

STANDALONE MOTOR PROTECT OD TWO WHEELER 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.**
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.**

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

*Cover OD Cover Fire Only Fire with Liability Theft only Theft with Liability
Desired 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

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

 To midnight of

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

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 _____

2. PROPOSER'S DETAILS*

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



Date of Birth:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

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 Two-Wheeler 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)

- I am (please tick all that are applicable)
- High Net Worth Individual/s
 - Non-Residential Indian/s
 - Politically Exposed Person
 - Non-Governmental Organisation
 - Non-Profit Organisation

If you are an NGO/NPO, please provide Niti Ayog – Darpan Portal Registration Number: _____

^Non-Profit Organisation means any entity or organisation, constituted for religious or charitable purposes referred to in clause (15) of section 2 of the Income-tax Act 1961, that is registered as a trust or a society under the Societies Registration Act, 1860 or any similar State legislation or a Company registered under the section 8 of the Companies Acr,2013.

If you are Differently Abled, please tick on the checkbox to provide confirmation. Yes No
(If Yes, kindly provide the below details)

- i. Type of Impairment: _____
- ii. Percentage of Impairment: _____
- iii. UDID Number: _____

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.	Cubic capacity.
Year of manufacturer	Colour	RTO where vehicle is/will be registered.	Date of Registration/ purchase	Seating capacity (including driver)

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

What is the usage of the vehicle

- Private Purposes only
 Commercial Purpose

Vehicle make Indigenous/Domestic
 Imported

Vehicle Insured is Brand New Used

Type of Road where vehicle would normally ply

- Hilly National State Highways
 City
 Town Roads District Roads
 Others Pls specify

Parking Open Parking <input type="checkbox"/> Roadside public Parking <input type="checkbox"/> Roadside Outside Parking <input type="checkbox"/> Parking lot open or covered Closed Parking <input type="checkbox"/> Within Compound of Residence open <input type="checkbox"/> Within compound of residence covered	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 Pls specify
Repair <input type="checkbox"/> Preferred garage <input type="checkbox"/> Dealership	Per day mileage <input type="checkbox"/> Upto 20 kms <input type="checkbox"/> 21 to 50 kms <input type="checkbox"/> 51 to 100 kms <input type="checkbox"/> 101kms and above
Speedometer reading as on date*:	
Trailer Registration No. and No. of trailer*	

Pollution Under Control (PUC) Certificate:

Vehicle being insured has valid Pollution Under Control (PUC) certificate as on Inception
 Date of Policy Yes No

6. FINANCIER DETAILS

Bank Name	<input type="checkbox"/> Hypothecation	<input type="checkbox"/> Hire Purchase	<input type="checkbox"/> Lease
Location of the Bank:	Loan Account no:		

7. THIRD PARTY INSURANCE POLICY DETAILS*

Name of Insurer: _____

Policy Number: _____

Policy Period –

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

 to

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

8. PREVIOUS INSURANCE PARTICULARS (Attach expiring policy copy with schedule/ renewal notice or cover note as proof of insurance)

Previous Insurer name: Address:	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 <input type="checkbox"/> Standalone OD only Period of Insurance:												
Policy/Cover note number: # No claim Bonus in the expiring policy %	Has any Insurance Company ever: 1) Declined the proposal. <input type="checkbox"/> Yes <input type="checkbox"/> No 2) Cancelled & refused to renew <input type="checkbox"/> Yes <input type="checkbox"/> No 3) Required an increase in premium. <input type="checkbox"/> Yes <input type="checkbox"/> No												
Claims reported in last 5 years:													
<table border="1"> <tr> <th>Year</th> <th>1</th> <th>2</th> <th>3</th> <th>4</th> <th>5</th> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>	Year	1	2	3	4	5							
Year	1	2	3	4	5								

No of claims						4) Imposed special conditions or excess. <input type="checkbox"/> Yes <input type="checkbox"/> No
Amount						

#For granting NCB, appropriate documentary evidence to be submitted.

9. INSURED DECLARED VALUE (IDV)

Insured Declared Value of the Vehicle* (A)	Value of Non-Electrical Accessories fitted to the vehicle (B)	Value of Electrical Accessories fitted to the Vehicle (C)	Side Car IDV (D)	Value of CNG/LPG kit (E)	Total IDV (A+B+C+D+E)
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					

10. COVERAGE INFORMATION

- Is the vehicle fitted with Anti-Theft Device approved by AARI? Yes No
- Whether vehicle is specially designed for use of Handicap Person? Yes No
- Whether the use of the vehicle is limited to own premises? Yes No
- Whether extension of geographical area to the following countries required? Yes No
- Bangladesh Bhutan Maldives Nepal Pakistan Sri Lanka
- Whether Vehicle belongs to Foreign Embassy / consulate? Yes No
- Whether the vehicle is fitted with fibre glass tank? Yes No
- Are you a Member of Automobile Association of India? Yes No

Membership Name	Association Name	Expiry Date

Whether the vehicle is used for Driving Tuition? Yes No

Please select the higher deductible if you wish to opt for over and above the compulsory deductible.

500 750 1000 1500 3000

11. DRIVER DETAILS

The vehicle to be driven by: <input type="checkbox"/> Self –Driving Experience - _____ years <input type="checkbox"/> 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						

12. OTHERS DETAILS

Do you have another vehicle insured with Generali Central Insurance Company Limited.? (Yes/No)

If Yes, please share policy details: _____ Policy no. _____

13. PAYMENT DETAILS

Mode of Payment	
Payment Details	
Amount in (Rs.)	
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 attached with this proposal form to receive claim/refund payments if any, directly into your bank account through NEFT if the premium amount is more than Rs.10,000/-

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 OF PROPOSER

- i. All statements and information provided in this proposal are complete and accurate. No relevant information has been withheld. This proposal and declaration, together, forms the basis of the insurance contract with Generali Central Insurance Co. Ltd. (GCICL), if issued, and I/We agree to accept the corresponding terms and conditions.
- ii. If GCICL finds out that I/We have misrepresented or suppressed any material fact or, committed a fraudulent act relating to this insurance proposal/policy, GCICL may render my insurance policy void ab initio, and forfeit the corresponding premium amount.
- iii. I/We understand that GCICL adheres to anti-financial crime practices, including anti-money laundering, counter-financing of terrorism and anti-bribery and anticorruption, which ensure to not allow use of GCICL as a tool/platform for financial crimes. So, I/We confirm that the policyholder(s), beneficiary(s), claimant(s), or nominee(s) will assist GCICL with relevant records/information/assistance, as necessary, to address anti-financial crime practices.

- iv. I/We, or a person having insurable interest in the insured asset, have/has paid/will pay the premium from legitimate source and not from crime proceeds, in line with The Prevention of Money Laundering Act, 2002 and rules thereunder. GCICL can verify the source of funds, call for documents, and reject or terminate the insurance policy and/or forfeit the premium amount, if found otherwise or if I/We are named on any recognized sanctions list or have violated any provision of law. Refund of premium, if any, shall be made to my/our designated bank account(s).
- v. I/We consent to
 - a. receive policy and service communications from GCICL and its authorized service providers, vide electronic and telecom means, including WhatsApp, and understand that no unsolicited information will be sent to me;
 - b. GCICL and its authorized service providers storing and processing my personal data for the purpose of this proposal and corresponding insurance policy as may be issued, throughout the period of necessary retention;
 - c. GCICL accessing my/our CKYC records from Central KYC Records Registry (CKYCR) for verification, and to receive information from the CKYCR through SMS/email on the mobile phone number/email address provided above;
 - d. abide by the obligations under the GCICL Privacy Policy at <https://generalicentralinsurance.com/> ;
 - e. GCICL reserving the right to reject this proposal or to terminate the insurance contract unilaterally and/or freeze the funds, if I/We, or persons associated with me/us, are named in any recognized sanctions list.
- vi. My/our KYC records in CKYCR are current and valid and I/We undertake to inform GCICL in case of change.

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)

DECLARATION FOR NO CLAIM BONUS (NCB)

I/We hereby declare that the rate for NCB claimed by me/us is correct and the NO CLAIM has arisen in the expiring policy period (copy of policy enclosed). I/We further undertake that if this declaration is found incorrect, all benefits under the policy in respect of Section I of the policy will stand forfeited.

Proposer's Signature: _____ **Place:** _____ **Date:** _____

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 the 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

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, 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:** gccicare@generalicentral.com | **Toll-free Phone:** 1800 220 233 / 1860 500 3333/ 022 6783 7800