

Proposal Form - my:asset Private Car Package Policy

GUIDELINES TO FILL THE FORM

1. Please fill the form in BLOCK LETTERS. All details with* are mandatory.

2. Please answer all the questions completely. If a particular question is not applicable to you and/or your business please mark that question as not applicable "N/A".

3. Please attach extra sheets wherever the space is insufficient to provide the additional underwriting information. Put a ($\sqrt{}$) mark wherever applicable.

4. Kindly contact the Company's Office or Agent for any doubts or clarifications on the proposal form.

Note: The liability of the Company does not commence until this proposal has been accepted by the Company and premium received.

PLEASE USE ONLY ORIGINAL PROPOSAL FORM. PHOTO COPIES WILL NOT BE ACCEPTED BY THE COMPANY.

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Website www.ltinsurance.com

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	FOR OFFICE USE ONLY							
	Branch Code	:						
	Intermediary Code*	:	1	1	1			
	Intermediary Location Code	:						
	Intermediary Employee Code	:		1				
	Intermediary Reference Code	:						
	Sales Manager Code	:						
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PROPOSER INFORMATION (Please enter details of the Customer)

Title* (Pls. Tick): Ms. Mr. Gender: Male Female Date of Birth*: D D M Y Y Y
Name*: IFIRST IERST <
Father's Name*: F I R S T I M I D D L E I I A S T
Annual Income: 🔄 less than ₹ 2 lacs 🔄 between ₹ 2-5 lacs 🔄 between ₹ 5-10 lacs 🔄 between ₹ 10-20 lacs 🔄 ₹ 20 lacs and above
Correspondence Address:
Block/Flat No.*:
Street Name*: Locality:
Landmark*:
City/Village*:
Post Office:
Mobile No.*: Landline*: S T D
PAN No.:
Email ID 1*:
Email ID 2:
Occupation: Government Service Private Sales Other Private Services Self Employed Housewife Student Retired Not Employed Not Employed Self Employed Self Employed Self Employed
If you are an L&T Group Employee, please provide your PS Number:
Company/Division Name:
VEHICLE REGISTRATION ADDRESS: Address same as above: Yes No If 'No', please provide below:
Block/Flat No.*:
Street Name*: Locality:
Landmark*:
City/Village*: Pincode*:
Post Office:

TYPE OF COVER (Please select the appropriate coverage from the below options)	
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 Onl	у
Proposed Policy Start Date: D D M M Y Y Y Y End Date: D D M M Y Y Y Y	
VEHICLE INFORMATION (Please provide identification details of your vehicle)	
Proposal for: Original Owner Second hand Vehicle Rollover L&T Renev	val Endorsement
Make* Model*:	
Variant*:	
Registration Date: D D M Y Y Registration/RTO Location:	
Month & Year of Manufacture*: M M Y Y Y Y Cubic Capacity*: Seating Capac	city (incl driver)*:
Engine No.*: Chassis No.*:	
INSURED DECLARED VALUE DETAILS (IDV) (Please enter the amount for which Insurance Cover is required)	
Age of the Vehicle	% of Depreciation for fixing IDV
The IDV of the Vehicle will be deemed to be the "sum insured" for the purpose of the policy. It will be	5%
computed on the basis of manufacturer's listed selling Exceeding 6 months but not exceeding 1 year	15%
price of the brand and models of the vehicle proposed for insurance at the time of commencement ofExceeding 1 year but not exceeding 2 yearsExceeding 2 years but not exceeding 3 years	20%
insurance/renewal and adjusted for depreciation as per the adjacent schedule. Exceeding 2 years but not exceeding 3 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- Please specify	
Make Model	
Year	
Bi-fuel/CNG/LPG Kit (Other than manufacturer fitted)	₹
Trailer Total Value Total IDV	₹
VEHICLE USAGE AND TYPE DETAILS (Please provide additional information about your vehicle)	
Normal Usage Area: City Urban Rural Other	
City where the vehicle is used:	
Vehicle Parking Details: Covered Parking Open Parking-Inside Compound Road Side Parking	
	or Foreign Embassy/Consulate Towing
Is the vehicle a Vintage Car? Yes No Are you a member of Automobile Association?	Yes No
If Yes, please provide: Name of the Association	
Membership No.: Expiry Date:	
Is the vehicle to be insured Imported? Yes No Is vehicle imported with Custom Duty?	Yes No
• Is the vehicle specially designed for disabled? Yes No • Is the vehicle fitted with Fibre Glass Fuel Ta	nk? 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	
Have you covered your another vehicle with L&T Insurance? Yes No	
COVERAGE DETAILS (Select additional benefits required, if any)	
Please select Voluntary Deductible ^{#1} : None ₹ 2500 ₹ 5000 ₹ 7500 ₹ 15000	

🕼 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.

Do you want	to opt for Geographical E	xtension ^{#2} ? Yes	No									
lf Yes, please	select: Bangladesh	Bhutan Nep	al	Pakistan	Sri Lanka	Maldives	5					
Do you want	Unnamed PA Cover ^{#3} ?	Yes No S	um Insure	d per person:								
,	Named PA Cover?	Yes No					-					
5	provide details:											
Sr. No.		Name						Sum	Insured	(₹)		
1.												
3.												
4. Note: If you want	t to cover more than 4 persons	, please provide the details in a	separate she	eet.								
• Do you wan	t to cover legal liability fo	or Paid Drivers#4?	Yes	No If Y	es, specify No	o. of Drivers:						
5	it to cover legal liability fo		Yes		es, specify N		ees:					
vehicle at any of travelling or getti liability towards e	the locations selected. #3) T ing in / out of the vehicle. #4 employees in case they meet v	the Vehicle Own Damage premin his cover will give you compens) This cover will take care of you vith an accident while travelling	ation (upto Ir liability to	the limit selected,i wards your paid dr	n multiple of Rs	.10,000 subjec	t to maxim	num of Rs.	2 Lacs) in	the eve	ent of ac	cident whils
	ILS (Please provide Drive			A	1	Neuroleeu		Duisia				
Туре		Name		Age/ DOB	License	Number	E	Driving xperienc	e			ccidents 3 years
Owner Driv	ver							Year				
Paid Driver Other 1								Year Year				
Other 1 Other 2								Year				
		ide details of the institutio	n aivina fir	nance for purch:	asina vour vel	nicle if any)				<u> </u>		
Type of Finance				Hypothecatior		neie, ir ariy)						
Financier Nam							1 1	1 1	1 1	1	1 1	1 1
Financier Add												
											<u> </u>	
City:												
		se enter details of the Insu	irance Cor	npany with who	m your vehic	le has been i	nsured cl	urrently)				
Previous Insur	1											
Previous Insur	rer Address:											
City:				Phone I	No.:							
Type of Cover								1				
Package		Fire Only Theft C		Fire and Theft	5		-	1				YYY
	Only and Fire Only	Liability Only and Theft C	only	Liability Only ar	d Fire and Th	neft Only Po	licy End I		1	M	1	YY
Policy/Cover N	lote No.:							NCB on	Policy		%	
/	L&T Insurance is the	brand of L&T General Insuranc	e Company	Limited Registered	Office: L&T Ho	use, N.M. Mar	g, Ballard	Estate, Mu	mbai - 40	0001.		3/4
Ð	&T Insurance		ACk	KNOWLEDGEN	/IENT						my	asset
Received from	Mr./Mrs./Ms.					Bra	anch Cod	le:				
a sum of ₹	through C	ash [#] /Cheque / DD / Credit	Card / Del	bit Card No		Int	ermediar	y Code*:				
against your p	proposal for my:asset Priv	ate Car Package Policy				Int	termediar	y Locatio	n Code:			
Vehicle No		- •				Int	termediar	y Employ	vee Code	:		
Signature of Ir	ntermediary:		Date:	D D M M	ΥΥΥΥ	L Y Int	termediar	y Referer	nce Code	:		
Intermediary N	Name:			Time:	h h : m	_m Int	termediar	y Contac	t Details			

Intermediary Name: ____

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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.

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 Po	licy or Expiring Policy Copy and duly signed Declaratic	on to avail the No Claim Bonus Discount 'NCB'	
PREMIUM PAYMENT DETAILS (Please provide	the details of premium payment)		
Premium Amount: ₹	Select Payment O	Option: Cash [#] Cheque	DD Credit/Debit Card
For Cheque / DD (Payable in favour of "L&T	General Insurance Company Limited")		
Instrument No.:	Instrument Date: D D M M Y	^Y ^Y ^Y Instrument Amount: ₹	
Bank Name:			
For Credit Card / Debit Card			
Card No.:		Card Type: Master Card V	/isa AMEX
Expiry Date: D D M M Y Y Y Y	Name on Card:		
#Cash towards premium will be accepted only at ou	r branch offices.		
DECLARATION			
or nondisclosure of any material fact* in the pr by me or anyone on my/our behalf to obtain ar given or will give, relating to myself or any oth Limited, and I also understand the consequence	y benefit under this policy. I understand and her person to be insured, will be basis of the es of any default.	agree that this proposal and other inf e insurance contract between me/us ar	formation and documentation I have nd L&T General Insurance Company
* A material fact is one that is likely to influence as to what constitutes material fact.	the Company's acceptance or assessment of	the proposal. You should consult your	insurance advisor if you are in doub
I/We authorize L&T General Insurance Compa relating to me / us, with their affiliate/group co services of L&T General Insurance Company Lir	ompanies and also for communicating any pr		
relating to me / us, with their affiliate/group co services of L&T General Insurance Company Lin	ompanies and also for communicating any pr nited and its affiliate group companies via litions of this insurance contract and agree th	omotional marketing offers and other SMS Telephone	transactional / features / products
relating to me / us, with their affiliate/group co services of L&T General Insurance Company Lir I/We have understood the terms and cond by the Company and the payment of pren	ompanies and also for communicating any pr nited and its affiliate group companies via litions of this insurance contract and agree th	romotional marketing offers and other SMS Telephone nat the insurance would be effective or	transactional / features / products
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relating to me / us, with their affiliate/group co services of L&T General Insurance Company Lin I/We have understood the terms and cond by the Company and the payment of pren I/We agree and confirm that the issuance	ompanies and also for communicating any pr nited and its affiliate group companies via ditions of this insurance contract and agree th nium by me/us in advance. of the Policy is subject to realization of premi	romotional marketing offers and other SMS Telephone nat the insurance would be effective or	transactional / features / products
relating to me / us, with their affiliate/group co services of L&T General Insurance Company Lir I/We have understood the terms and cond by the Company and the payment of pren I/We agree and confirm that the issuance Place: DECLARATION FOR NCB	bompanies and also for communicating any prinited and its affiliate group companies via ditions of this insurance contract and agree the nium by me/us in advance. of the Policy is subject to realization of premionate Date: Date:	romotional marketing offers and other SMS Telephone nat the insurance would be effective or ium cheque. no claim has arisen in the expiring pol	transactional / features / products nly on acceptance of this application Signature of Proposer
relating to me / us, with their affiliate/group co services of L&T General Insurance Company Lir I/We have understood the terms and cond by the Company and the payment of pren I/We agree and confirm that the issuance Place: DECLARATION FOR NCB	bompanies and also for communicating any prinited and its affiliate group companies via ditions of this insurance contract and agree the nium by me/us in advance. of the Policy is subject to realization of premionate Date: Date:	romotional marketing offers and other SMS Telephone nat the insurance would be effective or ium cheque. no claim has arisen in the expiring pol	transactional / features / products nly on acceptance of this application Signature of Proposer

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 earrow 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.





Website www.ltinsurance.com (10 56070**58** (56070**LT**) €

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Corporate Office: 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. Corporate Office: L&T General Insurance Company Limited, 601-602, 6th Floor Trade Center, Bandra Kurla Complex, Bandra (East), Mumbai 400051.