## **GENERALI** TOTAL INSURANCE SOLUTIONS

## PROPOSAL FORM FOR PRIVATE CAR / TWO WHEELER INSURANCE

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

*Cover Desired (Note – Cover sha	- 🗌 Pack																			neft w	ith Lia	ability				
Proposal for-	Ne	w Policy	/ 🗆 E	ndorse	ment																					
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*Date of Birth/																		_								
*Occupation/I	Business/	Service,	/Other:				Educat	ional	Qua	ificat	tion:-					*PA	N No	):								
2. REGISTRA	TION AD	DRESS	OF VEH	IICLE T	O BE	INSU	IRED* :			Ĩ		ſ				Ì	Ĩ	Ĩ	Ì	Ì	Ĩ	Ĩ	Ĩ		ſ	$\left[ \right]$
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3. ADDRESS	FOR COM		CATION	I (DISP/	ATCH	ADD	RESS)*	··								Ĺ						Ĺ		Ĺ		
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Telephone (O)			(P)				M)				Eav	t			L		 E	_ Mai						L	l	
4. VEHICLE D																	_ L-	Iviai								
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Make a	nd Mode	*	Reg	istratio	n No.	*		Engi	ne N	lo.*				Cha	ssis	No	•*				Cubi	c ca	pacit	<u>y.*</u>		
Year of m	nanufactu	re.*	Colour R				RTO V	Vhere	vehicle is/will			11	Date of		Registration		n S	Seating capacity (inclue					ding driver).*			
							b	e Reç	giste	red.*	*			/ Ρι	irch	ase	*									
Note – Copy of I	RC Book n	eeds to b	e provid	ed.																						
Declaration * - I/V	N e here	eby confir	m that in	case the	e detai	ls are	found to	be ind	corre	ct, an	y clair	n ma	de u	nder	the	polic	y wil	lbei	reject	ed.	c	ianat		f the F	Dron	osor
		<b>D</b> : 17		0.1	0						-											-			Тор	
What is the usage							Purpose				Type						eler						/heel	er		
Vehicle Mak			lndig				ed				Insur	red is	s		Br	and	Ne	N				Use	d			
Type of Roa □ Hilly		Vehicle itional		<b>normal</b> State Hi			🗆 Ci	+v		king Road	dside	Pub	lic P	Parki	ng					Roa	adsid	le Oi	utside	e Par	king	
□ Town Roa					0	'		LY			in co					deno	ce o	pen			king					·
					10 00	cony					in co		ound						ed							
Fuel type			Diesel		🗆 Bi	Fuel		NG	· · · · · · · · · · · · · · · · · · ·					•						21 to 50 kms						
LPG [	Battery		Others	- PIs sp	ecify.				□ 51 to 100 kms □ 101 to 150 kms								Over 151 kms									
Repair 🗆 F		<u> </u>		🗆 Dea	lershi	р			Spe	edo	mete	r rea	adin	g as	on	date	e*:									
Trailer Regis	stration N	Vo. and	No. of t	railer*																						
5. FINANCIER	R DETAIL	S:	Bank N	ame:													Hyp	ooth	ecat	ion	Hir	e Pu	rcha	se [	_ L∈	ease
6. PREVIOUS	INSURA	NCE PA	RTICUL	ARS:	(Attach	ı expiri	ng Policy	copy w	ith sc	hedule	e/Renev	wal no	otice o	or cov	/er n	ote as	s proc	of of i	nsurar	nce)						
Previous Insur	rer name:														Ту	pe o	of co	ver:								
Address:															<ul> <li>Package</li></ul>											
																			rance		у⊔	Liab	ulity (	Jniy		
Policy/Cover n	note numb	er:													Has any Insurance Company ever:											
#No Claim Bo	onus in the	expiring	g policy		%									1) Declined the proposal.							🗆 Yes 🗆 No			] No		
Claims reporte	ed in last §	5 years:													2)	Car	ncell	ed 8	refu	sed t	o ren	iew.	l	🗆 Ye	s 🗆	] No
Year	1		2			3			4			5			3)	Rec	quire	ed ar	n inci	rease	in Pr	emiu	um. I	🗆 Ye	s 🗆	No
No. of claims															4)				ecia	cond	dition	is or				
Amount																exc	ess.							🗆 Ye	s 🗆	No
# For granting N					nce to	be su	bmitted																			
7. INSURED	DECLAR	ED VAL		ŀ				۸	of 41	<u> </u>	hiel-										—	0/	<b>.</b>	<b>n</b>	ic+! -	
The IDV of the for the purpo							surea	Age o Not e	exce	eding	g 6 m											70 C	л ре	<b>prec</b> 5%		л 
manufacture	r's listed s	elling pr	rice of th	ne brano	d and	mod	els as	Exce																15% 20%		
the vehicle commencem								Exce	edin	g 2 ý	ears	but r	not e	exce	edi	ng 3	yea	irs						30%	6	
depreciation								Exce Exce																40% 50%		
Note - For ve	hicles mo	ore than	5 years	old, pl	ease d	conta	ct the C	Comp	any	for fix	xing t	the <b>I</b> I	DV													

## 8. OWN DAMAGE (OD)

9. Third Party (TP)

		<u> </u>				t where the c	over is opted / applicat	ne.)		
* Vehicle Value		Sum Insur ₹	ed / IDV	Prem a. ₹	nium	Pasia TD I	Dromium		-	Premium ₹
	CCESSOFIES: (Other than factory			a.∢ b.₹		Basic TP I Third Party	Property Damage		a.	Χ
Side Car Value (o		₹		c. ₹		-	icted to Rs. 6000/-	Yes 🗌 No	b.	₹
Trailer(s) : (only f	,	₹		d. ₹			(only for Private Cars) : 3		c.	₹
	Kit : Inbuilt 🗌 Yes 🗌 No			e.₹			G/LPG Kit : ₹ 60/-		d.	₹
	Sories (Other than factory fitted) :			f. ₹			y PA Owner Driver Cove			
Stere Make	eo AC (	Others - Pls sp	ecity				lo' if the owner is not having th			
Model						Relationsh	lame: ip with Insured:	Ageyis.		
Year							e Appointee:			
		Total A	(a to f)	₹		(If Nomine				
10. EXTENDE	D COVER/EXTRA B	ENEFITS :				Relationsh	ip to the Nominee:		e.	₹
	rea Extension 🔲 Bangla		n			Geographi	cal Area Extension ( 🗌 B	angladesh 🗆 Bhutan		
• •	Vepal 🗌 Pakistan 🗌 Sri			g. ₹			s □Nepal □ Pakistan		f.	₹
iber Glass Tank		□ No		<u>,</u> h.₹			Personal Accident cover	/		
	g(without Custom Duty ##)Coun			<u>i.</u> ₹			lac for private car/2wheeler respective		g.	₹
riving Tuition C	over 🛛 Yes			j. ₹			is are as per seating capacity		h	*
		Total B	(g to j)	₹		Named Pe	Personal Accident cov	er (Named)	h.	₹
							m Insured :			
11. RESTRIC	TED COVER/DISCOU	JNIS:				Name of th	e Nominee :			
nti Theft Discount	- Vehicle fitted with anti theft devic	e and approved by A	ARAI	k. ₹	]	Age of the				
	- Vehicle is specially designed for u					Relationsh	ip with the Person :			
id endsorsed in the Re		200 of Francicap F 818		Ι. ₹			e Appointee (If Nominee	is Minor) :		
	ount - Vehicle will be used within	own premises/confin	ned to sites	m. ₹			ip to Nominee :			
				····· X			ach separate sheet if no.	•	an on	e)
•	e : Pvt Cars - □ Rs. 2500 □ Rs.		JKS.15000				ccident cover for Paid D		,	<b>→</b>
Wheeler - 🗆 Rs. 50	00 □Rs. 750 □Rs. 1000 □Rs.1	500 🗆 Rs. 3000		n. ₹		No. of pers		per person	_ i.	₹
		Total (	C (k to n)	₹		Paid Drive	oility Cover to -	No. of Persons		₹
demokt A	Sear Manuslan - 11		,			Paid Drive		No. of Persons No. of Persons	- j. k.	≺ ₹
Itomobile Associat	•					Paid Clear		No. of Persons	- 1.	₹
							/Airman employed as driver		Ē	
sociation Name : _		_					pacity for private cars only)			₹
<pre>kpiry Date :</pre>							(Other than paid driver/s)	No. of Persons	n.	₹
	TOTAL OD Premium Be	fore NCB D (A	A+B-C)	₹		Non-fare p	5 01 0	No. of Persons	0.	₹
	Less: NC	В	%	₹				TP Premium G ( a to o	·	
		fter NCB E (D		₹		TOTAL P	REMIUM (OD+TP) Befo		<i>.</i>	
L	ess: Commercial Discou	nt	%	₹				ADD: Service Ta:	x   ₹	
	TOTAL OD	Premium F (E	-Disc)	₹			тот	AL PREMIUM PAYABL	E	
	not insured, for both partial and tota	•	-Disc)	₹			ΤΟΤ/	AL PREMIUM PAYABL	E	
	not insured, for both partial and tota	•	-Disc)	₹			τοτλ	AL PREMIUM PAYABL	E	
12. DRIVER D	not insured, for both partial and tota	l loss claims.				vears □				etails:
12. DRIVER D	not insured, for both partial and tota <b>ETAILS:</b> o be driven by S	elf - Driving	Experie	nce			Any other person/s pl	ease provide the bel	ow d	
12. DRIVER D	not insured, for both partial and tota	elf - Driving	Experie	nce				ease provide the bel	ow d	
12. DRIVER D	not insured, for both partial and tota <b>ETAILS:</b> o be driven by S	elf - Driving	Experie	nce			Any other person/s pl	ease provide the bel	ow d	
12. DRIVER D The vehicle to Paid Drivers	not insured, for both partial and tota <b>ETAILS:</b> o be driven by S	elf - Driving	Experie	nce			Any other person/s pl	ease provide the bel	ow d	
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12. DRIVER D The vehicle to Paid Drivers Others 13. Add On C Basic Plan (i	ot insured, for both partial and tota ETAILS: o be driven by  Sover: Do you Zero Depreciation)	elf - Driving wish to opt	Experie Age for follo	nce Gender <b>owing /</b> ation. Ret	Driving I Add on c	Experience covers? (Ap	Any other person/s pl Educational Qualifica plicable for only selec	ease provide the bel tion No. of accident	ow d s in p	previous 5 years
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