

ABOUT THE DRIVERS

The vehicle to be driven by:	1. You the Insured only 2. You and Your Spouse 3. You, Your Spouse and any other person named below
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Please give details of main drivers / Named drivers referred above:

Full Name	Relationship with Proposer	Date of Birth DD/MM/YY	Occupation	No. of years driving	Suffering from any disease / infirmity (please see note below)

Note: Please mention whether the person suffer from Diabetes, epilepsy, heart condition or any other disease or infirmity (including uncorrected defective vision or a hearing or mental defect) that could affect his/her ability to drive

Have You or any of the above drivers:	
1. Been prosecuted or convicted for any offence or any prosecution pending?	Yes / No
2. Had motor insurance refused, had a policy cancelled or had any special conditions imposed by any motor insurer?	Yes / No
3. Had any loss, accident or claim during the last 3 years in connection with any motor vehicle?	Yes / No

If you have answered Yes to any of questions above please give details

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ABOUT THE MOTOR VEHICLE TO BE INSURED

1. Registration no. and date of registration of the vehicle	Date of Regn: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
2. Registering authority & Location If the vehicle is generally used in a place other than the place of registration, please indicate the place where it is generally used.	
3. Is the vehicle registered as	Private Car / Commercial Vehicle
4. Year of Manufacture	
5. Engine No. & Chasis No.	
6. Registration No.	
7. Make	

8. Model																									
9. Type of Body																									
10. Cubic Capacity																									
11. Colour																									
12. Seating capacity including driver																									
13. Fuel used	Petrol / Diesel / CNG / LPG / Electric / Any other (Please give details)																								
14. Kilometer reading as on date																									
15. Average Monthly usekm																								
16. Will the vehicle be let out on hire?																									
17. Whether use of vehicle limited to own premises?																									
18. Will the vehicle generally used on	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 70%;"></th> <th style="width: 15%; text-align: center;">Yes</th> <th style="width: 15%; text-align: center;">No</th> </tr> </thead> <tbody> <tr> <td>Express Way</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>National Highways</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>State Highways</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>City Roads</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Town/Village Roads</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Private Roads</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td colspan="3">Please indicate more than one above also if used</td> </tr> </tbody> </table>		Yes	No	Express Way	<input type="checkbox"/>	<input type="checkbox"/>	National Highways	<input type="checkbox"/>	<input type="checkbox"/>	State Highways	<input type="checkbox"/>	<input type="checkbox"/>	City Roads	<input type="checkbox"/>	<input type="checkbox"/>	Town/Village Roads	<input type="checkbox"/>	<input type="checkbox"/>	Private Roads	<input type="checkbox"/>	<input type="checkbox"/>	Please indicate more than one above also if used		
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19. Is the vehicle in good state of repair?	Yes / No																								
20. If NO, give details																									
21. Do you use tubeless tyres?	Yes / No																								
22. Is the vehicle Company maintained?	Yes / No																								
23. Is the vehicle fitted with anti-theft device?	Yes / No																								
24. If Yes, please give: · Manufacturer & type of device · Whether approved by Automobile Research Institute, Pune?	Yes / No																								
25. Where the vehicle will be parked during the night?	<input type="checkbox"/> Inside locked garage <input type="checkbox"/> Inside covered, unlocked garage <input type="checkbox"/> Inside compound, in open <input type="checkbox"/> On Public Road <input type="checkbox"/> Others (please give details)																								
26. Whether any modification or conversion has been done in the vehicle from the maker's standard specification and/or does it have any extras? If Yes, please give details	Yes / No																								

<p>27. Do You have a second family car available? If Yes, please give details</p>															
<p>ABOUT THE INSURANCE COVER REQUIRED</p>															
<p>1. Type of cover required?</p>	<p><input type="checkbox"/> Package cover <input type="checkbox"/> Third Party Liability only <input type="checkbox"/> Any other – Please explain</p>														
<p>2. Do you wish to limit Third Party Property Damage cover to the statutory limit of Rs.6000/-?</p>	<p>Yes / No</p>														
<p>3. Do you wish to opt for legal liability to:</p> <p>a. Paid Driver</p> <p>b. Other employees</p>	<p>Yes / No</p> <p>Yes / No (If Yes, No. of persons... ..)</p>														
<p>4. Do you wish to opt for Personal accident cover for named persons? If Yes please give the name of the person (other than insured or paid driver/cleaner)</p>															
<p>5. Do you wish to cover Personal Accident cover for unnamed passengers?</p>	<p>Yes / No If Yes, sum insured per person: Rs... ..</p>														
<p>6. What is the deductible you wish to opt for?</p>	<p><input type="checkbox"/> Minimum (as per tariff) <input type="checkbox"/> Rs.2,500/- + Minimum Deductible <input type="checkbox"/> Rs.5,000/- + Minimum Deductible <input type="checkbox"/> Rs.7,500/- + Minimum Deductible <input type="checkbox"/> Rs.15,000/- + Minimum Deductible</p>														
<p>7. Insured Declared Value (IDV) <i>IDV of the vehicle to be fixed on the basis of manufacturer's listed selling price of the brand and model as the vehicle proposed for insurance at the time of taking policy adjusted for depreciation as per table below:</i></p> <table border="1" data-bbox="220 1579 895 1945"> <thead> <tr> <th>Age of the vehicle</th> <th>% of depreciation for fixing IDV</th> </tr> </thead> <tbody> <tr> <td>Not Exceeding 6 months</td> <td>5%</td> </tr> <tr> <td>Exceeding 6 months but not exceeding 1 year</td> <td>15%</td> </tr> <tr> <td>Exceeding 1 year but not exceeding 2 years</td> <td>20%</td> </tr> <tr> <td>Exceeding 2 year but not exceeding 3 years</td> <td>30%</td> </tr> <tr> <td>Exceeding 3 year but not exceeding 4 years</td> <td>40%</td> </tr> <tr> <td>Exceeding 4 year but not exceeding 5 years</td> <td>50%</td> </tr> </tbody> </table> <p><i>For vehicles more than 5 years old, please talk to the insurer for fixing IDV</i></p>	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 year but not exceeding 3 years	30%	Exceeding 3 year but not exceeding 4 years	40%	Exceeding 4 year but not exceeding 5 years	50%	<p>(a) For the vehicle: (b) *Non-Electrical accessories: (c) *Electrical Accessories (d) CNG/LPG kit</p> <p><i>*Please give details of the accessories</i></p>
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8. Is there any Hypothecation / Hire Purchase / Lease interest to be noted in the policy? If Yes, give the details of the party.	
9. Whether geographical area extension to the following countries required? Bangladesh, Bhutan, Maldives, Nepal, Pakistan, Sri Lanka If Yes, indicate which countries?	
10. Period of Insurance required	From _____ to _____

PREVIOUS INSURANCE HISTORY FOR THE VEHICLE

1. Date of purchase of the vehicle by the Proposer	
2. Was it new at the time of purchase?	
3. Past insurance history of the vehicle (i) Name of the insurer (ii) Policy No. (iii) Period of insurance (iv) Type of cover (v) *NCB if earning (vi) Details of claims for last 3 years	
*For granting NCB, appropriate documentary evidence to be submitted.	

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 declarations shall be the basis of the contract between me and Bajaj Allianz and I/We agree to accept a policy, subject to the conditions prescribed by Bajaj Allianz.

Place :

Date :

Signature of the Proposer

SECTION 41 OF 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 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 punishable with fine, which may extend to Five Hundred Rupees.