

Name of the Insurer& Address:

Please share your email ID and mobile number so that we can email your policy soft copy and send you process and claim status updates through SMS.

## Bharti AXA General Insurance Company Limited

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

## **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** 2 Type of Business and Proposed Insurance Details Issued for: New Vehicle Renewal Rollover Used Endorsement Type of Cover: Package policy Others (Please specify) Liability only Policy Period: 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 Proposer's (Owner'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. Date of Birth Gender: Male Female **Vehicle Details** Make Model/Variant Year of Manufacturing Colour Vehicle Registration No. **Cubic Capacity Seating Capacity** Engine No. Chassis No. Date of Registration Place of Registration **Fuel Type** Insured Declared Value For Vehicle Electrical Accessories Non-Electrical Accessories CNG/LPG Side Car (TW) Total IDV **5 Financer Details** Hypothecation Agreement Hire Purchase Lease Agreement Name of Financer & Address: **Inspection Details** Date & Time Inspection Ref # Agency Name Recommended: Yes Nο **Previous Insurance Details** Previous Insurance Policy No. Policy Period: From Tο No of Claims NCB in Expiring Policy: Amount

8 Other Deta	ails					
Personal Accident cov	er for owner drive	er is compulsory. Please prov	ide details	s of nomination.		
Name of Nominee		Age	Owne	er driver relationship with Nominee		
Name of Appointee (if	Nominee is mino	r)		Relationship to Nominee		
Do you require Unnamed PA Cover? No. of passengers				Capital Sum Insured (CSI) per person		
Do you require Named	l PA Cover? Na	ame		Sum Insured		
		e over and above the compul	sory dedu	uctible: Yes No (If yes, please s	pecify the amount below)	
For Two Wheelers Rs.	500/750/1000/	1500/3000	Fo	or Private cars Rs. 2500/5000/7500/150	· · ·	
Do you wish to restrict	the TPPD liability	limit of Rs.6,000 only: Yes	No	Does the owner have a valid Driving	license? Yes No	
Will the vehicle be u	-	r for 2 Professional purposes: Ye	es	No		
B) Carriage of goods other than samples or personal luggage: Yes				No		
Do you wish to cover Le	egal Liability to: Dri	ver Unnamed Passenge	er O	Other Employees Soldier/Sailor/Airma	an employed as Driver	
Driver Details:	,			, , ,	. ,	
A) Age:	(Owner Driver/Ot	hers) B) Does the driver suffe	r from def	ective vision or hearing or any physical infiri	mity? Yes No	
C) Has the driver ever b	peen involved/con	victed for causing any accide	nt or loss?	P Yes No		
certified as Vintage car by th of a foreign country? If yes, 10. ☐ Are you a member of	e vintage & classic car , is the duty element is Automobile Associatio	r club of India? 7. $\square$ Whether the Ves included in the IDV? 9. $\square$ Is the V	chicle is fitted ehicle fitted embership c	If yes, whether the same is endorsed as such by RT.d with fiber glass tank? 8. ☐ Whether the vehicle belowith Anti Theft device which is approved by ARAI? If pertificate. 11. ☐ Do you wish the Geographical area Lanka ☐ Maldives ☐ Pakistan  NCB Protector-Same Slab ☐ NCB Protector-1 Slab Down ☐ Rodent Bite Cover ☐ ☐	ongs to the Embassy/Consulate f yes, please submit certificate.	
Hydrostatic Lock Cover		Medical Cover		Any other (please specify name)		
Premium Details:						
A) Premium Amount (In	cluding service ta	x)		Cash Cheque Demand Dr	raft Credit Card	
Cheque/DD No.		Cheque/DD Date		Bank Name		
Insured Bank Name & A	f any dues from the company, the an	nount will be	credited to this bank account)			
				Account No.	IFSC Code	
9 Declaratio						
Please let us know if the be	low statement is apples, senior government, iu	licable to you: Have you ever been endicial or military officials, senior execu	entrusted with	h prominent public functions, for example, Heads of South	tate or of Yes No	
basis of contract between Me/ the basis on which this insurar company shall have no liability for insurance after submission General Insurance Co. Ltd. I/V undertake that if this declarati conditions mentioned on this p Data Privacy Notice: I/We hereby provide consent "INFORMATION"), that is either may use the INFORMATION for Insurers, statutory authorities, claim etc. without obtaining ou I/We understand that whenever accordingly. Further in the eve such withdrawal by Me/Us, the	/Us and Bharti AXA Generic is being granted and under this insurance. I/ n of this proposal form.  We declare that the ration is found to be incorreproposal form.  It to the Company for contraction is found to be incorreproposal form.  It to the Company for contraction is found to be incorreproposal form.  It to the Company for contraction is count, governmental bour specific consent for significant in the count is provided that the count is provided to the count is being the contraction in the country in the c	eral Insurance Company Limited. It is I d that if, after the insurance is affected. We agree and undertake to convey to I/We hereby declare that all the dam e of NCB claimed by Me/Us is correct ect, all benefits under the policy in rescollecting/retaining any information repany or disclosed by Me/Us while obtained by Me/Us while obtained by Office of the policy obtained by Me/Us while obtained by Office of the policy obtained by Me/Us while obtained by Me/Us	nereby unders d, it is found the Bharti AXA Ge ages observed and that no pect of Section elating to Me ining the polic ing may shar vider(s) engag r consent to C I intimate the ein, I/We wou	Company for the same, so as to enable the Company to a suld intimate the Company of the same in writing and also	iculars provided herein above are rrect or untrue in any respect, the ns carried out in the risk proposed aimed by Me/Us from Bharti AXA he policy enclosed). I/We further ood and agree with the terms and after cumulatively referred to as her understand that the Company ciation, medical authorities, other nderwriting the risk, settlement of amend/correct the INFORMATION	
Place Date						
Section 41 of Insurance A	ct 1938 (Prohibition	of rebates):		Propos	ser's Signature	
			ion as prescri	ribed in section 41 of the Insurance Act, 1938 (4 of 1938	3) - "No person shall allow or offer	

Statutory warming - Every proposal for all historiance product shall carry the following subliation as prescribed in section 41 of the historiance AC, 1936 (4 of 1936) - No person shall allow of other 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 of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of 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 published prospectus or tables of the insurers". If any person fails to comply with sub regulation (1) above, he shall be liable to payment of a fine which may extend to rupees five hundred.

For more details on risk factors and terms & conditions, please read the sales brochure carefully before concluding a sale. PF/PC/THINQ/07-15. Insurance is the subject matter of solicitation.

