



**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: |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)

Make\*: \_\_\_\_\_ Model\*: \_\_\_\_\_

Variant\*: \_\_\_\_\_ Registration No./Serial No.: \_\_\_\_\_

Registration Date: |D| |D| |M| |M| |Y| |Y| |Y| |Y| Registration/RTO Location: \_\_\_\_\_

Month & Year of Manufacture\*: |M| |M| |Y| |Y| |Y| |Y| Cubic Capacity: \_\_\_\_\_ Gross Vehicle Weight/HP\*: \_\_\_\_\_

Engine No.\*: \_\_\_\_\_ Chassis No.\*: \_\_\_\_\_

Max. licenced carrying capacity (incl. driver): .....

1. Type of Body: .....

2. No. of Wheels: \_\_\_\_\_

3. Type of Vehicle:  Goods Carrying  Passenger Carrying  Miscellaneous Type of Vehicles

4. Fuel Type:  Petrol  Diesel  CNG  LPG

5. Type of Carrier:  Private Carrier  Public Carrier  Stage Carriage  Contract Carriage  Misc Type of Vehicles

Provide Trailer details if applicable:

Trailer 1 Registration No. / Serial No.: \_\_\_\_\_

Trailer 2 Registration No. / Serial No.: \_\_\_\_\_

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

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

- Vehicle Usage:  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

**COVERAGES**

- 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.

- 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)
- If PA cover for Owner Driver is opted for, then please give the details\*:

Type	Name		Age/DOB	License Number	Driving Experience	No. of accidents in last 3 years
Owner					Years	
	Name of the Nominee	Age	Relationship	Name of the Appointee (If Nominee is Minor)		Relationship
Type	Name		Age/DOB	License Number	Driving Experience	No. of accidents in last 3 years
Paid Driver					Years	
	Name of the Nominee	Age	Relationship	Name of the Appointee (If Nominee is Minor)		Relationship

Note: 1) Personal Accident cover for owner driver is compulsory for sum insured of ₹ 2,00,000 for Commercial Vehicles. 2) 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.

- Do you want Unnamed PA Cover#3?  Yes  No Sum Insured per person:
- Do you wish to include Personal Accident cover for named person\*?  Yes  No If 'Yes', give Name & Capital Sum Insured (CSI) opted for:

Sr. No.	Name	CSI opted (Rs.)	Nominee	Relationship
1.				
2.				
3.				

Note: The maximum CSI available per person is ₹ 2 lakhs in case of Commercial Vehicles. (CSI per person should be the same.)

- 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.

**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:  D  D  M  M  Y  Y  Y  Y

Liability Only and Fire Only  Liability Only and Theft Only  Liability Only and Fire and Theft Only Policy End Date:  D  D  M  M  Y  Y  Y  Y

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:  D  D  M  M  Y  Y  Y  Y Instrument Amount: ₹ \_\_\_\_\_

Bank Name: \_\_\_\_\_

For Credit Card / Debit Card

Card No.: \_\_\_\_\_ Card Type:  Master Card  Visa  AMEX

Expiry Date:  D  D  M  M  Y  Y  Y  Y 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

**PROHIBITION OF REBATES – UNDER SECTION 41 OF INSURANCE ACT 1938**

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.  
Insurance is the subject matter of solicitation. IRDA Registration No. 146



**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: ||||||||||||

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

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



**Website**  
[www.ltinsurance.com](http://www.ltinsurance.com)



**SMS**  
'**LT**' to 5670**58** (5670**LT**)



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