

**ICICI Lombard General Insurance**

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## Smart Drive Motor Warranty Insurance - 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:** Issuance of this form is not to be taken as admission of liability. Please fill this form in **Block Letters** and **Tick the Boxes**  where appropriate. Please answer all questions completely and do not leave any blanks; in case any question is not relevant, please mention "Not applicable"; this form is applicable for individuals only. The insurance is not effective until the proposal is accepted and premium received.

### 1. INTERMEDIARY DETAILS

IMD Code: \_\_\_\_\_ Employee Code: \_\_\_\_\_ Employee Name: \_\_\_\_\_

### 2. PROPOSER'S DETAILS

Full Name Mr / Ms. / Mrs./ Dr. / M/s. \_\_\_\_\_

Communication address: \_\_\_\_\_

City/District: \_\_\_\_\_ State: \_\_\_\_\_ PIN Code: \_\_\_\_\_

Mobile No (Mandatory): \_\_\_\_\_ Email ID (Mandatory): \_\_\_\_\_

Residence No: \_\_\_\_\_ Office No: \_\_\_\_\_ Telephone No: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender:  Male  Female  Other

Are you existing ICICI Lombard General Insurance customer?  Yes  No

If yes, please mention the policy No: \_\_\_\_\_

PAN No (Mandatory): \_\_\_\_\_

Occupation/Profession:  Public Sector  Private Sector  Defence  Education  Software  Doctor  Sales and Marketing

Others, (please specify): \_\_\_\_\_

Do you have a valid Driving License:  Yes  No

### 3. TYPE OF VEHICLE AND PLAN

Issued for: Private Car  Two Wheeler  Commercial Vehicle

If Commercial Vehicle than is it Good Carrying Vehicle  Passenger carrying vehicle

Miscellaneous vehicle

Public carrier  Private carrier

Plan A: This plan shall be available only for the first hand vehicles and for which this cover has been taken whilst the manufacturer's warranty period is in force and the cover shall incept after the expiry of the Manufacturer's Warranty Period.

Plan B: This plan shall be available for First-hand vehicles where Manufacturer's Warranty is lapsed as well as Pre-owned Vehicles.

Select plan:  Plan A  Plan B. Please provide the following details in respect of the vehicle/equipment that you wish to insure under the policy.

#### Details specific to Plan A

Manufacturer's Warranty Period in Months/Year: \_\_\_\_\_ Kilometers/Hour Limit for Manufacturer's Warranty Period: \_\_\_\_\_

Kilometers/Hour Limit opted by Insured: \_\_\_\_\_ Sum Insured: \_\_\_\_\_

#### Details specific to Plan B

Date of Purchase: \_\_\_\_\_ Present Kilometres/Hour reading: \_\_\_\_\_

Kilometers/Hour Limit opted by Insured: \_\_\_\_\_ Sum Insured: \_\_\_\_\_

### 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: \_\_\_\_\_ Ex showroom price (in Rs.): \_\_\_\_\_

#### Additional details for Commercial Vehicles:

Gross Vehicle Weight: \_\_\_\_\_ Max. Licensed carrying capacity (No. of passengers): \_\_\_\_\_

Trailer Registration No: \_\_\_\_\_ Trailer Chassis No.: \_\_\_\_\_ Trailer/Side car Ex-showroom Price: \_\_\_\_\_

## 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. PREMIUM DETAILS

Premium Amount (Including tax): \_\_\_\_\_ Cash  Cheque

Demand Draft  Credit Card  DD No.  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: \_\_\_\_\_

Has any general insurance company, in respect of the risk to which this Proposal relates, ever:

- Declined a proposal, refused renewal or terminated insurance? Yes  No
- Required an increased premium or imposed special conditions? Yes  No
- If yes in either case, please provide details: \_\_\_\_\_

## 8. 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/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 particular 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 further undertake that if this declaration is found to be incorrect, all benefits under 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: \_\_\_\_\_

## 9. 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 provisions of this section shall be liable for penalty which may extend to ten lakh rupees.