

TYPE OF COVER (Please select the appropriate coverage from the below options)

Proposal for: Original Owner Second hand Vehicle Rollover L&T Renewal Endorsement

Do you wish to insure Fleet? Yes No No. of Vehicles in the fleet: (Please attach complete details of fleet in separate sheet)

Type of Cover Required (Only Package Policy may be opted in case of Miscellaneous Vehicle)

Package Fire Only Theft Only Fire and Theft Only Liability Only and Fire Only

Liability Only and Theft Only Liability Only and Fire and Theft Only

Proposed Policy Start Date: End Date:

VEHICLE INFORMATION (Please provide identification details of your vehicle)

Make*: Model*:

Variant*: Registration No./Serial No:

Registration Date: Registration/RTO Location:

Month & Year of Manufacture*: Cubic Capacity: Gross Vehicle Weight/HP*:

Engine No.*: Chassis No.*:

Max. licenced carrying capacity (incl. driver):

- Type of Body:** Vehicle with load body Chassis with cabin Chassis with FES
- Type of Vehicle:** Goods Carrying Passenger Carrying Miscellaneous Type of Vehicles
- Fuel Type:** Petrol Diesel CNG LPG
- Type of Carrier:** Private Carrier Public Carrier Stage Carriage Contract Carriage Misc Type of Vehicles

Provide Trailer details if applicable:

Trailer 1 Registration No.: Trailer 1 Value:

Trailer 2 Registration No.: Trailer 2 Value:

Note: GVW is mandatory in case of Goods Carrying Vehicles & HP is mandatory in case of Tractors

VEHICLE USAGE AND TYPE DETAILS (Please provide additional information about your vehicle)

- Purpose for which the vehicle will be used: Used as Bus / Taxi / Auto Maxicab Driving Tuitions Confined to own Premises/Site Towing Purpose
 Used for Foreign Embassy/Consulate Used by Schools for students Used by Corporates for their employees Other purpose
- Nature of Permit: National State Multistate
- Is the vehicle to be insured Imported? Yes No If Yes, does the Sum Insured include customs duty on the imported vehicle? Yes No
- Is the vehicle fitted with Fibre Glass Fuel Tank? Yes No
- Is the vehicle fitted with any Anti-theft device approved by the Automobile Research Association of India? Yes No
If Yes, attach Certificate of Installation in the vehicle issued by Automobile Association of India.
- Do you want to cover for lamps, tyres/tubes, mudguards, bonnet/sideparts, bumper, headlights and paintwork of the damaged portion upto 50% (IMT 23)?
 Yes No
- Do you wish to cover against Overturning? Yes No
(Applicable for mobile cranes, drilling rigs, mobile plants, excavators, navies, shovels, grabs, rippers, wheel order back hose) – (IMT 47)
- Do you wish to cover Negligence of the Owner or Driver? – (IMT 44) Yes No
- Do you want to opt for Geographical Extension#? Yes No
If Yes, please select: Bangladesh Bhutan Nepal Pakistan Sri Lanka Maldives

Vehicle laid up details:

Vehicle laid up period: Vehicle laid up start date: Vehicle laid up end date:

Note: #This cover will give protection to your vehicle at any of the locations selected.

INSURED'S DECLARED VALUE (IDV) DETAILS (Please enter the amount for which Insurance Cover is required.)

The IDV of the Vehicle will be deemed to be the "sum insured" for the purpose of the policy. It will be computed on the basis of manufacturer's listed selling price of the brand and models of the vehicle proposed for insurance at the time of commencement of insurance/renewal and adjusted for depreciation as per the adjacent schedule.	Age of the Vehicle	% of Depreciation for fixing IDV
	Not exceeding 6 months	5%
	Exceeding 6 months but not exceeding 1 year	15%
	Exceeding 1 year but not exceeding 2 years	20%
	Exceeding 2 years but not exceeding 3 years	30%
	Exceeding 3 years but not exceeding 4 years	40%
	Exceeding 4 years but not exceeding 5 years	50%

Note: For Vehicles > 5 years old, please contact Company for IDV

Please enter the Insured Declared Value of the Vehicle				₹
Non-electrical Accessories (Other than manufacturer fitted)				₹
Details: Electrical and Electronic Accessories (Other than manufacturer fitted)				₹
	Stereo	AC	Others- Pls specify	
Make				
Model				
Year				
Bi-fuel/CNG/LPG Kit (Other than manufacturer fitted)				₹
Trailer Total Value				₹
Total IDV				₹

VEHICLE USAGE DETAILS (Please provide additional information about your vehicle)

Driver certified for carrying hazardous material: Applicable - Certified Applicable - Not Certified Not Applicable

No. of paid Drivers/Conductors/Cleaners: No. of Other Employees: No. of passengers:

No. of Non-Fare Paying Passengers:

Do you want to restrict the Third Party Property Damage cover to statutory limit of ₹ 6000 only? Yes No

Personal Accident (PA) Details: No of Paid Drivers/Cleaners/Conductors: Specify Sum Insured per paid driver:

PA for unnamed persons/hirer/pillion riders (Two wheelers): Yes No If Yes, then specify no. of unnamed persons:

Specify Sum Insured per unnamed person: (Sum Insured should be in multiple of ₹ 10,000 subject to maximum of ₹ 2 Lacs)

DRIVER DETAILS (Please provide Driver related details)

Type	Name	Age/DOB	License Type	License Number/Place of Issue	Driving Experience	No. of accidents in last 3 years
Owner Driver					Years	
Paid Driver					Years	

FINANCE INFORMATION (Please provide details of the institution giving finance for purchasing your vehicle, if any)

Type of Financier: Hire Purchase Lease Agreement Hypothecation

Financier Name:

Financier Address:

City:

PREVIOUS INSURANCE DETAILS

Previous Insurer Name:

Previous Insurer Address:

City: Phone No.:

Type of Cover: Package Liability Only Fire Only Theft Only Fire and Theft Only Policy Start Date:

Liability Only and Fire Only Liability Only and Theft Only Liability Only and Fire and Theft Only Policy End Date:

Policy/Cover Note No.: NCB on Policy: %

Claims reported in last 3 years

Year in which claim reported	Year 1	Year 2	Year 3
Number of Claims in the year			
Total Amount			

Note – Kindly submit Renewal Notice for your Expiring Policy or Expiring Policy Copy and duly signed Declaration to avail the No Claim Bonus Discount 'NCB'

PREMIUM PAYMENT DETAILS (Please provide the details of premium payment)

Premium Amount: ₹ Select Payment Option: Cash # Cheque DD Credit / Debit Card

For Cheque / DD (payable in favour of "L&T General Insurance Company Limited")

Instrument No.: Instrument Date: Instrument Amount: ₹

Bank Name:

For Credit Card / Debit Card

Card No.: Card Type: Master Card Visa AMEX

Expiry Date: Name on Card:

(Only Proposer's Card to be accepted)

#Cash towards premium will be accepted only at our branch offices.

DECLARATION

I/We agree that the Policy shall become voidable at the option of the Company, in the event of any untrue or incorrect statement, misrepresentation, non-description or nondisclosure of any material fact* in the proposal form/personal statement, declaration and connected documents, or any material information has been withheld by me or anyone on my/our behalf to obtain any benefit under this policy. I understand and agree that this proposal and other information and documentation I have given or will give, relating to myself or any other person to be insured, will be basis of the insurance contract between me/us and L&T General Insurance Company Limited, and I also understand the consequences of any default.

* A material fact is one that is likely to influence the Company's acceptance or assessment of the proposal. You should consult your insurance advisor if you are in doubt as to what constitutes material fact.

I/We authorize L&T General Insurance Company Limited to share my/our contact information like name, company name, address, phone number and e-mail id etc. relating to me / us, with their affiliate/group companies and also for communicating any promotional marketing offers and other transactional / features / products / services of L&T General Insurance Company Limited and its affiliate group companies via SMS Telephone

I/We have understood the terms and conditions of this insurance contract and agree that the insurance would be effective only on acceptance of this application by the Company and the payment of premium by me/us in advance.

I/We agree and confirm that the issuance of the Policy is subject to realization of premium cheque.

Place: Date:

Signature of Proposer

DECLARATION FOR NCB

I/We hereby declare that the rate of % NCB Claimed by me/us is correct and that no claim has arisen in the expiring policy period (copy of policy enclosed). I/We further undertake that if this declaration is found incorrect, benefits under the policy in respect of Section I of the policy will stand forfeited.

Date:

Signature of Proposer

No person shall allow or offer to allow either directly or indirectly as inducement to any person to take out 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 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 provision of this section shall be punishable with fine which may extend to ₹ 500/-

 **L&T Insurance** is the brand of L&T General Insurance Company Limited Registered Office: L&T House, N.M. Marg, Ballard Estate, Mumbai - 400001.

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ACKNOWLEDGEMENT

my:jeevika

Received from Mr./Mrs./Ms. _____

Branch Code: _____

a sum of ₹ _____ through Cash[#]/ Cheque / DD / Credit Card / Debit Card No. _____

Intermediary Code*: _____

against your proposal for my:jeevika Commercial & Miscellaneous Vehicles Package Policy

Intermediary Location Code: _____

Vehicle No. _____

Intermediary Employee Code: _____

Signature of Intermediary: _____ Date:

D		D		M		M		Y		Y		Y		Y
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Intermediary Reference Code: _____

Intermediary Name: _____ Time:

h		h		:		m		m
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Intermediary Contact Details: _____

Disclaimer: The liability of the company does not commence unless a written confirmation in the form of Covernote/Policy or in any other form is given to the proposer

[#]Cash towards premium will be accepted only at our branch offices.

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Toll Free Number
1800-209-**5846** (1800-209-**LTIN**)



Website
www.ltinsurance.com



SMS
'LTI' to 56070**58** (56070**LT**)

