

THIRD-PARTY LONG-TERM PRIVATE CAR INSURANCE POLICY – 3 YEARS 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 a.	Present Address of proposer (where the vehicle is normally kept) (In capital letters, with pin code)	Pin Code: <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>		
		Telephone No:	PAN Card/Aadhar	Fax:
		Mobile No.:	eIA:	Mail Id:
b.	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	I am (please tick all that are applicable)	<input type="checkbox"/> High Net Worth Individual/s <input type="checkbox"/> Non-Residential Indian/s <input type="checkbox"/> Politically Exposed Person <input type="checkbox"/> Non-Governmental Organisation <input type="checkbox"/> Non-Profit Organisation
	If you are an NGO/NPO, please provide Niti Ayog – Darpan Portal Registration Number: _____ <small>^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 Act, 2013.</small>	
6	If you are Differently Abled, please tick on the checkbox to provide confirmation.	<input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, kindly provide the below details) i. Type of Impairment: _____ ii. Percentage of Impairment: _____ iii. UDID Number: _____
7	Type of Cover	Liability Only Policy
8	Period of Insurance	From
		Hrs
		DATE
		MONTH
To	Hrs	
	DATE	
	MONTH	
	YEAR	

A (II). VEHICLE DETAILS

9	Registration Number of the Vehicle	
10	Date of Registration of the Vehicle	
11	Registering Authority & Location	
12	Year of Manufacture	
13	Engine Number	
14	Chassis Number	
15	Make of the Vehicle	
16	Model	
17	Type of Body	
18	Cubic Capacity of the Vehicle	
19	Seating Capacity including driver	
20	Whether vehicle is driven by non-conventional source of power /CNG/LPG/Bi-Fuel? If 'YES', please give details.	

21	Whether the use of vehicle is limited to own premises?	YES	NO
22	Whether the vehicle is used for commercial purpose?	YES	NO
23	Whether the vehicle is used for driving tuition? (GR-44)	YES	NO
25	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:		
(Note: Copies of R.C. & Fitness Certificate should be submitted along with the proposal form)			

A (III). LIABILITY SECTION: COVERAGE

Third Party Risks: Death/Bodily Injury

25	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.		
	Note: 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) 2. As per Section 147 (2)(a). The liability is 'as incurred' in the case of death / bodily injury of a third party]		
Third Party Risks: TPPD			
26 (IMT - 20)	Do you wish to have the statutory Third-Party Property Damage (TPPD) liability of Rs. 6000/- only? [For additional TPPD limits, please refer to: Q. No. 26]	YES	NO
Third Party Risks: Liability to Workmen under W.C. Act 1923 (Compulsorily to be covered by M.V. Act 1988)			
	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.		

27	1) Drivers (No. of persons:_____)
	2) Employees (Workmen) (No. of persons:_____)
	(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. ADDITIONAL COVERS AS PER IMT ENDORSEMENT

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

Personal Accident Cover for Owner Driver

31	<p>Personal Accident Cover for Owner Driver:</p> <p>Do you have existing CPA Cover or Personal Accident Cover <input type="checkbox"/> Yes <input type="checkbox"/> No (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> <p>(a) Name of the Nominee & Age</p>
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	(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)								
32	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.)					
	1							
	2							
	3							
	4							
	5							
(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)								
Personal Accident cover for Un-named Occupants (IMT -16)								
33	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): _____					
	(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)							
Geographical extension (IMT-1)								
34	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
	(Note: Presently the territory covered is geographical area of India. Extension of geographical area cover can be availed by use of this endorsement)							

C. OTHER VEHICLE RELATED INFORMATION

35	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

36	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. 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)

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: _____

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.

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, 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