

## SmartDrive Private Car or SmartDrive Two Wheeler Insurance Policy - Proposal Form

We would like to inform you that Bharti AXA General Insurance has merged with ICICI Lombard General Insurance. Enjoy our seamless services while exploring our enhanced offerings and diverse non-life insurance solutions.

### Important Note

This is only a Proposal Form and issuance of the same does not amount to acceptance of risk by the company. The liability of the company does not commence until the acceptance of the proposal has been formally intimated by the insured and full premium has been realized by the company.

### 1. Intermediary Details

IMD Code \_\_\_\_\_ Employee Code \_\_\_\_\_ Employee Name \_\_\_\_\_  
**POSP Name** \_\_\_\_\_ **POSP Number** \_\_\_\_\_  
**POSP PAN Card No.** \_\_\_\_\_ **POSP Aadhar No.** \_\_\_\_\_  
**Agency Code** \_\_\_\_\_ **Agency Name** \_\_\_\_\_  
**Mobile** \_\_\_\_\_ **Agency's Other Contact Details** \_\_\_\_\_

### 2. Type of Business and Proposed Insurance Details

Product opted for: SmartDrive Private Car Insurance  SmartDrive Two Wheeler Insurance   
 Issued for: New Vehicle  Renewal  Rollover  Used  Endorsement   
 Type of Cover: Package policy  Liability only  Standalone OD Policy  Long Term Motor Policy   
 Others (Please specify) \_\_\_\_\_  
 Policy Period (OD/Comprehensive): From Time \_\_\_\_\_ Date \_\_\_\_\_ To the midnight of Date \_\_\_\_\_  
 Policy Period (TP): From Time \_\_\_\_\_ Date \_\_\_\_\_ To the midnight of Date \_\_\_\_\_  
 Are you entitled for NCB in current year policy? If yes, please submit the relevant proof, NCB%

### 3. Insured's Details

Full Name: Mr. / Ms. / Mrs./ Dr. / M/s. \_\_\_\_\_  
 Communication Address: \_\_\_\_\_  
 \_\_\_\_\_ PAN Details \_\_\_\_\_  
 City / District \_\_\_\_\_ State \_\_\_\_\_ Pin Code \_\_\_\_\_  
 Mobile No. (Mandatory) \_\_\_\_\_ Email ID (Mandatory) \_\_\_\_\_  
 Residence No. \_\_\_\_\_ Office No. \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender: \_\_\_\_\_

### 4. Vehicle Details

Make \_\_\_\_\_ Model/Variant \_\_\_\_\_ Year of Manufacturing \_\_\_\_\_  
 Cubic Capacity \_\_\_\_\_ Seating Capacity \_\_\_\_\_ Colour \_\_\_\_\_ Vehicle Registration No. \_\_\_\_\_  
 Engine No. \_\_\_\_\_ Chassis No. \_\_\_\_\_  
 Place of Registration \_\_\_\_\_ Date of Registration \_\_\_\_\_ Fuel Type \_\_\_\_\_  
 Insured Declared Value For Vehicle \_\_\_\_\_ Electrical Accessories \_\_\_\_\_ Non-Electrical Accessories \_\_\_\_\_  
 Side Car (TW) \_\_\_\_\_ CNG/LPG \_\_\_\_\_ Total IDV \_\_\_\_\_

### 5. Financer Details

Hypothecation Agreement  Hire Purchase  Lease Agreement   
 Name of Financer & Address: \_\_\_\_\_

### 6. Inspection Details

Inspection Ref # \_\_\_\_\_ Date & Time \_\_\_\_\_ Agency Name \_\_\_\_\_ Recommended: Yes  No

## 7. Previous Insurance Details

Previous policy type: Standalone OD  Standalone TP  Comprehensive   
Start date of previous/expired policy (OD): \_\_\_\_\_  
End date of previous/expired policy (OD): \_\_\_\_\_  
Name of insurer: \_\_\_\_\_ Policy No.: \_\_\_\_\_  
NCB in Expiring Policy: \_\_\_\_\_ No of Claims \_\_\_\_\_ Amount \_\_\_\_\_  
Start date of previous/expired policy (TP): \_\_\_\_\_  
End date of previous/expired policy (TP): \_\_\_\_\_

## 8. Other Details

Do you have a valid Pollution Under Control certificate (PUC) :  Yes  No  
Personal Accident cover for owner driver is compulsory. Please provide details of nomination.  
Name of Nominee \_\_\_\_\_ Age \_\_\_\_\_ Owner driver relationship with Nominee \_\_\_\_\_  
Name of Appointee (if Nominee is minor) \_\_\_\_\_ Relationship to Nominee \_\_\_\_\_  
Do you require Unnamed PA Cover? No. of passengers \_\_\_\_\_ Capital Sum Insured (CSI) per person \_\_\_\_\_  
Do you require Named PA Cover? Name \_\_\_\_\_ Sum Insured \_\_\_\_\_  
Do you wish to opt for higher deductible over and above the compulsory deductible: Yes  No  (If yes, please specify the amount below)  
For Two Wheelers Rs. 500/750/1000/1500/3000 \_\_\_\_\_ For Private cars Rs. 2500/5000/7500/15000 \_\_\_\_\_  
Do you wish to restrict the TPPD liability limit of Rs.6,000 only:    
Does the owner have a valid Driving license? Yes  No   
I (owner driver) have Personal Accident cover [includes cover against motor accidents- a 24 hour Personal Accident cover against Death and Permanent Disability (Total and Partial)] for CSI of at least Rs.15 Lac. Yes  No   
**Will the vehicle be used exclusively for**  
A) Private, Social, Domestic, Pleasure & Professional purposes: Yes  No   
B) Carriage of goods other than samples or personal luggage: Yes  No   
Do you wish to cover Legal Liability to: Driver  Unnamed Passenger  Other Employees  Soldier/Sailor/Airman employed as Driver

### Driver Details:

A) Age: \_\_\_\_\_ (Owner Driver/Others) B) Does the driver suffer from defective vision or hearing or any physical infirmity? Yes  No   
C) Has the driver ever been involved/convicted for causing any accident or loss? Yes  No

### Please put a tick wherever applicable

1.  Whether the vehicle is used for commercial purpose? 2.  Whether the vehicle is used for Driving tuition? 3.  Whether the vehicle is limited to own premises? 4.  Whether the vehicle is specially designed for use of Blind/Handicapped/Mentally Challenged person? 5.  If yes, whether the same is endorsed as such by RTA? 6.  Whether the vehicle is certified as Vintage car by the vintage & classic car club of India? 7.  Whether the Vehicle is fitted with fiber glass tank? 8.  Whether the vehicle belongs to the Embassy/Consulate of a foreign country? If yes, is the duty element is included in the IDV? 9.  Is the Vehicle fitted with Anti Theft device which is approved by ARAI? If yes, please submit certificate. 10.  Are you a member of Automobile Association on India? If yes, please submit membership certificate. 11.  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

### Add on Coverage (Private Car):

Depreciation Cover  Road Side Assistance  Engine and Gear Box Protection   
Consumables Cover  Invoice Price Cover  Ambulance Charges Cover   
Key Replacement Cover  Medical Expense Reimbursement  Any other (please specify name) \_\_\_\_\_

### Add on Coverage (Two Wheeler):

Depreciation Cover

### Premium Details:

A) Premium Amount (Including service tax) \_\_\_\_\_ Cash  Cheque  Demand Draft  Credit Card   
Cheque/DD No. \_\_\_\_\_ Cheque/DD Date \_\_\_\_\_ Bank Name \_\_\_\_\_  
Insured Bank Name & Address: (In case of any dues from the company, the amount will be credited to this bank account) \_\_\_\_\_  
Account No. \_\_\_\_\_ IFSC Code \_\_\_\_\_

## 9. Declaration

**Please let us know if the below statement is applicable to you:** Have you ever been entrusted with prominent public functions, for example, Heads of State or of Government, senior politicians, senior government, judicial or military officials, senior executives of state owned corporations or important party officials. Yes  No

I (owner driver) have Personal Accident cover [includes cover against motor accidents- a 24 hour Personal Accident cover against Death and Permanent Disability (Total and Partial)] for CSI of at least Rs. 15 Lacs. Yes  No

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. I/We hereby agreed that this declaration shall form the basis of contract between Me/Us and ICICI Lombard General Insurance Company Limited. 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 affected, 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 ICICI Lombard 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 ICICI Lombard General Insurance Co. Ltd. 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 I of the policy will stand forfeited. I have read, understood and agree with the terms and conditions mentioned on this proposal form.

**Data Privacy Notice:**

I/We hereby provide consent to the Company for collecting/retaining any information relating to Me/Us including Sensitive Personal Information ("hereinafter cumulatively referred to as "INFORMATION"), that is either available with the Company or disclosed by Me/Us while obtaining the policy of Insurance from the company or otherwise. I/We further understand that the Company may use the INFORMATION for servicing the Insurance policy obtained by Me/Us and for same may share the INFORMATION with any reinsurer, insurance association, medical authorities, other Insurers, statutory authorities, court, governmental body, regulator etc., or with services provider(s) engaged by the Company for servicing the Insurance policy, underwriting the risk, settlement of claim etc. without obtaining our specific consent for such sharing and we hereby provide our consent to Company for same.

I/We understand that whenever I/We would like to update/correct the INFORMATION, we will intimate the Company for the same, so as to enable the Company to amend/correct the INFORMATION accordingly. Further in the event I/We would like to withdraw My/Our consent provided herein, I/We would intimate the Company of the same in writing and also understand that, in the event of such withdrawal by Me/Us, the Company reserves the right to not provide Me/Us the Services for which it has sought the INFORMATION.

Place \_\_\_\_\_

Date \_\_\_\_\_

\_\_\_\_\_  
**Proposer's Signature**

**Section 41 of Insurance Act 1938 (Prohibition of rebates): as amended by Insurance Laws (Amendment) Act, 2015**

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 liable for a penalty which may extend to ten lakh rupees.