

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

\*Cover Desired -  Package  Fire Only  Fire with Liability  Theft Only  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 and/or issuance of cover note subsequent to payment of premium)

Proposal for-  New Policy  Endorsement

\*PERIOD OF INSURANCE: From           To Midnight Of

Hrs Min DD MM YY DD MM YY

1. PROPOSER'S DETAILS\*: (Registered owner of the Motor Vehicle) Name :-  Mr.  Ms.  Dr.  M/S.

\*Date of Birth/Age:      Age  yrs \* Sex: - Male/Female. \* Marital Status: - Married/Single/Widowed

\* Occupation/Business/Service/Other:  Educational Qualification:-  \* PAN No:

2. REGISTRATION ADDRESS OF VEHICLE TO BE INSURED\* :

City           State            Pin Code

3. ADDRESS FOR COMMUNICATION (DISPATCH ADDRESS)\*:

City           State            Pin Code

Telephone (O)     (R)     (M)     Fax No     E-Mail

4. VEHICLE DETAILS\*: (City where Vehicle will be primarily used\*: )

Make and Model*	Registration No.*	Engine No.*	Chassis No.*	Cubic capacity.*
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Year of manufacture.*	Colour	RTO Where vehicle is/will be Registered.*	Date of Registration / Purchase.*	Seating capacity (including driver).*
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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 <input type="checkbox"/> Private Purpose Only <input type="checkbox"/> Commercial Purpose	Vehicle Type <input type="checkbox"/> 2 Wheeler <input type="checkbox"/> 4 Wheeler
Vehicle Make <input type="checkbox"/> Indigenous <input type="checkbox"/> Imported	Vehicle Insured is <input type="checkbox"/> Brand New <input type="checkbox"/> Used
Type of Road where Vehicle would normally ply <input type="checkbox"/> Hilly <input type="checkbox"/> National <input type="checkbox"/> State Highways <input type="checkbox"/> City <input type="checkbox"/> Town Roads <input type="checkbox"/> District Roads <input type="checkbox"/> Others-Pls specify.	Parking <input type="checkbox"/> Roadside Public Parking <input type="checkbox"/> Roadside Outside Parking <input type="checkbox"/> Within compound of residence open <input type="checkbox"/> Parking lot open or covered <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.	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"/> 101 to 150 kms <input type="checkbox"/> Over 151 kms
Repair <input type="checkbox"/> Preferred garage <input type="checkbox"/> Dealership	Speedometer reading as on date*:
Trailer Registration No. and No. of trailer*	

5. FINANCIER DETAILS: Bank Name:   Hypothecation  Hire Purchase  Lease

6. PREVIOUS INSURANCE PARTICULARS: (Attach expiring Policy copy with schedule/Renewal notice or cover note 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:
Policy/Cover note number:	Has any Insurance Company ever:
#No Claim Bonus in the expiring policy _____ %	1) Declined the proposal. <input type="checkbox"/> Yes <input type="checkbox"/> No
Claims reported in last 5 years:	2) Cancelled & refused to renew. <input type="checkbox"/> Yes <input type="checkbox"/> No
Year	3) Required an increase in Premium. <input type="checkbox"/> Yes <input type="checkbox"/> No
1	4) Imposed special conditions or excess. <input type="checkbox"/> Yes <input type="checkbox"/> No
2	
3	
4	
5	
No. of claims	
Amount	

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

7. 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 at the time of commencement of insurance/renewal and adjusted for depreciation as per schedule specified herein.	Age of the vehicle Not exceeding 6 months Exceeding 6 months but not exceeding 1 year Exceeding 1 year but not exceeding 2 years Exceeding 2 years but not exceeding 3 years Exceeding 3 years but not exceeding 4 years Exceeding 4 years but not exceeding 5 years	% of Depreciation 5% 15% 20% 30% 40% 50%
Note - For vehicles more than 5 years old, please contact the Company for fixing the IDV		

**8. OWN DAMAGE (OD)**

**(Please mention the premium amount where the cover is opted / applicable.)**

		Sum Insured / IDV	Premium
<b>* Vehicle Value (IDV):Rate</b>		₹	a. ₹
Non-electrical Accessories: (Other than factory fitted)		₹	b. ₹
Side Car Value (only for 2 wheelers):		₹	c. ₹
Trailer(s) : (only for Private Cars)		₹	d. ₹
Bi-fuel/CNG/LPG Kit : Inbuilt <input type="checkbox"/> Yes <input type="checkbox"/> No		₹	e. ₹
Electrical Accessories (Other than factory fitted) :		₹	f. ₹
Stereo			
AC			
Others - Pls specify			
Make			
Model			
Year			
<b>Total A (a to f)</b>		₹	

**10. EXTENDED COVER/EXTRA BENEFITS :**

Geographical Area Extension <input type="checkbox"/> Bangladesh <input type="checkbox"/> Bhutan <input type="checkbox"/> Maldives <input type="checkbox"/> Nepal <input type="checkbox"/> Pakistan <input type="checkbox"/> Sri Lanka)	g. ₹
Fiber Glass Tank <input type="checkbox"/> Yes <input type="checkbox"/> No	h. ₹
Embassy Loading (without Custom Duty ##)Country Name _____	i. ₹
Driving Tuition Cover <input type="checkbox"/> Yes <input type="checkbox"/> No	j. ₹
<b>Total B (g to j)</b>	₹

**11. RESTRICTED COVER/DISCOUNTS :**

Anti Theft Discount - Vehicle fitted with anti theft device and approved by ARAI	k. ₹
Handicap Discount - Vehicle is specially designed for use of Handicap Person and endorsed in the Registration Certificate	l. ₹
Own Premises Discount - Vehicle will be used within own premises/confined to sites	m. ₹
Voluntary Deductible : Pvt Cars - <input type="checkbox"/> Rs. 2500 <input type="checkbox"/> Rs.5000 <input type="checkbox"/> Rs.7500 <input type="checkbox"/> Rs.15000 2 Wheeler - <input type="checkbox"/> Rs. 500 <input type="checkbox"/> Rs. 750 <input type="checkbox"/> Rs. 1000 <input type="checkbox"/> Rs.1500 <input type="checkbox"/> Rs. 3000	n. ₹
<b>Total C (k to n)</b>	₹
Automobile Association Membership: Membership No. _____ Association Name : _____ Expiry Date : _____	
<b>TOTAL OD Premium Before NCB D (A+B-C)</b>	₹
Less: NCB _____ %	₹
<b>TOTAL OD After NCB E (D-NCB)</b>	₹
Less: Commercial Discount _____ %	₹
<b>TOTAL OD Premium F (E-Disc)</b>	₹

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

**12. 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 Qualification	No. of accidents in previous 5 years
Paid Drivers					
Others					

**13. Add On Cover : Do you wish to opt for following Add on covers? (Applicable for only select make and models of Pvt. Cars)**

- Basic Plan (Zero Depreciation)  Silver Plan (Zero Depreciation, Return to Invoice, NCB Protection)  
 Gold Plan (Zero Depreciation, Return to Invoice, NCB Protection, Loss of Keys, Loss of Personal Belongings)  
**Extra Covers:**  Tyre Coverage  Inconvenience Allowance  Additional PA for Owner/ Driver  Engine Protector

**Total Add on Premium:** \_\_\_\_\_

**14. DECLARATION: \***

I/We hereby declare and warrant that the above statements are true and complete in all respects and that there is no other information which is relevant to my application for insurance that has not been disclosed to you. I agree that this proposal and the declaration shall be the basis of the contract between me and FUTURE GENERALI INDIA INSURANCE CO LTD and I/We agree to accept a policy, subject to the conditions prescribed by FUTURE GENERALI INDIA INSURANCE CO LTD

- I/we hereby declare that the premium for the said policy is paid out of the legally declared and assessed sources of my/our income. OR  
 I/we hereby declare that the premium is paid from the Bank Account of Mr./Ms. \_\_\_\_\_, the payment is allowed under the Income Tax Act 1961, and there is insurable interest with the payee.

- I/we am/are (please tick all that are applicable)  
 High Net Worth Individual/s  Non Residential Indian/s  Politically Exposed Person/s  Jeweller  Non Governmental Organization  Film Act  Producer/s

**DECLARATION FOR NO CLAIM BONUS (NCB):**

I/We hereby declare that the rate of 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.

\* **Premium paid by Cash / Cheque No \_\_\_\_\_ Date \_\_\_\_\_ Bank \_\_\_\_\_ Amount (₹) \_\_\_\_\_**

**PAN No. \_\_\_\_\_** (if premium payable is above Rs.1 lac (Please attach proof) **Place: \_\_\_\_\_ Date: \_\_\_\_\_** **Signature of the Proposer**  
 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 25000/-

**For Intermediary Use Only**

Intermediary Code : _____	Intermediary Name : _____	Intermediary's Signature : _____
Cover Note No : _____		
Vehicle rated under <input type="checkbox"/> Zone-A <input type="checkbox"/> Zone-B <input type="checkbox"/> Zone-C <input type="checkbox"/> Business of Rural / Social Sector		

**For Office Use Only: Vehicle Inspection Report**

- 1.Colour: \_\_\_\_\_ 2.Speedometer reading: \_\_\_\_\_ 3. Details of visible damages: \_\_\_\_\_  
 4. Period of break in insurance: \_\_\_\_\_ 5. Recommendation: \_\_\_\_\_  
 6. Date Of Inspection: \_\_\_\_\_ 7. Inspection Number: \_\_\_\_\_ Future Generali Official Signature \_\_\_\_\_

**SECTION 41 OF INSURANCE ACT 1938-PROHIBITION OF REBTATES:**

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 punishable with fine, which may extend to Five Hundred Rupees.

