	Total C (m to o)
Total OD Premium Before NCB (A + B + C) - D		₹.	
Less NCB _____ %		₹.	
Total OD after NCB (D-NCB) – E		₹.	
Less- Commercial Discount _____ %		₹.	
Total OD Premium (E-Disc)		₹.	

Duty not payable if not insured, for both partial and total loss claims.

Third Party (TP)

Basic TP Premium	a.	₹.
Third Party Property Damage Cover restricted ₹. 6000/- <input type="checkbox"/> Yes <input type="checkbox"/> No	b.	₹.
Bi-fuel / CNG/ LPG Kit: ₹. 60/-	c.	₹.
Trailers	d.	₹.

Compulsory PA Owner Driver Cover <input type="checkbox"/> Yes <input type="checkbox"/> No Please tick 'No' if the owner is not having valid driving license Nominee Name: _____ Nominee Age _____ Relationship with Insured _____ Name of Appointee (if Nominee is minor) _____ Relationship to the nominee _____	e.	₹.
Geographical Area Extension	f.	₹.
Voluntary Personal Accident Cover (Unnamed) (applicable for Passenger Carrying vehicle) No of person as per seating capacity per person _____	g.	₹.
Voluntary Personal Accident Cover (Named) Named person _____ Capital Sum Insured _____ Name of the Nominee _____ Age of the Nominee _____ Relationship with the person _____ Name of Appointee (if Nominee is minor) _____ Relationship to the nominee _____ (Please attach separate sheet if no of person is more than one)	h.	₹.
Personal Accident Cover for Paid Driver No of person _____ CSI Per Person _____	i.	₹.
Legal Liability Cover to Paid Driver No of Person _____ Paid Cleaner No of Person _____ Paid Conductor No of Person _____ Employee (other than paid driver/s) No of Person _____ Non-fare Paying passenger No of Person _____	j. k. l. m. n.	₹. ₹. ₹. ₹. ₹.
Total TP Premium (a to n)		₹.
Total OD premium + TP premium – before GST		₹.
Add: GST		₹.
Total Premium Payable		₹.

9. DRIVER DETAILS

The vehicle to be driven by: Self –Driving Experience - _____ years						
Any other person/s please provide the below details:						
	Name	Age	Gender	Driving Experience	Educational Qualifications	No. of accidents in previous 5 years
Paid drivers						
Others						

10. ADD ON COVERS

Do you wish to opt for following Add on covers? ☐ Yes ☐ No

Please Select	Add-On Covers	
<input type="checkbox"/>	Zero Depreciation	<input type="checkbox"/> Hospital Cash Cover
<input type="checkbox"/>	Additional Towing Charges	<input type="checkbox"/> Increased Property Damage Liability Benefit
<input type="checkbox"/>	Basic Roadside Assistance	<input type="checkbox"/> Loss Of Driving License / Registration Certificate
<input type="checkbox"/>	Cost of Debris Removal	<input type="checkbox"/> Loss Of Personal Effects and Belongings
<input type="checkbox"/>	Consumables	<input type="checkbox"/> Personal Accident Cover
<input type="checkbox"/>	Daily Cash Benefit	<input type="checkbox"/> Return to Invoice
<input type="checkbox"/>	Tyre Protection	<input type="checkbox"/> Engine & Gear Box Protector
<input type="checkbox"/>	Key and lock replacement cover	<input type="checkbox"/> Battery Guard <input type="checkbox"/> Electric Vehicle <input type="checkbox"/> Hybrid Vehicle

***Note: Battery Guard add on cover will be applicable for electric vehicle and if the fuel type is battery**

Payment details:

Mode of Payment	
Payment Details	
Amount in (₹)	
Date of Payment (DD/MM/YY)	
PAN (If premium is 1 Lac and Above.)	
GSTIN (If more than one GSTIN, kindly attach an annexure with details)	

Please fill up the request for authorization form to receive Claim/Refund payments, if any, directly into your bank account through NEFT if the premium paid is more than Rs 10000/

Note: The Company reserves the right to reject the said proposal or to terminate the insurance contract unilaterally and/or freeze the funds if the customer, or persons associated with him/her found to be named in any recognized blacklist.

**Bank details of proposer for refund or claim purpose:**

Name of bank account holder *(mention specifically, if different from name of policyholder)*:

Bank Name & Branch:

Bank Account Number:

IFS Code:

Nominee Details:

Name:

Date of Birth:

Relationship with the proposer:

Mobile Number:

E-Mail ID:

Address of Nominee:

Present address:

Permanent address: *((if left blank, will be construed as being same as Present Address))*:

Bank Account Details of Nominee:

Name of Account holder:

Bank Name & Branch:

Bank Account Number:

IFS Code:

Authorized person details (in case nominee is a minor):**DECLARATION BY PROPOSER**

- i. I/ We hereby declare that the statements made by me / us in this Proposal Form are true to the best of my / our knowledge and belief and I / We hereby agree that this declaration shall form the basis of the contract between me/us and GENERALI CENTRAL INSURANCE CO. LTD. (GCICL).
If any additions or alterations are carried out in the risk proposed after the submission of this proposal form, then the same shall be conveyed to GCICL immediately, in writing.
- ii. I/We understand that, if any information/statement given in the proposal is found to be untrue by GCICL, the corresponding insurance policy, that may be issued, shall be treated as void ab initio and the premium paid shall be forfeited to GCICL.
- iii. I/We declare that the premium amount, corresponding to this proposal, is paid out of the legally declared and assessed sources of my/our/proposer's income and not out of proceeds of crime related to any offence under the Prevention of Money Laundering Act, 2002, and rules framed thereunder. I/We understand that GCICL reserves the right to call for documents and information to establish the source of funds, as also the right to reject the said proposal or to terminate the insurance contract unilaterally and/or forfeit the premium amount, if I/We/Proposer am/are found to be named in any recognized sanctions list/happen to have violated any provisions of law.

OR

I/We confirm that the premium payment has been made by _____, who is having an insurable interest in my/our/proposer's policy under this application form. In case of any refund, please process the same in proposer's bank account mentioned above.

iv. I/We am/are (please tick all that are applicable)

- ☐ High Net Worth Individual/s ☐ Non-Residential Indian/s ☐ Politically Exposed Person/s
☐ Non-Governmental Organization

v. I/We agree to receive service-related information from GCICL and its service providers, from time to time, through electronic and telecom modes, including WhatsApp, and understand that no unsolicited information will be sent to me/us.

vi. I/We am/are aware and agree that the information/data provided by me/us, through this application, to GCICL and/ or GCICL authorised person/ agency, shall be stored by GCICL, throughout the currency of my/our/proposer's relationship with GCICL, and used for the purposes relating to my/our/proposer's proposal for insurance cover and/or servicing policies issued in my/our/proposer's favour, whether by GCICL or its authorized partners. I/We/Proposer also understand that the said storage is necessary for my/our/proposer's consumption of the services and consent to not hold GCICL and/or its authorized partners/ agency/ person liable for legitimate utilization of the submitted information/data.

vii. I/We/Proposer consent to the fact that GCICL may download my/our/proposer's CKYC record from the Central KYC Records Registry, in relation to the verification of my/our/proposer's KYC records as part of this proposal. I/We/Proposer understand(s) that acceptable officially valid documents shall be relied upon for the said verification of KYC records. I/We/Proposer, also, consent to receive information from the Central KYC Records Registry through SMS/email on the abovementioned mobile phone number/email address. It is, also, confirmed that the KYC records available in the CKYC Records Registry are current and valid, as on the date of this proposal, and can be used by GCICL hereafter. In case of any modification, the applicable information will be provided to GCICL for updating the CKYC Registry Records.

viii. I/We/Proposer agree(s) that the information/data, contained in this proposal, shall be processed for purposes related to this proposal and the insurance policy that may be issued hereon. I/We/Proposer understand(s) that all such information/data will be handled as per the GCICL Privacy Policy, available at <https://generalicentralinsurance.com>

True to our Go Green initiative, we will send a link to your e-mail address and/or phone no., as you've mentioned in this proposal, where available/chosen, your eIA, and you may download and save the digitally signed and authenticated policy document therefrom. If you still wish for a physical copy, you may tick on this box. ☐

Date:

Place:

Signature of the Proposer(s)

(Affix stamp, where proposer is a juridical person)

FOR INTERMEDIARY USE ONLY

I, _____, in my capacity as an Insurance Agent/POSP/Specified Person of the Corporate Agent/Authorized Person of the Broker/IMF, declare that I have explained the product features, including its suitability, and the contents of this proposal form, including the nature of the questions and the responses submitted thereto, to the proposer. It has been, further, informed to the proposer that the details provided herein shall form the basis of the contract of insurance between GCICL and the proposer. It has, also, been explained that if any untrue response(s) is/are contained in this proposal form or there has been any non-disclosure of material facts, the policy issued thereon shall, at the option of GCICL, be treated as null and void and the premium amount against the policy may be forfeited by GCICL.

Name of Insurance Agent/POSP/Specified Person of the Corporate Agent/Authorized Person of the Broker/IMF:

Intermediary's Code: _____
Intermediary's Signature: _____

ANTI MONEY LAUNDERING

GCICL adheres to anti-financial crime practices, including anti-money laundering, counter-financing of terrorism and anti-bribery and anti-corruption, which ensure to not allow use of GCICL as a tool/platform for financial crimes. The policyholder, beneficiary, claimant, or nominee are, therefore, required to assist with GCICL with relevant records/information/assistance, as may be necessary to address the anti-financial crime practices.

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

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 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 prospectuses or tables of the Insurer. Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to Ten Lakh Rupees.

*****END*****

Generali Central Insurance Company Limited (Formerly known as Future Generali India Insurance Company Limited) | Registered Office: Unit No. 801 & 802, 8th Floor, Tower C, Embassy 247 Park, LBS Marg, Vikhroli (West), Mumbai – 400083 | **IRDAI Regn. No.:** 132 | **CIN:** U66030MH2006PLC165287 | **Website:** <https://generalicentralinsurance.com> | **Email ID:** GCicare@generalicentral.com | **Toll-free Phone:** 1800 220 233 / 1860 500 3333/ 022 6783 7800