

Proposal Form for Motor Insurance Package PolicyProduct Code Policy Type Code **Intermediary Details (To be filled in BLOCK LETTERS)**Branch Code Employee Code Intermediary Code Aadhar No. PAN No. **Proposer's Details (To be filled in BLOCK LETTERS)**1. This Proposal is for ☐ A New Policy ☐ Renewal of SGI ☐ Renewal of Others ☐ Endorsement2a. Proposer's Full Name Mr. / Mrs. / M/s.

Do you have CKYC Number?

Yes/No.

If Yes Please enter the CKYC Number

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If no, please tick enter any of the following ID No. and attached the same. Pan No./Voter ID No./Driving Licence No./ Aadhaar no./ Any other ID No.

2b. Gender: ☐ Male / ☐ FemaleDate of Birth: 2c. Address for Communication City State Pin Code Res. STD Code Ph. No.: Office. STD Code Ph.No. Mobile Email 2d. Address of Residence City State Pin Code 3. Profession : ☐ Business ☐ Govt. Employee ☐ Defence Personnel ☐ Public Sector ☐ IT☐ Private Sector ☐ Journalist ☐ Lawyer ☐ Doctor ☐ Police Personnel ☐ Any other (Please Specify)4. Period of Insurance From am/ pmTo am/ pm**Details of Hire Purchase / Hypothecation / Lease**5. Please state if the Vehicle is under ☐ Hire Purchase ☐ Hypothecation Agreement ☐ Lease Agreement
If so, give name and address.6. Full Name M/s. 7. Address City State Pin Code E-mail **Details of the Vehicle**8. Registration Number 9. Date of Registration 10. Registering Authority & Location 11. Cubic Capacity 12. Year of Manufacture 13. Engine Number 14. Chassis Number 15. Manufacturer 16. Type of Body 17. Make & Model of Vehicle 18. Is the Vehicle Made in India Yes ☐ No ☐19. Seating capacity including Driver 20. Colour of Vehicle 21. Colour Finish - ☐ Metallic ☐ Non-metallic

22. Insured's Declared Value (IDV)

List of Non-Electrical Accessories		Amount (Rs.)	List of Electrical and Electronic Accessories		Amount (Rs.)
Name	Make		Name	Make	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

23. Insured's Declared Value of:

The Vehicle

Trailer (s) / Side Car

Bi-Fuel / CNG / LPG Kit

Non-Electrical
AccessoriesElectrical / Electronic
Accessories

Total Value (Rs.)

Details of the Commercial Vehicle

24. GVW	25. Maximum Licensed carrying capacity (No. of Passengers)
26. Fitness Certificate No.	Valid Up to
27. Permit: <input type="checkbox"/> State <input type="checkbox"/> National	Valid Up to
28. Private Carrier <input type="checkbox"/> Yes <input type="checkbox"/> No	29. Public Carrier <input type="checkbox"/> Yes <input type="checkbox"/> No
30. Type of Vehicle <input type="checkbox"/> Two Wheeler <input type="checkbox"/> Three wheeler <input type="checkbox"/> Four Wheeler <input type="checkbox"/> Any other, please specify	

Details of the Vehicle: Type and Use

31. Vehicle is fuelled by	<input type="checkbox"/> Petrol <input type="checkbox"/> Diesel <input type="checkbox"/> CNG <input type="checkbox"/> LPG <input type="checkbox"/> Other, specify
32. Whether the Vehicle is registered as:	<input type="checkbox"/> Commercial Vehicle <input type="checkbox"/> Private Vehicle
33. Whether the Vehicle is used for Driving Tuitions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
34. Whether the Vehicle is fitted with Fiber Glass Tank?	<input type="checkbox"/> Yes <input type="checkbox"/> No
35. In case the Vehicle belongs to the Embassy / Consulate of a Foreign Country, then whether the Duty Element included in the IDV?	<input type="checkbox"/> Yes <input type="checkbox"/> No
36. Whether extension of geographical area to the following countries required?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Bangladesh, Bhutan, Maldives, Nepal, Pakistan and Sri Lanka.
If "Yes" state the name of the countries. 1) 2) 3)

37. Do you want to take Add-on Covers in policy:	<input type="checkbox"/> Yes <input type="checkbox"/> No
NIL DEPR CIATION <input type="checkbox"/> ROAD SIDE SISTANCE <input type="checkbox"/> ENGINE PR TECTOR <input type="checkbox"/> CONSU ABLE <input type="checkbox"/> DAILY EXPENSES EIMBURSEMENT <input type="checkbox"/>	
HOSPITAL DAILY C SH ALLOWANCE <input type="checkbox"/> COVER FOR LO S OF DL & RC <input type="checkbox"/> PERSONAL ELONGING <input type="checkbox"/> RETURN T INVOICE <input type="checkbox"/>	
SHRI MOTOR PRO ECTION COVER <input type="checkbox"/>	

38. Personal Accident Cover for Owner Driver.	<input type="checkbox"/> Yes <input type="checkbox"/> No
If YES, give details of nominee:	

Name of the Nominee	Age	Relationship	If Nominee is a Minor	
			Name of the Appointee	Relationship to the Nominee

(NOTE: 1) Personal Accident cover for Owner Driver is compulsory for Sum Insured of Rs.15,00,000.

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)

39. (A) Do you wish to include Personal Accident cover for named persons?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If YES, give name and Capital Sum Insured (CSI) opted for:	

Name	CSI Opted (Rs.)	Nominee	Relationship

(Note: The maximum CSI available per person is Rs. 2 Lakhs in case of Private Cars/Commercial Vehicles and Rs. 1 Lakh in the case of Motorized Two Wheelers)

(B) Do you wish to include Personal Accident cover for un-named persons?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If YES, give no. of persons and Capital Sum Insured (CSI) opted for:	

Unnamed (No. of Persons) (Can't be more than seating capacity excluding Insured, his paid driver & cleaner)	CSI Opted (Rs.)

40. Legal Liability: Do you wish to cover Legal liability to?	
(a) Driver <input type="checkbox"/> Yes <input type="checkbox"/> No (b) Other Employees <input type="checkbox"/> Yes <input type="checkbox"/> No	if yes, No. of Employees

41. Whether use of Vehicle is limited to Own Premises?	<input type="checkbox"/> Yes <input type="checkbox"/> No
42. Whether Two Wheeler is fitted with side Car?	<input type="checkbox"/> Yes <input type="checkbox"/> No
43. Whether the Vehicle is designed for use of Blind / Handicapped / Mentally Challenged Person? If so, is it duly endorsed as such by RTA?	<input type="checkbox"/> Yes <input type="checkbox"/> No
44. Whether the Car is certified as Vintage Car by Vintage and Classic Car Club of India?	<input type="checkbox"/> Yes <input type="checkbox"/> No
45. Whether the Vehicle is Fitted with Tubeless Tyre?	<input type="checkbox"/> Yes <input type="checkbox"/> No

46. Where the vehicle will be parked during the night ?	
<input type="checkbox"/> Inside locked garage <input type="checkbox"/> Inside covered, unlocked garage <input type="checkbox"/> Inside compound, in open	
<input type="checkbox"/> On Public Road <input type="checkbox"/> Others (Please give details)	

47. Speedometer Reading (as on date)	
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48. Is the Vehicle fitted with any Anti-theft device approved by the ARAI?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please attach certificate of Installation in the vehicle, issued by Automobile Association of India.	

49. Are you entitle to No Claim Bonus? If yes, please submit proof thereof.	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Details of Proof : (i) ☐ Renewal Notice ☐ NCB Certificate ☐ Self Declaration

50. Are you a member of Automobile Association of India? ☐ Yes ☐ No
If yes, please state the:
Name of Association _____
- Membership No. _____ Date of Expiry
51. Voluntary Excess: Do you wish to opt for Higher Deductible over and above the Compulsory Deductible? (Rs. 50/- for two Wheelers and Rs. 500 / 1000 / for Private Cars) If so, please specify the amount you wish to bear yourself as the first portion out of each claim, in lieu of a discount in premium.
- Private Car ☐ None ☐ Rs. 2500 ☐ Rs. 5000 ☐ Rs. 7500 ☐ Rs. 15000
- Two Wheeler ☐ None ☐ Rs. 500 ☐ Rs. 750 ☐ Rs. 1000 ☐ Rs. 1500 ☐ Rs. 3000
52. Liability to third parties: The policy provides Third Party Property Damage (TPPD) of Rs. 1 lakh (For Two Wheelers) and Rs. 7.5 lakhs (For Private car)
- Do you wish to restrict the above limits to the statutory TPPD Liability limit of Rs. 6000/- only? ☐ Yes ☐ No

History Of Vehicle

53. Date of Purchase of the Vehicle by the Proposer As per Invoice / Sale Letter _____
54. Claim lodged during last 3 years :
- | 1st Year : No. Of Claim | Amount (Rs.) |
|-------------------------|--------------|
| 2nd Year : No. Of Claim | Amount (Rs.) |
| 3rd Year : No. Of Claim | Amount (Rs.) |
55. Whether vehicle belongs to Govt. body ☐ Yes ☐ No

Details of Previous Insurance

56. Full Name of Previous Insurer M/s. _____ Branch Name : _____
57. Policy Number _____
58. Period of Insurance From _____ To _____

Details of Driver

59. Owner Driver		60. Paid Driver	
Age of Owner Driver		Age of Paid Driver	
Driving Licence Issuance Date		Driving Licence Issuance Date	
Expiry of Driving Licence		Expiry of Driving Licence	

61. Does the driver suffer from defective vision or hearing or any physical infirmity
If yes, please give details ☐ Yes ☐ No
62. Has the driver ever been involved / convicted for causing any accident or loss?
If yes, please give details as under including the pending prosecution, if any ☐ Yes ☐ No
- | | |
|--------------------------------------|---------------------|
| a. Driver's Name | b. Date of Accident |
| c. Circumstances of Accident / Claim | d. Loss / Cost Rs. |
| e. Any other relevant information | |

If the Proposer omits to give full information or gives false information in reply to any question, the policy will be voidable at the instance of the Company

Other Details

63. Own a Car ☐ Yes ☐ No; If Yes, Please Provide No. of Car(s) _____
64. Own a Two Wheeler ☐ Yes ☐ No; If Yes Please Provide No. of Two Wheeler(s) _____
65. Travelled Abroad ☐ Yes ☐ No; if Yes, Please Provide No. of Trips (Last One Year)
No. of Days of Travel _____

Note

The Insured's Declared Value (IDV) of the vehicle will be deemed to be the 'SUM INSURED' for the purpose of this tariff and it will be fixed at the commencement of each policy period for each insured vehicle.

The IDV of the vehicle is to be fixed on the basis of manufacturers' listed selling price (market value) of the brand & model as the vehicle proposed for insurance at the commencement of insurance / renewal, and adjusted for depreciation (as per schedule specified below). The IDV of the side cars (s) and / or accessories, if any, fitted to the vehicle but not included in the manufacture's listed selling price of the vehicle is / are also likewise to be fixed.

The schedule of age-wise depreciation as shown below is applicable for the purpose of Total Loss / Constructive Total Loss (TL / CTL) claims only. A vehicle will be considered to be a CTL where the aggregate cost of retrieval and / or repair of the vehicle subject to terms and conditions of the policy exceeds 75% of the IDV.

Schedule of Depreciation for Arriving at IDV

Age of the Vehicle	% Depreciation for fixing IDV	Age of the Vehicle	% Depreciation for fixing IDV	Age of the Vehicle	% Depreciation for fixing IDV
Not exceeding 6 months	5%	Exceeding 1 year but not exceeding 2 years	20%	Exceeding 3 years but not exceeding 4 years	40%
Exceeding 6 months but not exceeding 1 year	15%	Exceeding 2 years but not exceeding 3 years	30%	Exceeding 4 years but not exceeding 5 years	50%

Note : IDV of obsolete models of vehicles (i.e. Models which the manufacturers have discontinued to manufacture) and vehicle beyond 5 years of age will be determined on the basis of an understanding between the insurer and the insured.

NEFT Payment Details (for Claim Disbursement)

Payee Name: _____ Bank A/c No.: _____ Bank A/c Type _____
 Bank Name: _____ Branch: _____ IFSC Code: _____

Payment Details

☐ Cheque ☐ DD ☐ Cash ☐ Pay Order ☐ Credit Card ☐ Any other (Please specify)

Amount (Rs.) _____ /-Amount in Words (Rupees _____)

Bank Name _____

Cheque / DD No. _____

Cheque / DD Date _____

Policy is subject to exclusion of damages noted down by our authorised representative during their pre-inspection.

Declaration by Proposer

I / We hereby declare that the statements made by me / us in this Proposal Form are true and complete 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 Shriram General Insurance Company Limited. I / We agree to accept a policy subject to the condition prescribed by the Company.

I / We also hereby declare that if any additions / alterations are carried out after the submission of this proposal form then the same would be conveyed to the insurers immediately.

I / We further hereby declare that the proposal assets are bought out of legal funds and I / We have an Insurable interest in the assets to be insured.

This proposal form was completed by

Name _____

Place _____

Date _____

Date _____

Signature _____



Signature of Proposer

NCB Self Declaration

I / We declare that the rate @ _____ % of NCB claimed by me / us is correct and that no claim has arisen in the expiring policy period (copy of the policy enclosed). I / We further undertake that if this declaration is found to be incorrect, all benefits under the policy in respect of Section 1 of the Policy will stand forfeited.

Date _____



Signature of the Proposer

Prohibition of rebates Section 41 of the Insurance Act 1938

- 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 or risk relating to lives or property in India, any rebate of the 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 punishable with fine which may extend to Rs. 1000000/- (ten lacs only).

For Office Use

Customer ID _____

Proposal Number _____

Policy Number _____

Proposal Entry By _____

Time of Commencement. (Hrs.) _____

Date _____ Date of Expiry of Insurance _____

Note : For premium in excess of Rs. 1 Lac. the self attested copy of PAN Card & address proof duly certified by an authorised person of Shriram General Insurance Co. Ltd. is attached herewith

Accepted for underwriting _____

Name & Signature _____

Insurance is a subject matter of solicitation

Regd. & Corpt. Office : E-8, EPIP, RIICO Industrial Area, Sitapura, Jaipur-302022 (Raj.)