

**Motor Vehicle Insurance
Proposal Form**

PROPOSAL COPY

Registered Office :
Bharti AXA General Insurance company Ltd.
First Floor, Fern City, Survey no 28
Doddanekundi, Bangalore -560017, IRDA REG. no -139
Call : 080 49123900
Email : customer.service@bharti-axa.co.in
Website: www.bharti-axa.co.in

Issued for New Vehicle ☐ Rollover ☐ Own ☒ Renewal ☐ (BAGI Policy No.)

1. Intermediary details

Imd Code _____ Staff Code _____ Staff Name _____

2. Proposal details

Proposal For ☒ Private Car ☐ Two Wheeler ☐ Commercial Vehicle
Type of Cover ☒ Package (Comprehensive) Policy (Rollover / Renewal) ☐ Long Term Motor Policy (New Vehicle)

3. Vehicle details

Make	Model	Variant	Year of Manufacture	Cubic Capacity	Gross Vehicle Weight (GVW) For Goods Carrying Vehicles	Licensed Carrying Capacity (LCC) For Passenger Carrying Vehicles	Seating Capacity (including Driver /Cleaner)
HONDA	CITY	1.5VX CVT	2015	1497			05

Addon opted : Yes ☒ No, If yes pls. Specify 1) NIL DEP 2) 3) 4) 5) 6) 7) 8)

Insured Declared Value :

For Vehicle (₹)	Electrical Accessories	Non Electrical Accessories	Trailers/ Side car (if any)	CNG/LPG Kit (if not part of standard vehicle)	Total IDV (₹)	Body Type
674973	0	0			674973	

Vehicle Registration No. KA03MV4626

Chassis No. MAKGM66SAF4002867

Place of Registration BANGALORE - KA03

Trailer Registration No. (if any) _____

Financier Details : Hypothecation Agreement ☐ Hire Purchase ☐ Lease Agreement ☐

Name of Financier :

Name of the Insured : (Mr / Mrs / Ms / M/S) : MANJUNATH NAVALAGUND

Communication Address : NO. 207, MAHAVEER ROSE APTS, KODICHILKANAHALLI

City / District BANGALORE State KARNATAKA Pincode 560076

Contact Numbers Mobile No. _____ Office (STD CODE) _____ Residence (STD CODE) _____

Email ID _____ Time of Issuance 05:00 Date of Issuance: 06/07/2019

4. Period of insurance (OD) From Time : 00:01AM Date: 24/07/2019 To the Mid Night of Date : 23/07/2020
Period of insurance (TP) From Time : 00:01AM Date: 24/07/2019 To the Mid Night of Date : 23/07/2020

5. Premium details

Premium Amount (With GST) 20162/- Cash ☐ Cheque ☐ Demand Draft ☐ Credit Card ☐

Cheque / DD No. : QSCB7728232084 (ONLINE) Bank Name :

Cheque / DD date :

6. Customer details

Date of Birth : _____ Gender : Male _____ Female _____ Marital Status : Married _____ Single _____

Adhaar No. : _____ PAN : _____ GSTIN No. : _____

7. Nominee details

Personal Accident Cover for Owner Driver is compulsory in Liability only Cover. Please give details of nomination :

Name of Nominee YELLAPPA NAVALAGUND Age of Nominee 57 yrs

Owner Driver's relationship with Nominee FATHER

Name of appointee (if nominee is a minor) _____

Relationship to nominee _____

Any Other Material Information Declaration & Consent.

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 changes/alterations carried out in the risk proposed for insurance after submission of this proposal from.

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

I / We declare that the rate of NCB claimed by me/us is correct and that no claim as 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."

"By signing this proposal form I / we have understood the purpose for which the information (including any personal sensitive information) is collected and I / we here by, provide my / our full consent to Bharti AXA to share it with any third party service providers for servicing the policy / claim under the contract of insurance and / or to share it with the Group and affiliate companies of Bharti AXA General for analysis or research."

"I am / we are aware that the complete terms and conditions of this insurance policy are available at the official website of the insurer (www.bharti-axa.co.in) I / We hereby consent to receiving only the Certificate and schedule of insurance upon the undertaking of the insurer that complete policy terms and conditions will be made available free of cost upon my / our request".

Prohibition of Rebates (Section 41) of the Insurance Act 1938

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.

Any person making default in complying with the provisions of this section shall be punishable with fine, which may extend to ten lakh rupees.

Kalavathi G

Proposer's Signature



redefining /
general insurance

Motor Vehicle Insurance Covernote

Please do not accept this cover note if issued after 08/08/19

Form "52" (India), Rule 142(I) of Motor Vehicle Rules, 1989

Issued for New Vehicle ☐ Rollover ☐ Own Renewal ☒ (BAGI Policy No.)

The insured described in Form "52" referred to below, having proposed for insurance in respect of the Motor Vehicle(s) described therein and having paid the sum as stated below as premium, the risk is hereby held covered under the terms of the Company's usual form of Package /Liability Policy applicable thereto (subject to any Conditions mentioned below) unless the cover be terminated by payable for such insurance shall be charged for the time the company had been at risk.

1. Intermediary details

Imd Code _____ Staff Code _____ Staff Name _____

2. Proposal details

Proposal For ☒ Private Car ☐ Two Wheeler ☐ Commercial Vehicle
Type of Cover ☒ Package (Comprehensive) Policy (Rollover / Renewal) ☐ Long Term Motor Policy (New Vehicle)

3. Vehicle details

Make	Model	Variant	Year of Manufacture	Cubic Capacity	Gross Vehicle Weight (GVW) For Goods Carrying Vehicles	Licensed Carrying Capacity (LCC) For Passenger Carrying Vehicles	Seating Capacity (including Driver /Cleaner)
HONDA	CITY	1.5VX CVT	2015	1497			05

Addon opted : Yes/No, If yes pls. Specify 1) NIL DEP 2) _____ 3) _____ 4) _____

Insured Declared Value : 5) _____ 6) _____ 7) _____ 8) _____

For Vehicle (₹)	Electrical Accessories	Non Electrical Accessories	Trailers/ Side car (if any)	CNG/LPG Kit (if not part of standard vehicle)	Total IDV (₹)	Body Type
674973	0	0			674973	

Vehicle Registration No. KAD3MV4626

Chassis No. MAKGM66SAF4008867

Place of Registration BANGALORE - KAD3

Trailer Registration No. (if any) _____

Financier Details :

Hypothecation Agreement ☐

Hire Purchase ☐

Colour of Vehicle _____

Engine No. L15Z11814753

Date of Registration DD/MM/YY

Vehicle Type :

☐

Indigenous ☐

Imported ☐

Lease Agreement ☐

Name of Financier :

Name of the Insured : (Mr / Mrs / Ms / M/S) : MANJUNATH NAVALAGUND

Communication Address : NO. 207, MAHAVEER ROSE APTS, KODICHIKKANAHALLI

City / District BANGALORE State KARNATAKA Pincode 560076

Contact Numbers Mobile No. _____ Office _____ (STD CODE) _____ Residence _____ (STD CODE) _____

Email ID _____ Time of Issuance 05:00 Date of Issuance: 06/07/2019

4. Period of insurance (OD) From Time : 00:01 AM Date: 24/07/2019 To the Mid Night of Date : 23/07/2020

Period of insurance (TP) From Time : 00:01 AM Date: 24/07/2019 To the Mid Night of Date : 23/07/2020

5. Premium details

Premium Amount (With GST) 201697 Cash ☐ Cheque ☐ Demand Draft ☐ Credit Card ☐

Cheque / DD No. : QSCB7726238084 (ONLINE) Bank Name : _____

Cheque / DD date : _____

6. Customer details

Date of Birth : _____ Gender : Male _____ Female _____ Marital Status : Married _____ Single _____

Adhaar No. : _____ PAN : _____ GSTIN No. : _____

7. Nominee details

Personal Accident Cover for Owner Driver is compulsory in Liability only Cover. Please give details of nomination :

Name of Nominee YELLAPPA NAVALAGUND

Age of Nominee 57 yrs

Owner Driver's relationship with Nominee FATHER

Name of appointee (if nominee is a minor) _____

Relationship to nominee _____

Note : • Personal Accident cover for Owner Driver is compulsory for Sum Insured of ` 1,00,000/- for Two wheelers and ` 2,00,000/- for Private Cars
• Compulsory PA cover to Owner Driver cannot be granted where a vehicle is owned by a company, a partnership firm or a similar body corporate or where the owner driver does not hold an effective driving license.

Persons or classes of Person entitled to drive: Please refer overleaf Any Limitations as to use of Motor Vehicle : Please refer overleaf Validity of the covernote will be 60 days from the date of issuance.
NB: Please insist on the company official identification. In the event of dishonor of Cheque(s), insurance cover provided under this document automatically stands cancelled from inception irrespective of whether a separate communication is sent or not.

I/We hereby certify that this covernote is issued accordance with provision of Chapter XI of the Motor Vehicle act.1988

CUSTOMER COPY

Registered Office :

Bharti AXA General Insurance company Ltd.

First Floor, Fern City, Survey no 28

Doddanekundi, Bangalore -560017, IRDA REG. no -139

Call : 080 49123900

Email : customer.service@bharti-axa.co.in

Website: www.bharti-axa.co.in

Cover Note No. : **40159468**

For Bharti AXA General Insurance Co. Ltd

Kalavathi G

Authorised Signatory



**redefining /
general insurance**

Motor Vehicle Insurance Covernote

Please do not accept this cover note if issued after 08/08/19

OFFICE COPY

Registered Office :

Bharti AXA General Insurance company Ltd.

First Floor, Fern City, Survey no 29

Doddanekundi, Bangalore -560017, IRDA REG. no -139

Call : 080 49123900

Email : customer.service@bharti-axa.co.in

Website: www.bharti-axa.co.in

Cover Note No. : **40159468**

Form "52" (India), Rule 142(l) of Motor Vehicle Rules, 1989

Issued for New Vehicle ☐ Rollover ☐ Own Renewal ☐ (BAGI Policy No.)

The Insured described in Form "52" referred to below, having proposed for insurance in respect of the Motor Vehicle(s) described therein and having paid the sum as stated below as premium, the risk is hereby held covered under the terms of the Company's usual form of Package /Liability Policy applicable thereto (subject to any Conditions mentioned below) unless the cover be terminated by payable for such insurance shall be charged for the time the company had been at risk.

1. Intermediary details

Imd Code _____ Staff Code _____ Staff Name _____

2. Proposal details

Proposal For Private Car Two Wheeler Commercial Vehicle
Type of Cover Package (Comprehensive) Policy (Rollover / Renewal) Long Term Motor Policy (New Vehicle)

3. Vehicle details

Make	Model	Variant	Year of Manufacture	Cubic Capacity	Gross Vehicle Weight (GVW) For Goods Carrying Vehicles	Licensed Carrying Capacity (LCC) For Passenger Carrying Vehicles	Seating Capacity (including Driver /Cleaner)
HONDA	CITY	1.5VX CVT	2015	1497			05

Addon opted : Yes /No, If yes pls. Specify 1) NCD 2) 3) 4) 5) 6) 7) 8)

Insured Declared Value :

For Vehicle (₹)	Electrical Accessories	Non Electrical Accessories	Trailers/ Side car (if any)	CNG/LPG Kit (if not part of standard vehicle)	Total IDV (₹)	Body Type
674973	0	0			674973	

Vehicle Registration No. KAD03MV4626

Chassis No. MAKGM665A14008267

Place of Registration BANGALORE - KAD

Trailer Registration No. (if any) _____

Financier Details : Hypothecation Agreement ☐

Name of Financier : ☒

Name of the Insured : (Mr / Mrs / Ms / M/S) : MDN JONATHAN NADUPLAGUND

Communication Address : NO. 307, MADHUKER ROAD, DETC. KODICHILKANNALU

City / District BANGALORE State KARNATAKA Pincode 560076

Contact Numbers Mobile No. _____ Office _____ (STD CODE) _____ Residence _____ (STD CODE) _____

Email ID _____ Time of Issuance 05:00 Date of Issuance: 06/08/2019

4. Period of insurance (OD) From Time : 00:00 PM Date: 06/08/2019 To the Mid Night of Date : 02/09/2020

Period of insurance (TP) From Time : 00:00 PM Date: 06/08/2019 To the Mid Night of Date : 02/09/2020

5. Premium details

Premium Amount (With GST) 20160 Cash ☐ Cheque ☐ Demand Draft ☐ Credit Card ☐

Cheque / DD No. : 0508779023004 (ONLINE) Bank Name : _____

Cheque / DD date : _____

6. Customer details

Date of Birth : _____ Gender : Male _____ Female _____ Marital Status : Married _____ Single _____

Adhaar No. : _____ PAN : _____ GSTIN No. : _____

7. Nominee details

Personal Accident Cover for Owner Driver is compulsory in Liability only Cover. Please give details of nomination :

Name of Nominee JITHIN JITHAN NADUPLAGUND

Age of Nomine 57 yrs

Owner Driver's relationship with Nominee FATHER

Name of appointee (if nominee is a minor) _____

Relationship to nominee _____

Note : • Personal Accident cover for Owner Driver is compulsory for Sum Insured of ` 1,00,000/- for Two wheelers and ` 2,00,000/- for Private Cars
• Compulsory PA cover to Owner Driver cannot be granted where a vehicle is owned by a company, a partnership firm or a similar body corporate or where the owner driver does not hold an effective driving license.

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NB: Please insist on the company official identification. In the event of dishonor of Cheque(s), insurance cover provided under this document automatically stands cancelled from inception irrespective of whether a separate communication is sent or not.

I/We hereby certify that this covernote is issued accordance with provision of Chapter XI of the Motor Vehicle act.1988

For Bharti AXA General Insurance Co. Ltd

Kalavalka G

Authorised Signatory