

## MOTOR PROTECT PRIVATE CAR (LIABILITY ONLY) 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.*
4. *It is important to answer all questions. 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.*

### 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) \_\_\_\_\_

### A (I). Personal Details of Proposer/Owner

1	Proposer's (Owner's) Full Name (In capital letters)				
2	Present Address of proposer (where the vehicle is normally kept) (In capital letters, with pin code)				
Pin Code:					
Telephone No:		PAN Card/Aadhar	Fax:		
		Mobile No.:	eIA:	Mail Id:	

	Permanent address of the proposer (if left blank, will be construed as being same as Present Address)						
3	Occupation / Business						
4	CKYC No. (if available)						
5	Type of Cover	<b>Liability Only Policy</b>					
6	Period of Insurance	From	Hrs	DATE	MONTH	YEAR	
		To	Hrs	DATE	MONTH	YEAR	

#### A (II). Vehicle Details

7	Registration Number of the Vehicle		
8	Date of Registration of the Vehicle		
9	Registering Authority & Location		
10	Year of Manufacture		
11	Engine Number		
12	Chassis Number		
13	Make of the Vehicle		
14	Model		
15	Type of Body		
16	Cubic Capacity of the Vehicle		
17	Seating Capacity including driver		
18	Whether vehicle is driven by non-conventional source of power /CNG/LPG/Bi-Fuel? If 'YES', please give details.		
19	Whether the use of vehicle is limited to own premises?	YES	NO
20	Whether the vehicle is used for commercial purpose?	YES	NO
21	Whether the vehicle is used for driving tuition? (GR-44)	YES	NO
22	Details of Hire Purchase / Hypothecation / Lease	(IMT-5)/(IMT-7)/(IMT-6)	
	a) Is the vehicle proposed for insurance is:		
	i) Under Hire Purchase?	YES / NO	

ii) Under Lease Agreement?	YES / NO
iii) Under Hypothecation?	YES / NO
b) If 'YES', give name and address of concerned party/parties:	
<b>(Note: Copies of R.C. &amp; Fitness Certificate should be submitted along with the proposal form)</b>	

### A (III). Liability Section: Coverage

#### Third Party Risks: Death/Bodily Injury

23	Coverage for liability against Third Party Risks (Death or Bodily Injury) required in respect of:		
	(i) Owner Driver only	YES	NO
	(ii) Any person other than Paid Driver	YES	NO
	If 'YES', give details of such other persons		
	1.		
	2.		
	3.		
	<b>Note:</b> <b>1. Section 146 of Motor Vehicles Act-1988 makes it mandatory for the owner of the vehicle to ensure that he or any other person authorized by him to drive a vehicle in public place has insurance against third party risks. (The explanation to Section 146 exempts the paid driver)</b> <b>2. As per Section 147 (2)(a). The liability is 'as incurred' in the case of death / bodily injury of a third party]</b>		

#### Third Party Risks: TPPD

24 (IMT - 20)	Do you wish to have the statutory Third-Party Property Damage (TPPD) liability of Rs. 6000/- only? [For additional TPPD limits, <b>please refer to: Q. No. 26]</b>	YES	NO
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#### Third Party Risks: Liability to Workmen under W.C. Act 1923 (Compulsorily to be covered by M.V. Act 1988)

25	Legal liability to persons employed in connection with operation of the vehicle, who are 'workmen'. [The liability of the Employer under the Employees' Compensation Act-1923 is covered under the Motor Vehicles Act-1988.		
	1) Drivers (No. of persons:____)		
	2) Employees (Workmen) (No. of persons:____)		
	<b>(Note: The Motor Vehicles Act-1988 under Sec. 147 (1) (ii) (i) covers liability to employees who are workmen within the meaning of the Employees' Compensation Act-1923.) For additional coverage, please refer to: Q. No. 27]</b>		

## B. Additional covers as per IMT Endorsements

Addl. TPPD			
<b>26</b> (GR-39)	The Policy provides additional Third Party Property Damage liability limit of Rs.7, 50,000 for private cars and Rs. 1,00,000/- for motorized Two-Wheelers. Do you wish to cover the additional limit? <b>please refer to: [Q.No. 24]</b>	<b>YES</b>	<b>NO</b>
Additional Liability to Employee			
<b>27</b> (IMT - 28)	Do you wish to cover wider legal liability to employees who are 'workmen'? [This information is sought to cover in addition to liability under the Employees' Compensation Act-1923, also liability under the Fatal Accidents Act-1855 and the Common Law]  <b>Note:</b> The additional liability under Common Law and Fatal Accidents Act in respect of employees <b>who are Employees</b> is covered under this endorsement [please refer to: Q. No. 25]	<b>YES</b>	<b>NO</b>
Liability To Employees Who Are Not 'Employees			
<b>28</b> (IMT - 29)	Do you wish to cover wider legal liability to employees who are <b>NOT</b> 'Employees'? ( <b>Note:</b> The liability under Common Law and Fatal Accidents Act-1855 in respect of employees <b>who are not Employee</b> can be covered under this endorsement).	<b>YES</b>	<b>NO</b>

Personal Accident Cover for Owner Driver									
<b>29</b>	<p>Personal Accident Cover for Owner Driver:</p> <p>Do you have existing CPA Cover or Personal Accident Cover Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>(if yes please provide the policy copy of the same) Name of the Insurance Company Policy No. Sum Insured Policy Period</p> <p>If no, please fill below details</p>								
	<table border="1"> <tr> <td>(a) Name of the Nominee &amp; Age</td> <td></td> </tr> <tr> <td>(b) Relationship</td> <td></td> </tr> <tr> <td>(c) Name of the Appointee (If Nominee is a minor)</td> <td></td> </tr> <tr> <td>(d) Relationship to the Nominee:</td> <td></td> </tr> </table>	(a) Name of the Nominee & Age		(b) Relationship		(c) Name of the Appointee (If Nominee is a minor)		(d) Relationship to the Nominee:	
(a) Name of the Nominee & Age									
(b) Relationship									
(c) Name of the Appointee (If Nominee is a minor)									
(d) Relationship to the Nominee:									

**(Note):**

1. **Personal Accident cover for Owner Driver is compulsory for Sum Insured of at least not less than Rs.15, 00,000/- for Two Wheelers.**
2. **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)**

**Personal Accident cover for named Occupants (IMT -15)**

<b>30</b>	Do you wish to include Personal Accident cover for named persons? If YES, give name and Capital Sum Insured (CSI) opted for:			YES	NO
	Sl no.	Name	CSI (Opted) (Rs.)	Nominee	Relationship
	1				
	2				
	3				
	4				
	5				
<b>(Note: The maximum CSI available per person is Rs.2 Lakhs in case of Private Cars and Rs.1 Lakh in the case of Motorized Two Wheelers)</b>					

**Personal Accident cover for Un-named Occupants (IMT -16)**

<b>31</b>	Do you wish to include Personal Accident cover for Un- named Passengers/hirer/pillion passengers (Two Wheelers)?		YES	NO
	If YES, give number of persons and Capital Sum Insured (CSI) Opted			
	No. of Persons: _____		C.S.I. (Per Person): _____	
	<b>(Note: The maximum CSI available per person is Rs.2 Lacs in case of Private Cars and Rs.1 Lac in the case of Motorized Two Wheelers)</b>			

**Geographical extension (IMT-1)**

<b>32</b>	Whether extension of geographical area to the following countries required?							
	1	Bangladesh	YES	NO	2	Bhutan	YES	NO
	3	Maldives	YES	NO	4	Nepal	YES	NO
	5	Pakistan	YES	NO	6	Sri Lanka	YES	NO
	<b>(Note: Presently the territory covered is geographical area of India. Extension of geographical area cover can be availed by use of this endorsement)</b>							

### C. Additional covers as per IMT Endorsements

33	Previous History:									
	a. Date of purchase of the vehicle by the Proposer:					DD	MM	YR		
	b. Whether the vehicle was new or second hand at the time of purchase?					NEW		Second Hand		
	c. Will the vehicle be used exclusively for									
	(i) Private, Social, Domestic, Pleasure & Professional					YES		NO		
	(ii) Carriage of goods other than samples or personal					YES		NO		
	d. Is the vehicle in good condition?					YES		NO		
	If NO, please give details									
	e. Name and Address of the previous insurance company:									
	f. Previous policy number:									
	g. Period of Insurance			From			To			
	h. Claims lodged during the preceding 3 years									
	YEAR			NO. OF CLAIMS			CLAIM AMOUNT (Rs.)			


### Driver Details

34	Details of Driver:									
	a.	Age and Date of Birth of the Owner	Age [ In Years]		Date of Birth					
					DD	MM	YEAR			
	b.	Age and Date of Birth of the Driver	Age [ In Years]		Date of Birth					
					DD	MM	YEAR			
	c.	Does the driver suffer from defective vision or hearing or any physical infirmity?						YES	NO	
		If 'YES', please give details of such infirmity								

d.	Has the driver ever been involved / convicted for causing any accident of loss? If 'YES', give details as under including the pending prosecutions:		YES	NO
	Driver's Name:			
	Date of Accident			
	Loss/ Cost: [Rs.]			
	Circumstances of Accident:			

**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:

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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 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

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 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.
2. Any person making default in complying with the provisions of this section shall be punishable with fine, which may extend to Ten Lakhs Rupees.

\*\*\*\*\*END\*\*\*\*\*

**Generali Central Insurance Company Limited (Formerly known as Future Generali India Insurance Company Limited) | Registered Office:** Unit No. 801 & 802, 8<sup>th</sup> 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](mailto:GCicare@generalicentral.com) | **Toll-free Phone:** 1800 220 233 / 1860 500 3333/ 022 6783 7800