

**PROPOSAL FORM -
MOTOR PRIVATE CAR INSURANCE POLICY**



Registered and Corporate Office : Office No. 103, 1st Floor, Akruti Star, MIDC Central Road, Andheri (East), Mumbai - 400 093, Maharashtra.
Tel. : 022-41659800 / 900, Email : contactus@universalsampo.com

Proposal for: New Vehicle Rollover Endorsement Renewal

Instructions to the Applicant

- Please fill in the Proposal Form in BLOCK LETTERS and tick boxes wherever applicable
- Attach additional sheets if the space given is insufficient
- The queries made/ details stated below are the minimum requirement to be furnished by a proposer.
(The Company may seek any other document as desired for underwriting purpose)

IMD Name :	
IMD Code :	
Contact Details:	

Personal Details

Proposer's (Owner's) Full Name: Mr/Mrs			
Date of Birth:		Gender:	
Occupation / Business:		Pan Card No:	
Address for Communication:			
Address (Address where vehicle is normally kept and used):			Pin Code : <input type="text"/>
Telephone No (Resi./ Office):		Email Id:	
Mobile No:	GSTIN No:	E Insurance Account No:	
Address Proof:	Aadhar Card <input type="checkbox"/> Driving Licence <input type="checkbox"/> Passport <input type="checkbox"/> Voters Card <input type="checkbox"/> Others		
Type of Cover required	Package <input type="checkbox"/> Fire Only <input type="checkbox"/> Theft Only <input type="checkbox"/> Fire and Theft Only <input type="checkbox"/> Liability Only and Fire Only <input type="checkbox"/> Liability Only and Theft Only <input type="checkbox"/> Liability Only and Fire and Theft Only <input type="checkbox"/>		
Period of Insurance	From	Time	To Midnight of

Details of Vehicle

Vehicle Make	Model	Variant	Year of Manufacture	Gross Vehicle Weight	Seating Capacity/LCC (Including Driver/Cleaner)	Body Type
1.	Vehicle Registration No.:					
2.	Vehicle Type :		<input type="checkbox"/> Indigenous <input type="checkbox"/> Imported			
3.	Chassis No. :					
4.	Engine No :					
5.	Place of Registration:					
6.	Date of Registration:					
7.	Trailer Chassis No. (if any)					
8.	Colour of Vehicle :					
9.	Registration Address :					

Is the vehicle attached with any of the Fleet? Yes No No. of vehicles attached with fleet: _____

Is the vehicle made in India? Yes No Cubic Capacity : _____ Body Type : _____

A.	Where the vehicle is parked during day time? <input type="checkbox"/> Closed garage <input type="checkbox"/> Open garage <input type="checkbox"/> Gated compound <input type="checkbox"/> Others (if others, please mention)
B.	Where the vehicle is parked during night? <input type="checkbox"/> Closed garage <input type="checkbox"/> Open garage <input type="checkbox"/> Gated compound <input type="checkbox"/> Others (if others, please mention)
C.	Type of road where vehicle would normally ply: <input type="checkbox"/> Hilly Roads <input type="checkbox"/> National State Highways <input type="checkbox"/> City -Town Road <input type="checkbox"/> District Road <input type="checkbox"/> Others (If others, please mention)
D.	Vehicle driven As on Date _____ Kms _____ Monthly Average _____ Kms

Details of the Purchase/ Hypothecation/ Lease

Financier Details : Hypothecation Agreement Hire Purchase Lease Agreement

Name of Financier & Address :

Insured Declare Value

For Vehicle Rs.	Electrical Accessories	Non Electrical Accessories	Trailers / Side Car (If Any)	CNG/LPG Kit (if not part of standard vehicle)	Total IDV Rs.

Details of Electrical Accessories

Item details	Make and Model	Year of Manufacture	IDV

Details of Non Electrical Accessories and CNG/ LPG Kit

Item details	Make and Model	Year of Manufacture	IDV

Details of Vehicle Type and Usage

1	Fuel Type of the vehicle <input type="checkbox"/> Petrol <input type="checkbox"/> Diesel <input type="checkbox"/> Any Other
2	Whether the Vehicle is driven by Non-Conventional source of Power <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please give details <input type="checkbox"/> Bi-fuel <input type="checkbox"/> CNG <input type="checkbox"/> LPG <input type="checkbox"/> Externally Fitted <input type="checkbox"/> Manufactured Fitted
3	Will the vehicle be exclusively used for: a) Private, Social, Pleasure and Professional Purposes <input type="checkbox"/> Yes <input type="checkbox"/> No b) Carriage of goods other than Samples or Personal Luggage <input type="checkbox"/> Yes <input type="checkbox"/> No
4	Whether the vehicle is used for Commercial purposes? <input type="checkbox"/> Yes <input type="checkbox"/> No
5	Whether the vehicle is used for Driving tuitions? <input type="checkbox"/> Yes <input type="checkbox"/> No
6	Whether the vehicle is limited to own premises? <input type="checkbox"/> Yes <input type="checkbox"/> No
7	Whether the vehicle is specially designed for use of Blind/Handicapped/ Mentally Challenged Person <input type="checkbox"/> Yes <input type="checkbox"/> No If so, whether the same is endorsed as such by RTA? <input type="checkbox"/> Yes <input type="checkbox"/> No
8	Whether the rally cover is required? <input type="checkbox"/> Yes <input type="checkbox"/> No
9	Whether the vehicle is fitted with Fibre Glass Tank? <input type="checkbox"/> Yes <input type="checkbox"/> No
10	Whether the vehicle belongs to the Embassy/Consulate of a foreign country? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, is the Duty element is included in the IDV? <input type="checkbox"/> Yes <input type="checkbox"/> No
11	Whether extension of rally required?
12	Whether insured is first registered owner of the vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No

Compulsory Personal Accident Cover details

Do you have any existing CPA cover or Personal Accident Cover? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, Please provide below details (Provide policy copy for the same)	
Policy number	Capital Sum Insured
Policy period	Coverage Details
Name of the Insurance Company	

Please give details of nomination:

Particulars	Name of Passenger	Name of Nominee/ Existing Nominee	Name of New Nominee (In case of change of existing Nominee)	Age	Relationship	Name of Appointee (If Nominee is a minor)	Relationship with the nominee

Note: Personal Accident Cover for Owner Driver is compulsory for Sum Insured of Rs 15,00,000/- for Two Wheelers. 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.

Previous Insurance Details

1.	Name and Address of Previous Insurer	
2.	Policy/Covernote no.	
3.	Type of Cover:	<input type="checkbox"/> Package (Comprehensive) Policy <input type="checkbox"/> Act only Policy <input type="checkbox"/> Others
4.	NCB in expiring policy	%
5.	Claim lodged in preceding years:	
	Year	
	No. of claims	
	Amount	
6.	Date of purchase of the vehicle by the Proposer:	
7.	Whether the vehicle was new or second hand at the time of purchase?	<input type="checkbox"/> New <input type="checkbox"/> Second Hand
8.	Is the vehicle in good condition? If NO, please give details:	<input type="checkbox"/> Yes <input type="checkbox"/> No
9.	Has any insurer ever declined/cancelled the insurance of the proposed vehicle?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10.	Policy Period: From _____ To _____	

NCB Details and Other discounts

1	Are you entitled for No Claim Bonus on Renewal? <input type="checkbox"/> Yes <input type="checkbox"/> No* If yes, Please mention the ____%
2	Is the vehicle fitted with Anti - Theft Device which is approved by ARAI? <input type="checkbox"/> Yes <input type="checkbox"/> No If answer of the above question is Yes, Please submit the certificate for the same.
3	Are you a member of the Automobile Association of India? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Please state : _____ Name of Association : _____ Membership No. _____ Date of expiry: _____
4	Voluntary excess: Do you wish to take the Voluntary excess over and above the compulsory excess. If Yes please select: <input type="checkbox"/> Rs.500 <input type="checkbox"/> Rs. 700 <input type="checkbox"/> Rs. 1000 <input type="checkbox"/> Rs. 1,500 <input type="checkbox"/> Rs. 3000

Note: an additional claim deductible of Rs.2000 or 5% of claim amount, whichever is higher, shall be applicable for all claims after the first 3 admissible claims.

Additional Coverage Details

Do you require PA cover for Paid Driver, Cleaners and Conductors? <input type="checkbox"/> Yes <input type="checkbox"/> No																	
Do you wish to cover Geographical Area Extension under your proposed insurance?																	
<input type="checkbox"/> Bangladesh <input type="checkbox"/> Bhutan <input type="checkbox"/> Nepal <input type="checkbox"/> Sri Lanka <input type="checkbox"/> Maldives <input type="checkbox"/> Pakistan																	
Do you require Unnamed PA Cover <input type="checkbox"/> Yes <input type="checkbox"/> No																	
1	No. of Passengers																
2	Sum Insured per person (unnamed passengers/hirer/pillion rider, two wheelers) Name _____ Sum Insured _____ Name _____ Sum Insured _____																
3	Do you wish to cover Legal liability towards a) Driver/Cleaner/Conductor (No. of Persons ____) <input type="checkbox"/> Yes <input type="checkbox"/> No b) Unnamed Passengers (No. of Persons ____) <input type="checkbox"/> Yes <input type="checkbox"/> No c) Other employees (No. of Persons ____) <input type="checkbox"/> Yes <input type="checkbox"/> No d) Soldier/Sailor/Airman employed as Driver <input type="checkbox"/> Yes <input type="checkbox"/> No																
4	Do you wish to have the statutory Third Party Property Damage (TPPD) liability of Rs. 6,000/- only? (IMT 20) <input type="checkbox"/> Yes <input type="checkbox"/> No																
5	Do you require PA cover for named persons? <input type="checkbox"/> Yes <input type="checkbox"/> No																
	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:30%;">Name of Passengers</th> <th style="width:20%;">CSI opted (Rs)</th> <th style="width:30%;">Nominee</th> <th style="width:20%;">Relationship</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>	Name of Passengers	CSI opted (Rs)	Nominee	Relationship												
Name of Passengers	CSI opted (Rs)	Nominee	Relationship														
6	The Policy provides additional Third Party Property Damage liability limits of Rs. 100,000/-. Do you wish to cover the additional limit? <input type="checkbox"/> Yes <input type="checkbox"/> No																
7	Legal liability to persons employed in connection with operation of the vehicle who are 'workmen'. The liability of the Employer under the Workmen's Compensation Act-1923 is covered under the Motor Vehicles Act-1988. <input type="checkbox"/> Yes <input type="checkbox"/> No Drivers (No. of persons: _____) Employees (Workmen) (No. of persons: _____)																
(Note: The Motor Vehicles Act-1988 under Sec.147(1)(ii)(I) covers liability to employees who are workmen within the meaning of the Workmen's Compensation Act-1923.)																	
8	Coverage for liability against Third Party Risks (Death or Bodily Injury) required in respect of: <input type="checkbox"/> Owner Driver only <input type="checkbox"/> Any person other than Paid Driver If 'YES', give details of such other persons: Non fare Paying Passengers (No. of persons: _____)																
Note: 1. Section 146 of Motor Vehicles Act-1988 makes it mandatory for the owner of the vehicle to ensure that he or any other person authorized by him to drive a vehicle in public place has insurance against third party risks. The explanation to Section 146 exempts the paid driver. 2. As per Section 147 (2)(a) The liability is 'as incurred' in the case of death / bodily injury of a third party)																	
Any other Coverage details _____																	

Do you wish to Opt for Add On coverage:-

Loss of Personal Belongings Clause	<input type="checkbox"/> Yes <input type="checkbox"/> No	Additional Expenses Coverage Clause	<input type="checkbox"/> Yes <input type="checkbox"/> No
Accidental Hospitalization Clause for Family	<input type="checkbox"/> Yes <input type="checkbox"/> No	Hospital Daily Cash Cover	<input type="checkbox"/> Yes <input type="checkbox"/> No
Return to Invoice	<input type="checkbox"/> Yes <input type="checkbox"/> No	Key Replacement	<input type="checkbox"/> Yes <input type="checkbox"/> No
Loss of Driving License/ Registration Certification	<input type="checkbox"/> Yes <input type="checkbox"/> No	Insurance at manufacturing selling price	<input type="checkbox"/> Yes <input type="checkbox"/> No
Depreciation Waiver	<input type="checkbox"/> Yes <input type="checkbox"/> No	Daily Cash Allowances Benefit	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cost of Consumables	<input type="checkbox"/> Yes <input type="checkbox"/> No	Secure Towing(Higher Towing & Removal Costs)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hydrostatic Lock Cover	<input type="checkbox"/> Yes <input type="checkbox"/> No	Road side Assistance	<input type="checkbox"/> Yes <input type="checkbox"/> No
NCB Protector	<input type="checkbox"/> Yes <input type="checkbox"/> No	Engine Protector	<input type="checkbox"/> Yes <input type="checkbox"/> No
Tyre and Rim Cover	<input type="checkbox"/> Yes <input type="checkbox"/> No	Wrong Fuel Cover	<input type="checkbox"/> Yes <input type="checkbox"/> No

Driver's Detail

1	Does the owner has a valid driving licence? <input type="checkbox"/> Yes <input type="checkbox"/> No		
2	Vehicle is primarily driven by: <input type="checkbox"/> Registered Owner <input type="checkbox"/> Any other		
	Name:	Relationship:	Age : Yrs.
3	Does the driver suffer from defective vision or hearing or any physical infirmity? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Give details		
4	Driver's qualification:	Driver's experience:	Yrs.
5	a. Age & Date of Birth of the Owner: Age Yrs Date of Birth:		
	b. Age & Date of Birth of the Driver: Age Yrs Date of Birth:		
6	Has the driver ever been involved / convicted for causing any accident of loss? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	If YES, give details as under including the pending prosecutions:		
	Driver's Name	Date of Accident	Circumstances of Accident/ Claim
			Loss/Cost Rs.

Inspection Details (in case of Break in Insurance)

Does the vehicle stand fit for insurance? (For use of inspection agency)	
Inspection Reference Number	
Conducted On (Mention Date & Time):	

Payment Details:

Premium Payment Details: Cash Cheque Demand Draft Credit Card

Premium Amount (including service tax):	Insured Bank Details:
Cheque / DD No.:	Bank A/C No.:
Cheque / DD Date:	Bank Name and Branch:
IFSC Code:	Sources of Funds: Salary/ Business/ Other (Please Specify)

In case the annualized premium is more than Rs. 25000/-, the proposer is requested to provide a cancelled cheque of his/her bank account if the premium is not paid from the same

Debit Authorization for Current & Future Renewal Premiums

I hereby authorize bank to debit my account number _____ with the bank for Rs. _____ towards first premium for availing the said Universal Sampo Health Insurance Cover.

I hereby request and authorize the bank to debit my account number _____ on the yearly due dates with the applicable renewal premium.

 AML Declaration:AML Guidelines:

- I/We hereby confirm that all premiums have/will be paid from bona fide sources and no premium have/will be paid out of proceeds of crime related to any of the offence listed in prevention of Money Laundering Act, 2002.
 - I understand that the company has the right to call for documents to establish the sources of funds.
 - The insurance company has the right to cancel the insurance contract in case I am/have been found guilty by any competent court of law under any of the statutes, directly or indirectly governing the prevention of money laundering in India.
 - Nationality: Indian Non-Indian
- If Non-Indian, please specify the country _____

 NCB Declaration

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 be forfeited.

 Declaration by Insured

I/We desire to insure with Universal Sampo General Insurance Company Limited in respect of the vehicle described in this proposal form and confirm that the statements contained in this application are my/our true and accurate representations. I/We undertake that if any of the statements are found to be false or incorrect, the benefits under this policy would stand forfeited. I/We agree that this application and declaration shall be promissory and shall be the basis of the contract between me/us and Universal Sampo General Insurance Company Limited.

I/We confirm that I/We have read and understood the coverages, the terms and conditions and agree to accept the company's policy of insurance along with the said conditions prescribed by the Company. I/We also declare and undertake that if any additions or alterations are carried out by me/us in this proposal form or if there is any change in the information as submitted by me/us after the submission of this proposal form then the same would be conveyed to Universal Sampo General Insurance Company Limited immediately failing which it is agreed and understood by me/us that the benefits under the policy would stand forfeited.

I/We agree that the insurance would be effective only on acceptance of this application by the Company and the payment of the requisite premium by me/us in advance. In the event of non-realization of the cheque or non-receipt of the amount of premium by the Company the policy shall be deemed cancelled 'ab-initio' and the Company shall not be responsible for any liabilities of whatsoever nature under this Policy".

I hereby declare and confirm that the PUC certificate of the vehicle proposed for insurance is valid as on date.

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.universalsampo.com).

I/We hereby consent to receiving only the certificate and schedule of insurance upon the undertaking of the insurer that the complete policy terms and conditions will be made available free of cost upon my/our request".

I hereby agree to receive a one pager policy document.

Place _____

Date _____

Signature of Proposer

INSURANCE ACT 1938, SECTION 41 - 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 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 Lakhs rupees.

Universal Sampo General Insurance Co. Ltd.

Unit No 601/602, A Wing, 6th Floor, Reliable Tech Park, Cloud City Campus, Gut No 31, Mouje Elthan, Thane Bealpur Road, Airoli, Navi Mumbai - 400708
Toll Free No : 1800 200 4030 / 1800 22 4030 | Tel No.: 022 41690888/41690999

Insurance is the subject matter of solicitation. For more details on risk factors, terms and conditions please read Policy Documents carefully before concluding a sale. IRDAI or its officials do not involve in activities like sale of any kind of insurance or financial products nor invest premiums. IRDAI does not announce any bonus. Those receiving such phone calls are requested to lodge a police complaint along with details of phone call and number.
CIN: U66010MH2007PLC166770