



general insurance

SMARTDRIVE - PRIVATE CAR & TWO WHEELER INSURANCE POLICY

Please fill this form in **Block Letters** and **Tick the Boxes** where appropriate

FPV

(Please answer all questions completely. This policy commences only after the proposal is accepted and subject to realisation of premium.)

INTERMEDIARY DETAILS

Name Code

Branch Code

Manager's Name Code

Campaign Name Code

PROPOSAL DETAILS

Proposal for New Vehicle Rollover Endorsement Renewal

Type of Cover Package (Comprehensive) Policy Package (Act & Theft) Policy Package (Act, Theft & Fire) Policy
 Act Only Policy Package (Fire & Theft) Policy

PROPOSER'S DETAILS

Name Mr./Mrs./Ms./Dr./M/s.

Communication (Postal) Address

Pin code State

Contact Nos. Mobile No. Office +91

Residence +91 E-mail ID

Fax No.

REGISTRATION ADDRESS (IN CASE DIFFERENT FROM COMMUNICATION ADDRESS)

Registration Authority Name

Address

Pin code State

DETAILS OF THE VEHICLE

Registration Number Date of Registration

Year of Manufacture Engine No.

Chassis No.

Make of Vehicle Model of Vehicle

Cubic Capacity Body Type Seating Capacity including Driver

Vehicle Manufacturing Indigenous Imported Colour of the vehicle

Fuel used Petrol Diesel

Other (Pls. specify below)

INSURED'S DECLARED VALUE (IDV) DETAILS

IDV of the Vehicle	Electrical Accessories	Non-Electrical Accessories	Side Car (Two wheelers)/Trailer(s) (Private Cars)	
Details of Electrical Accessories	Item Details	Make & Model	Year of Manf.	IDV
Details of Non-Electrical Accessories	Item Details	Make & Model	Year of Manf.	IDV

DETAILS OF THE VEHICLE TYPE AND USE

Whether the Vehicle is driven by Non-Conventional Source of Power Yes No

If Yes, please give details Bi Fuel CNG LPG

Will the vehicle be used exclusively for

a) Private, Social, Pleasure and Professional Purposes Yes No

b) Carriage of goods other than samples or Personal Luggage Yes No

Whether the vehicle is used for Commercial Purposes? Yes No

Whether the vehicle is used for Driving Tutions? Yes No

Whether the vehicle is limited to Own Premises? Yes No

Whether the vehicle is specially designed for use of Blind/Handicapped/Mentally Challenged Person? Yes No

If so, whether the same is endorsed as such by RTA? Yes No

Whether the vehicle is certified as Vintage Car by Vintage & Classic Car Club of India? Yes No

Whether the vehicle is fitted with Fibre Glass Tank? Yes No

Whether the vehicle belongs to the Embassy/Consulate of a Foreign Country? Yes No

If so, is the Duty element is included in the IDV? Yes No

PREVIOUS INSURANCE DETAILS

Full Name & Address of Previous Insurer

Policy / Cover Note No.

Period of Insurance: From To

Type of Cover Package (Comprehensive) Policy Package (Act & Theft) Policy Package (Act, Theft & Fire) Policy
 Act only Policy Package (Fire & Theft) Policy

NCB / Loading % in Expiring Policy %

Claim Lodged in Last three years: Year

Claims _____

Claim Amount (Rs.) _____

Has any Insurer ever declined/cancelled the insurance of the proposed vehicle? Yes No

Proposed Period of Insurance: From To

NCB DETAILS AND OTHER DISCOUNT IN PREMIUM

Are you entitled for No claim Bonus* if Yes please mention the % Yes No %

Is the vehicle fitted with Anti Theft device which is approved by ARAI? Yes No

If the answer of the above Question is Yes, please submit the certificate for the same.

Are you a member of Automobile Association of India? If Yes, please state Yes No

Name of Association

Membership No.

Date of Expiry

*In case of wrong declaration of NCB all the benefits under the Motor insurance policy stands forfeited

COVERAGE DETAILS

Voluntary Excess: Do you wish to take Voluntary Excess over and above the Compulsory Excess? Yes No

Private Car None Rs. 2,500 Rs. 5,000 Rs. 7,500 Rs. 15,000

Scooter None Rs. 500 Rs. 750 Rs. 1,000 Rs. 1,500 Rs. 3,000

Do you wish the Geographical Area Extension under your proposed Insurance cover? If Yes, please select the relevant box:

Bangladesh Bhutan Nepal Sri Lanka Maldives Pakistan

Do you require Unnamed PA Cover: Yes No If Yes: No. of Passengers

Sum Insured per Person

Do you require Named PA Cover: Yes No

If Yes: Name i) _____

Sum Insured i) _____

ii) _____

Sum Insured ii) _____

iii) _____

Sum Insured iii) _____

iv) _____

Sum Insured iv) _____

Do you wish to cover Legal Liability to:

a) Driver Yes No c) Other Employees Yes No

b) Unnamed Passengers Yes No d) Soldier/Sailor/Airman employed as a Driver Yes No

Do you wish to restrict the legal liability towards Third Party Property Damage? Yes No

DETAILS OF HIRE PURCHASE / HYPOTHECATION / LEASE

Please state if the vehicle is under: Hire Purchase Lease Agreement Hypothecation

If so, give name and address of concerned parties:

Full Name M/s. _____

Address _____

DRIVER DETAILS

Does the owner have a valid driving license? Yes No

INSPECTION DETAILS - FOR USE OF INSPECTION AGENCY ONLY

Inspection Reference no. _____ Conducted on DDMMYYYY Time HHMM

Name of inspecting agency _____

Does the vehicle stands fit for insurance? Yes No

Sign and stamp of Inspecting Agency

PAYMENT DETAILS

Kindly select one Cheque D.D./P.O. Credit Card Cash

Cheque/D.D./P.O. no. _____ Dated DDMMYYYY

Bank Name _____

Credit Card no. _____ Master Visa

Expiry Date DDMMYYYY Premium Amount Rs. _____

In words _____

DECLARATION

I/We hereby declare that the statements, answers given by me/us in this proposal form are true to the best of my knowledge and belief. It is hereby understood and agreed that the statements, answers and particulars provided herein above are the basis on which this insurance is being granted and that if, after the insurance is effected, it is found that any of the statements, answers or particulars are incorrect or untrue in any respect, the Company shall have no liability under this insurance.

I/We agree and undertake to convey to Bharti AXA General Insurance Company Limited any change/alterations carried out in the risk proposed for insurance after submission of this proposal form.

I/We hereby declare that all the damages observed at the time of inspection of the vehicle shall not be claimed by me/us from Bharti AXA General Insurance Co. Ltd.

Date: _____

Place: _____

Proposer's Signature

PROHIBITION OF REBATES (SECTION 41) OF THE INSURANCE ACT 1938

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 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 prospectus or tables of the Insurer.
2. Any person making default in complying with the provision's of this section shall be punishable with fine, which may extend to five hundred rupees.

FOR THE USE OF INTERMEDIARY

Cover Note no. issued (if any) _____ Date of issuance DDMMYYYY Time of issuance HHMM

Period of Insurance: From HHMM Date DDMMYYYY To the Midnight of Date DDMMYYYY

FOR OFFICE USE ONLY

Customer ID _____ Proposal No. _____

Policy / Cover Note No. _____ Proposal Checked by _____

Date of Receipt DDMMYYYY

Insurance is the subject matter of the solicitation.