

PROPOSAL FORM

FUTURE SECURE TWO WHEELER PACKAGE POLICY

(Information for fields marked with asterisk [*] is mandatory)

*Cover Desired - Package Fire Only Fire with Liability Theft Only Theft with Liability Fire & Theft Only Fire & Theft with Liability

(Note - Cover shall commence not earlier than the date and time of acceptance of risk and/or issuance of cover note subsequent to payment of premium)

Proposal for: New Policy Endorsement **GSTIN:** _____ (If more than one GSTIN, kindly attach an annexure with details)

PERIOD OF INSURANCE: From

Hrs	Min	

 To Midnight Of

DD	MM	YY

1. PROPOSER'S DETAILS*: (Registered owner of the Motor Vehicle) Name : - Mr. Ms. Dr. M/s.

*Date of Birth/Age: DD/MM/YYYY Age yrs * Sex: - Male/Female. * Marital Status: - Married/Single/Widowed

*Occupation/Business/Service/Other: _____ Educational Qualification:- _____ * PAN No: _____

e-IA Number
(e-Insurance Account Number)

If not available request you to kindly download the form from our website and request you to kindly submit along with this proposal form

2. REGISTRATION ADDRESS OF VEHICLE TO BE INSURED* :

City _____ State _____ Pin Code _____

3. ADDRESS FOR COMMUNICATION (DISPATCH ADDRESS)*:

City _____ State _____ Pin Code _____

Telephone (O) _____ (R) _____ (M) _____ Fax No _____ E-Mail _____

4. VEHICLE DETAILS*: (City where Vehicle will be primarily used*: _____)

Make and Model*	Registration No.*	Engine No.*	Chassis No.*	Cubic capacity.*
Year of manufacture.*	Colour	RTO Where vehicle is/will be Registered.*	Date of Registration / Purchase.*	Seating capacity (including driver).*

Note - Copy of RC Book needs to be provided.

Declaration* - I/We hereby confirm that in case the details are found to be incorrect, any claim made under the policy will be rejected.

Signature of the Proposer

What is the usage of the vehicle <input type="checkbox"/> Private Purpose Only <input type="checkbox"/> Commercial Purpose	Vehicle Type <input type="checkbox"/> 2 Wheeler <input type="checkbox"/> 4 Wheeler
Vehicle Make <input type="checkbox"/> Indigenous <input type="checkbox"/> Imported	Vehicle Insured is <input type="checkbox"/> Brand New <input type="checkbox"/> Used
Type of Road where Vehicle would normally ply <input type="checkbox"/> Hilly <input type="checkbox"/> National <input type="checkbox"/> State Highways <input type="checkbox"/> City <input type="checkbox"/> Town Roads <input type="checkbox"/> District Roads <input type="checkbox"/> Others-Pls specify.	Parking <input type="checkbox"/> Roadside Public Parking <input type="checkbox"/> Roadside Outside Parking <input type="checkbox"/> Within compound of residence open <input type="checkbox"/> Parking lot open or covered <input type="checkbox"/> Within compound of residence covered
Fuel type <input type="checkbox"/> Petrol <input type="checkbox"/> Diesel <input type="checkbox"/> Bi Fuel <input type="checkbox"/> CNG <input type="checkbox"/> LPG <input type="checkbox"/> Battery <input type="checkbox"/> Others- Pls specify.	Per day mileage <input type="checkbox"/> Upto 20 kms <input type="checkbox"/> 21 to 50 kms <input type="checkbox"/> 51 to 100 kms <input type="checkbox"/> 101 to 150 kms <input type="checkbox"/> Over 151 kms
Repair <input type="checkbox"/> Preferred garage <input type="checkbox"/> Dealership	Speedometer reading as on date*:
Trailer Registration No. and No. of trailer*	
Pollution Under Control (PUC) certificate: Vehicle* being insured has valid Pollution Under Control (PUC) certificate as on Inception Date of Policy. <input type="checkbox"/> Yes <input type="checkbox"/> No (*Not applicable for New Vehicle)	

5. FINANCIER DETAILS: Bank Name: Hypothecation Hire Purchase Lease

6. PREVIOUS INSURANCE PARTICULARS: (Attach expiring Policy copy with schedule/Renewal notice or cover note as proof of insurance)

Previous Insurer name:	Type of cover: <input type="checkbox"/> Package <input type="checkbox"/> Fire and/or Theft with Liability <input type="checkbox"/> Fire and/or Theft only <input type="checkbox"/> Liability Only
Address:	Period of insurance:
Policy/Cover note number:	Has any Insurance Company ever:
#No Claim Bonus in the expiring policy ____ %	1) Declined the proposal. <input type="checkbox"/> Yes <input type="checkbox"/> No
Claims reported in last 5 years:	2) Cancelled & refused to renew. <input type="checkbox"/> Yes <input type="checkbox"/> No
Year 1 2 3 4 5	3) Required an increase in Premium. <input type="checkbox"/> Yes <input type="checkbox"/> No
No. of claims	4) Imposed special conditions or excess. <input type="checkbox"/> Yes <input type="checkbox"/> No
Amount	

For granting NCB, appropriate documentary evidence to be submitted.

7. INSURED DECLARED VALUE (IDV):

The IDV of the Vehicle will be deemed to be the sum insured for the purpose of the policy and will be fixed on the basis of manufacturer's listed selling price of the brand and models as the vehicle proposed for insurance at the time of commencement of insurance/renewal and adjusted for depreciation as per schedule specified herein.

Age of the vehicle

- Not exceeding 6 months
- Exceeding 6 months but not exceeding 1 year
- Exceeding 1 year but not exceeding 2 years
- Exceeding 2 years but not exceeding 3 years
- Exceeding 3 years but not exceeding 4 years
- Exceeding 4 years but not exceeding 5 years

% of Depreciation

- 5%
- 15%
- 20%
- 30%
- 40%
- 50%

Note - For vehicles more than 5 years old, please contact the Company for fixing the IDV

8. OWN DAMAGE (OD)

9. Third Party (TP)

(Please mention the premium amount where the cover is opted / applicable.)

		Sum Insured / IDV	Premium
* Vehicle Value (IDV):Rate	₹	a. ₹	
Non-electrical Accessories: (Other than factory fitted)	₹	b. ₹	
Side Car Value (only for 2 wheelers):	₹	c. ₹	
Trailer(s) : (only for Private Cars)	₹	d. ₹	
Bi-fuel/CNG/LPG Kit : Inbuilt <input type="checkbox"/> Yes <input type="checkbox"/> No	₹	e. ₹	
Electrical Accessories (Other than factory fitted) :	₹	f. ₹	
Stereo	AC	Others - Pls specify	
Make			
Model			
Year			
Total A (a to f)	₹		

10. EXTENDED COVER/EXTRA BENEFITS :

Geographical Area Extension <input type="checkbox"/> Bangladesh <input type="checkbox"/> Bhutan <input type="checkbox"/> Maldives <input type="checkbox"/> Nepal <input type="checkbox"/> Pakistan <input type="checkbox"/> Sri Lanka)	g. ₹
Fiber Glass Tank <input type="checkbox"/> Yes <input type="checkbox"/> No	h. ₹
Embassy Loading (without Custom Duty ##) Country Name _____	i. ₹
Driving Tuition Cover <input type="checkbox"/> Yes <input type="checkbox"/> No	j. ₹
Total B (g to j)	₹

11. RESTRICTED COVER/DISCOUNTS :

Anti Theft Discount - Vehicle fitted with anti theft device and approved by ARAI	k. ₹
Handicap Discount - Vehicle is specially designed for use of Handicap Person and endorsed in the Registration Certificate	l. ₹
Own Premises Discount - Vehicle will be used within own premises/confined to sites	m. ₹
Voluntary Deductible : Pvt Cars - <input type="checkbox"/> Rs. 2500 <input type="checkbox"/> Rs.5000 <input type="checkbox"/> Rs.7500 <input type="checkbox"/> Rs.15000	
2 Wheeler - <input type="checkbox"/> Rs. 500 <input type="checkbox"/> Rs. 750 <input type="checkbox"/> Rs. 1000 <input type="checkbox"/> Rs.1500 <input type="checkbox"/> Rs. 3000	n. ₹
Total C (k to n)	₹
Automobile Association Membership: Membership No. _____ Association Name : _____ Expiry Date : _____	
TOTAL OD Premium Before NCB D (A+B-C)	₹
Less: NCB %	₹
TOTAL OD After NCB E (D-NCB)	₹
Less: Commercial Discount %	₹
TOTAL OD Premium F (E-Disc)	₹

Duty not payable if not insured, for both partial and total loss claims.

12. DRIVER DETAILS:

The vehicle to be driven by Self - Driving Experience - _____ years Any other person/s please provide the below details:

	Name	Age	Gender	Driving Experience	Educational Qualification	No. of accidents in previous 5 years
Paid Drivers						
Others						

13. Add On Cover : Do you wish to opt for following Add on covers? Yes No

Zero Depreciation cover Daily Cash Benefit Loss of Personal effects & Belongings Personal Accident Cover ** Increased Property Damage Liability Benefit Additional Towing Charges
 Road Side Assistance Loan Protector Cover Hospital_Cash Cover Consumable Return to Invoice NCB Protection

** Additional cover available under Personal Accident Cover : Child Education support Adaptation Allowance Family Transportation Allowance Accidental Hospitalization

14. DECLARATION: *

I/We hereby declare and warrant that the above statements are true and complete in all respects and that there is no other information which is relevant to my application for insurance that has not been disclosed to you. I agree that this proposal and the declaration shall be the basis of the contract between me and FUTURE GENERALI INDIA INSURANCE CO LTD and I/We agree to accept a policy, subject to the conditions prescribed by FUTURE GENERALI INDIA INSURANCE CO LTD

I/we hereby declare that the premium for the said policy is paid out of the legally declared and assessed sources of my/our income. OR

I/We hereby declare that the premium is paid from the Bank Account of Mr./Ms. _____, the payment is allowed under the Income Tax Act 1961, and there is insurable interest with the payee.

I/we am/are (please tick all that are applicable)

High Net Worth Individual/s Non Residential Indian/s Politically Exposed Person/s Jeweller/s Non Governmental Organization Film Actor/s Producer/s

DECLARATION FOR NO CLAIM BONUS (NCB):

I/We hereby declare that the rate of NCB claimed by me/us is correct and the NO CLAIM has arisen in the expiring policy period (Copy of policy enclosed). I/We further undertake that if this declaration is found incorrect, all benefits under the Policy in respect of Section I of the policy will stand forfeited.

* Premium paid by Cash / Cheque No _____ Date _____ Bank _____ Amount (₹) _____

PAN No. _____ (if premium payable is above Rs.1 lac (Please attach proof)) Place: _____ Date: _____ Signature of the Proposer: _____

Please fill up the request for authorization form attached with this proposal form to receive Claim/ Refund payments if any, directly into your bank account through NEFT if the premium amount is more than Rs 25000/-

Note : The company reserves the right to reject the said proposal or to terminate the insurance contract unilaterally and/or freeze the funds if the Customer, or persons associated with him/her, found to be named in any recognized black list.

For Intermediary Use Only

Intermediary Code : _____	Intermediary Name : _____	Intermediary's Signature : _____
Cover Note No : _____	Vehicle rated under	<input type="checkbox"/> Zone-A <input type="checkbox"/> Zone-B <input type="checkbox"/> Zone-C <input type="checkbox"/> Business of Rural / Social Sector

For Office Use Only: Vehicle Inspection Report

1. Colour: _____ 2. Speedometer reading: _____ 3. Details of visible damages: _____
4. Period of break in insurance: _____ 5. Recommendation: _____
6. Date Of Inspection: _____ 7. Inspection Number: _____ Future Generali Official Signature: _____

SECTION 41 OF INSURANCE ACT 1938 - PROHIBITION OF REBATES :

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 of risk relating to lives or property in India, any rebate of 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 published prospectuses or tables of the Insurer. Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to Ten Lakh Rupees



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