

Questionnaire as below:

I Insured Name

I Registered Mobile number

I alternate contact number.

I Registered email id

I Insurer Name

Vehicle details,

Ø Registration No.

Ø Make & Model

Ø Manufacturing Year

Ø IDV Value

Ø NCB confirmation

Ø CNG Confirmation

Ø You have taken plan is comprehensive/TP

Ø You have taken Addon cover is

Ø Premium amount

Ø Cubic capacity

Ø Fuel Type