

**FUTURE SECURE-TWO-WHEELER (LIABILITY ONLY)  
PROPOSAL FORM**

**IMPORTANT GUIDELINES:** 1. Insurance is the contract of utmost good faith requiring of the Proposer and the Insured not only to disclose all material facts but also not to suppress any material facts in response to the questions in the proposal form. 2. This form can be used to apply for Future Secure-Two-Wheeler (Liability Only). 3. It is important to fill all questions in full. If you have insufficient space to complete any of your answers, please attach a separate signed and dated sheet and identify the question number concerned. 4. Cover shall commence not earlier than the date and the time of acceptance and subsequent to receipt of the premium.

**FOR OFFICE USE:**

Intermediary Name: \_\_\_\_\_ Intermediary Code: \_\_\_\_\_

Business Channel:  Agency  Banca  Corporate/Broking  Direct

RM/SP Name: \_\_\_\_\_ RM/SP Code: \_\_\_\_\_

RM/SP Contact No: \_\_\_\_\_ GSTN: If applicable \_\_\_\_\_

POSP PAN (if applicable) \_\_\_\_\_

**A (I). Personal Details of Proposer/Owner:**

|   |  |                                       |                 |      |          |      |  |
|---|--|---------------------------------------|-----------------|------|----------|------|--|
| 1 | Proposer's (Owner's) Full Name (In capital letters)                              |                                       |                 |      |          |      |  |
| 2 | Address (where the vehicle is normally kept) (In capital letters, with pin code) | <b>Pin Code:</b> <input type="text"/> |                 |      |          |      |  |
|   |  | Telephone No:                         | PAN Card/Aadhar |      | Fax:     |      |  |
|   |  | Mobile No.:                           | eIA:            |      | Mail Id: |      |  |
| 3 | Occupation / Business  |                                       |                 |      |          |      |  |
| 4 | Type of Cover  | <b>Liability Only Policy</b>          |                 |      |          |      |  |
| 5 | CKYC (Central Know Your Customer Registry No) number (if available)              |                                       |                 |      |          |      |  |
| 6 | Period of Insurance  | From                                  | Hrs             | DATE | MONTH    | YEAR |  |
|   |  |                                       |                 |      |          |      |  |
|   |  | To                                    | Hrs             | DATE | MONTH    | YEAR |  |
|   |  |                                       |                 |      |          |      |  |

**A (II). Vehicle Details**

|   |                                    |  |
|---|------------------------------------|--|
| 7 | Registration Number of the Vehicle |  |
|---|------------------------------------|--|

|  |  |                         |
|--|--|-------------------------|
| 8  | Date of Registration of the Vehicle  |                         |
| 9  | Registering Authority & Location   |                         |
| 10   | Year of Manufacture  |                         |
| 11   | Engine Number  |                         |
| 12   | Chassis Number   |                         |
| 13   | Make of the Vehicle  |                         |
| 14   | Model  |                         |
| 15   | Type of Body   |                         |
| 16   | Cubic Capacity of the Vehicle  |                         |
| 17   | Seating Capacity including driver  |                         |
| 18   | Whether vehicle is driven by non-conventional source of power /CNG/LPG/Bi-Fuel? If 'YES', please give details. |                         |
| 19   | Whether the use of vehicle is limited to own premises?   | YES NO.                 |
| 20   | Whether the vehicle is used for commercial purpose?  | YES NO.                 |
| 21   | Whether the vehicle is used for driving tuition? (GR-44)   | YES NO.                 |
| 22   | Details of Hire Purchase / Hypothecation / Lease   | (IMT-5)/(IMT-7)/(IMT-6) |
|  | a) Is the vehicle proposed for insurance is:   |                         |
|  | i) Under Hire Purchase?  | YES / NO                |
|  | ii) Under Lease Agreement?   | YES / NO                |
|  | (iii) Under Hypothecation?   | YES / NO                |
|  | b) If 'YES', give name and address of concerned party/parties:   |                         |
| <b>(Note: Copies of R.C. &amp; Fitness Certificate should be submitted along with the proposal form)</b> |  |                         |

### A. (III) LIABILITY SECTION: COVERAGE

#### Third Party Risks: Death/Bodily Injury

|   |   |     |     |
|---|---|-----|-----|
| <b>23</b>   | Coverage for liability against Third Party Risks (Death or Bodily Injury) required in respect of: |     |     |
|   | (i) Owner Driver only   | YES | NO. |
|   | (ii) Any person other than Paid Driver  | YES | NO. |
|   | If 'YES', give details of such other persons  |     |     |
|   | 1.  |     |     |
|   | 2.  |     |     |
|   | 3.  |     |     |
|   | <b>Note:</b>  |     |     |
| <b>1. Section 146 of Motor Vehicles Act-1988 makes it mandatory for the owner of the vehicle to ensure that he or any other person authorized by him to drive a vehicle in public place has insurance against third party risks.<br/>(The explanation to Section 146 exempts the paid driver)</b> |   |     |     |
| <b>2. As per Section 147 (2)(a). The liability is 'as incurred' in the case of death / bodily injury of a third party]</b>  |   |     |     |
| <b>Third Party Risks: TPPD</b>  |   |     |     |

|   |   |            |           |
|---|---|------------|-----------|
| <b>24<br/>(IMT<br/>- 20)</b>  | Do you wish to have the statutory Third-Party Property Damage (TPPD) liability of Rs. 6000/- only? [For additional TPPD limits, <b>please refer to: Q. No. 26]</b>  | <b>YES</b> | <b>NO</b> |
| <b>Third Party Risks: Liability to Workmen under W.C. Act 1923 (Compulsorily to be covered by M.V. Act 1988)</b>  |   |            |           |
| <b>25</b>   | Legal liability to persons employed in connection with operation of the vehicle, who are 'workmen'. [The liability of the Employer under the Employees' Compensation Act-1923 is covered under the Motor Vehicles Act-1988. |            |           |
|   | 1) Drivers (No. of persons: _____)  |            |           |
|   | 2) Employees (Workmen) (No. of persons: _____)  |            |           |
| <b>(Note: The Motor Vehicles Act-1988 under Sec. 147 (1) (ii) (i) covers liability to employees who are workmen within the meaning of the Employees' Compensation Act-1923.) For additional coverage, please refer to: Q. No. 27]</b> |   |            |           |

### B. Additional covers as per IMT Endorsements

|  |   |            |            |
|--|---|------------|------------|
| <b>Addl. TPPD</b>                                    |   |            |            |
| <b>26(G<br/>R-<br/>39)</b>                           | The Policy provides additional Third Party Property Damage liability limit of Rs.7, 50,000 for private cars and Rs. 1,00,000/- for motorized Two-Wheelers. Do you wish to cover the additional limit? <b>please refer to: [Q.No. 24]</b>  | <b>YES</b> | <b>NO.</b> |
| <b>Additional Liability to Employee</b>              |   |            |            |
| <b>27<br/>(IMT<br/>- 28)</b>                         | Do you wish to cover wider legal liability to employees who are 'workmen'? [This information is sought to cover in addition to liability under the Employees' Compensation Act-1923, also liability under the Fatal Accidents Act-1855 and the Common Law]<br><br><b>Note: The additional liability under Common Law and Fatal Accidents Act in respect of employees who are Employees is covered under this endorsement [please refer to: Q. No. 25]</b> | <b>YES</b> | <b>NO.</b> |
| <b>Liability To Employees Who Are Not 'Employees</b> |   |            |            |
| <b>28<br/>(IMT<br/>- 29)</b>                         | Do you wish to cover wider legal liability to employees who are <b>NOT</b> 'Employees'?<br><b>(Note: The liability under Common Law and Fatal Accidents Act-1855 in respect of employees who are not Employee can be covered under this endorsement).</b>   | <b>YES</b> | <b>NO.</b> |

|   |   |
|---|---|
| <b>Personal Accident Cover for Owner Driver</b> |   |
| <b>29</b>                                       | <p>Personal Accident Cover for Owner Driver:<br/>Do you have existing CPA Cover or Personal Accident Cover <input type="checkbox"/> Yes <input type="checkbox"/> No<br/>(if yes please provide the policy copy of the same)<br/>Name of the Insurance Company<br/>Policy No.<br/>Sum Insured<br/>Policy Period</p> <p>If no, please fill below details</p> <p>(a) Name of the Nominee &amp; Age</p> |

|   |  |
|---|--|
| (b) Relationship  |  |
| (c) Name of the Appointee (If Nominee is a minor)   |  |
| (d) Relationship to the Nominee:  |  |
| <b>(Note):</b><br><b>1. Personal Accident cover for Owner Driver is compulsory for Sum Insured of at least not less than Rs.15, 00,000/- for Two Wheelers.</b><br><b>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)</b> |  |

| <b>Personal Accident cover for named Occupants (IMT -15)</b>  |   |      |                   |         |              |
|---|---|------|-------------------|---------|--------------|
| <b>30</b>   | Do you wish to include Personal Accident cover for named persons?<br>If YES, give name and Capital Sum Insured (CSI) opted for: |      |                   | YES     | NO.          |
|   | Sl no.  | Name | CSI (Opted) (Rs.) | Nominee | Relationship |
|   | 1   |      |                   |         |              |
|   | 2   |      |                   |         |              |
|   | 3   |      |                   |         |              |
|   | 4   |      |                   |         |              |
|   | 5   |      |                   |         |              |
| <b>(Note: The maximum CSI available per person is Rs.2 Lakhs in case of Private Cars and Rs.1 Lakh in the case of Motorized Two Wheelers)</b> |   |      |                   |         |              |

| <b>Personal Accident cover for Un-named Occupants (IMT -16)</b> |   |  |                            |     |
|---|---|--|----------------------------|-----|
| <b>31</b>   | Do you wish to include Personal Accident cover for Un- named Passengers/hirer/pillion passengers (Two Wheelers)?                            |  | YES                        | NO. |
|   | If YES, give number of persons and Capital Sum Insured (CSI) Opted  |  |                            |     |
|   | No. of Persons: _____   |  | C.S.I. (Per Person): _____ |     |
|   | <b>(Note: The maximum CSI available per person is Rs.2 Lacs in case of Private Cars and Rs.1 Lac in the case of Motorized Two Wheelers)</b> |  |                            |     |

| <b>Geographical extension (IMT-1)</b> |  |            |     |     |   |           |     |     |
|---------------------------------------|--|------------|-----|-----|---|-----------|-----|-----|
| <b>32</b>                             | Whether extension of geographical area to the following countries required?  |            |     |     |   |           |     |     |
|                                       | 1  | Bangladesh | YES | NO. | 2 | Bhutan    | YES | NO. |
|                                       | 3  | Maldives   | YES | NO. | 4 | Nepal     | YES | NO. |
|                                       | 5  | Pakistan   | YES | NO. | 6 | Sri Lanka | YES | NO. |
|                                       | <b>(Note: Presently the territory covered is geographical area of India. Extension of geographical area cover can be availed by use of this endorsement)</b> |            |     |     |   |           |     |     |

### C. Other vehicle related information

|           |  |               |    |                    |
|-----------|--|---------------|----|--------------------|
| <b>33</b> | Previous History:  |               |    |                    |
|           | a. Date of purchase of the vehicle by the Proposer:                    | DD            | MM | YR                 |
|           | b. Whether the vehicle was new or second hand at the time of purchase? | NEW           |    | Second Hand        |
|           | c. Will the vehicle be used exclusively for                            |               |    |                    |
|           | (i) Private, Social, Domestic, Pleasure & Professional                 | YES           |    | NO.                |
|           | (ii) Carriage of goods other than samples or personal                  | YES           |    | NO.                |
|           | d. Is the vehicle in good condition?                                   | YES           |    | NO.                |
|           | If NO, please give details   |               |    |                    |
|           | e. Name and Address of the previous insurance company:                 |               |    |                    |
|           | f. Previous policy number:   |               |    |                    |
|           | g. Period of Insurance   | From          | To |                    |
|           | h. Claims lodged during the preceding 3 years                          |               |    |                    |
|           | YEAR   | NO. OF CLAIMS |    | CLAIM AMOUNT (Rs.) |
|           |  |               |    |                    |
|           |  |               |    |                    |
|           |  |               |    |                    |

#### Driver Details

|   |  |  |               |     |      |
|---|--|--|---------------|-----|------|
| <b>34</b>   | Details of Driver:                     |  |               |     |      |
|   | a. Age and Date of Birth of the Owner  | Age [ In Years]  | Date of Birth |     |      |
|   |  |  | DD            | MM  | YEAR |
|   |  |  |               |     |      |
|   | b. Age and Date of Birth of the Driver | Age [ In Years]  | Date of Birth |     |      |
|   |  |  | DD            | MM  | YEAR |
|   |  |  |               |     |      |
|   | c.                                     | Does the driver suffer from defective vision or hearing or any physical infirmity? |               | YES | NO   |
|   |  | If 'YES', please give details of such infirmity                                    |               |     |      |
|   | d.                                     | Has the driver ever been involved / convicted for causing any accident of loss?    |               | YES | NO   |
| If 'YES', give details as under including the pending prosecutions: |  |  |               |     |      |
| Driver's Name:  |  |  |               |     |      |
|   | Date of Accident                       |  |               |     |      |

|  |                            |  |
|--|----------------------------|--|
|  | Loss/ Cost: [Rs.]          |  |
|  | Circumstances of Accident: |  |

### DECLARATION

- i. 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 declaration shall be the basis of the contract between me and FUTURE GENERALI INDIA INSURANCE CO LTD (FGIICL) and I/We agree to accept a policy, subject to the conditions prescribed by FGIICL.
- ii. I understand that, if any information/statement given in the proposal is found to be untrue by FGIICL, the corresponding insurance policy, that may be issued, shall be treated as void ab initio and the premium paid shall be forfeited to FGIICL.
- iii. I/We, hereby, declare that the premium amount, corresponding to this proposal, is paid out of the legally declared and assessed sources of my/our income and not out of proceeds of crime related to any offence under the Prevention of Money Laundering Act, 2002 and rules framed thereunder. I/We understand that FGIICL reserves the right to call for documents and information to establish the source of funds, as also the right to reject the said proposal or to terminate the insurance contract unilaterally and/or forfeit the premium amount, if I/We am/are found to be named in any recognized sanction list/happen to have violated any provisions of law. OR

I/We hereby confirm that the premium payment has been paid by\_\_\_\_\_ who is having an insurable interest in my/our policy under this application form. In case of any refund, please process the same in below mentioned proposer's bank account.

- iv. I/we am/are (please tick all that are applicable)
 

|  |  |   |
|--|--|---|
| <input type="checkbox"/> High Net Worth Individual/s | <input type="checkbox"/> Non-Resident Indian/s         | <input type="checkbox"/> Politically Exposed Person/s |
| <input type="checkbox"/> Jeweller/s                  | <input type="checkbox"/> Non-Governmental Organization | <input type="checkbox"/> Film Actor/s                 |
| <input type="checkbox"/> Producer/s                  |  |   |
- v. I agree to receive service-related information from FGIICL and its service providers from time to time, through electronic and telecom modes, including WhatsApp, and understand that no unsolicited information will be sent to me.
- vi. I am aware and agree that the information/data provided by me, through this application, to FGIICL and/ or FGIICL authorized person/ agency, shall be stored by FGIICL, throughout the currency of my relationship with FGIICL, and used for the purposes relating to my proposal for insurance cover and/or servicing policies issued in my favour, whether by FGIICL or its authorized partners. I also understand that the said storage is necessary for my consumption of the services and consent to not hold FGIICL and/or its authorized partners/ agency/ person liable for legitimate utilization of the submitted information/data.
- vii. I consent to the fact that FGII may download my/proposer's CKYC record from the Central KYC Records Registry, in relation to the verification of my/proposer's KYC records as part of this proposal. I understand that acceptable officially valid documents shall be relied upon for the said verification of KYC records. I also consent to receive information from the Central KYC Registry through SMS/email on the abovementioned mobile phone number/email address.

**Proposer's Signature:** \_\_\_\_\_ **Place:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**FOR INTERMEDIARY USE ONLY**

I, \_\_\_\_\_, in my capacity as an Insurance Agent/POSP/Specified Person of the Corporate Agent/Authorized Person of the Broker/IMF, declare that I have explained the product features, including its suitability, and the contents of this proposal form, including the nature of the questions and the responses submitted thereto, to the proposer. It has been, further, informed to the proposer that the details provided herein shall form the basis of the contract of insurance between FGIICL and the proposer. It has, also, been explained that if any untrue response(s) is/are contained in this proposal form or there has been any non-disclosure of material facts, the policy issued thereon shall, at the option of FGIICL, be treated as null and void and the premium amount against the policy may be forfeited by FGIICL.

Name of Insurance Agent/POSP/Specified Person of the Corporate Agent/Authorized Person of the Broker/IMF:  
\_\_\_\_\_

Intermediary's Code: \_\_\_\_\_ Intermediary's Signature: \_\_\_\_\_

**PAYMENT DETAILS**

|  |  |
|--|--|
| Mode of Payment  |  |
| Payment Details  |  |
| Amount in (Rs.)  |  |
| Date of Payment (DD/MM/YY)   |  |
| PAN (If premium is 1 Lac and Above.)                                   |  |
| GSTIN (If more than one GSTIN, kindly attach an annexure with details) |  |

**Please fill up the request for authorization form attached with this proposal form to receive claim/refund payments if any, directly into your bank account through NEFT if the premium amount is more than Rs.10,000/-**

**Note: The Company reserves the right to reject the said proposal or to terminate the insurance contract unilaterally and/or freeze the funds if the customer, or persons associated with him/her found to be named in any recognized blacklist.**

**ANTI MONEY LAUNDERING**

True to our Go Green initiative, we will send a link to your e-mail address and/or mobile number, as you've mentioned in this proposal, and you may download and save the digitally signed and authenticated policy document therefrom. If you still wish for a physical copy, you may tick on this box

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

1. 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.

2. Any person making default in complying with the provisions of this section shall be punishable with fine, which may extend to Ten Lakhs Rupees.



**Future Generali India Insurance Company Limited**, IRDAI Regn. No. 132 | CIN: U66030MH2006PLC165287  
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