

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 Only

Proposed Policy Start Date: End Date:

VEHICLE INFORMATION (Please provide identification details of your vehicle)

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

Make* Model*:

Variant*: Registration No.:

Registration Date: Registration/RTO Location:

Month & Year of Manufacture*: Cubic Capacity*:

Seating Capacity (incl driver)*: Engine No.*: Chassis No.*:

INSURED DECLARED VALUE DETAILS (IDV) (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- 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

• Vehicle Usage: Private / Social Purpose Driving Tuitions Confined to own premises Used for 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 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

• 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

• Do you wish to restrict the 3rd party property damage to statutory limit of ₹ 6000 only? Yes No

Do you want to opt for Geographical Extension#2? Yes No

If Yes, please select: Bangladesh Bhutan Nepal Pakistan Sri Lanka Maldives

Do you want Unnamed PA Cover#3? Yes No Sum Insured per person: _____

Do you want Named PA Cover? Yes No

If Yes, please provide details:

Sr. No.	Name	Sum Insured (₹)
1.		
2.		
3.		
4.		

Note: If you want to cover more than 4 persons, please provide the details in a separate sheet.

• Do you want to cover legal liability for Paid Drivers#4? Yes No If Yes, specify No. of Drivers: _____

• Do you want to cover legal liability for Other Employees#5? Yes No If Yes, specify No. of Employees: _____

Note - #1) This cover will give you discount in the Vehicle Own Damage premium, in case you agree to reduce the identified amount in each and every claim. #2) This cover will give protection to your vehicle at any of the locations selected. #3) This cover will give you compensation (upto the limit selected, in multiple of Rs.10,000 subject to maximum of Rs.2 Lacs) in the event of accident whilst travelling or getting in / out of the vehicle. #4) This cover will take care of your liability towards your paid driver in case he meets with an accident while on duty. #5) This cover will take care of your liability towards employees in case they meet with an accident while travelling in your vehicle.

DRIVER DETAILS (Please provide Driver related details)

Type	Name	Age/DOB	License Number	Driving Experience	No. of accidents in last 3 years
Owner Driver				Years	
Paid Driver				Years	
Other 1				Years	
Other 2				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 (Please enter details of the Insurance Company with whom your vehicle has been insured currently)

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 %

 **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.

3/4



ACKNOWLEDGEMENT

my:asset

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:asset Private Car Package Policy

Intermediary Location Code: _____

Vehicle No. _____

Intermediary Employee Code: _____

Signature of Intermediary: _____ Date:

Intermediary Reference Code: _____

Intermediary Name: _____ Time: :

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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