

FUTURE SECURE COMMERCIAL VEHICLE PACKAGE POLICY 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 commercial vehicle package policy. 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.

(Information for fields marked with asterisk [*] is mandatory)

*Cover Desired Package Fire Only Fire with Liability Theft only
 Theft with Liability Fire & Theft Only Fire & Theft with Liability

(Note: Cover shall commence not earlier than the date and time of acceptance of risk/or issuance of cover note subsequent to payment of premium)

Proposal For- New Policy Renewal Rollover Endorsement

Period of Insurance: From hrs min To midnight of

1. 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) _____

2. PROPOSER'S DETAILS*:

(Registered owner of the motor vehicle) Name: - Mr. Ms. Dr M/s

Date of Birth: Age _____ Yrs Sex: Male Female Third Gender

Marital Status Married Single Widowed Occupation/Business/Service/Other: _____

Educational Qualification: _____ PAN No. _____ Are you a professional? Yes/No,

if yes please specify _____

I want Private Car Insurance Policy and related information in: Physical Format e-Format (electronic)

e-IA number (e-Insurance Account number) _____

Choose Insurance Repository (for those selecting e-format):

NSDL Data Management Ltd CDSL Insurance Repository Ltd Karvy Insurance Repository Ltd
 CAMS Repository Services Ltd.

CKYC No (Central Know Your Customer Registry No): _____ (if available)

(If not available request you to kindly download the form from our website and request you to kindly submit along with this proposal form)

GSTIN: If applicable _____ (If more than one GSTIN, kindly attach an annexure with details)

3. REGISTRATION ADDRESS OF VEHICLE TO BE INSURED*:

City: _____ State _____ Pin code _____

4. ADDRESS FOR COMMUNICATION (DISPATCH ADDRESS*):

Building Name / Block No _____

Street Name: _____ City _____ State _____

Pin code _____ Telephone (O) _____ (R) _____ (M) _____

Fax No _____ Email _____

5. VEHICLE DETAILS* (city where vehicle will be primarily used)

Make and model	Registration No.	Engine No.	Chassis No.	CC / GVW
Year of manufacturer	RTO where vehicle is/will be registered.	Date of Registration/purchase	Seating capacity (including driver)	Colour

Note: Copy of RC book needs to be provided.

Declaration*-I/We hereby confirm that in case the details are found to be incorrect, any claim made under the policy will be rejected.

Signature of the Proposer

 Vehicle Insured is Brand New Used

Type of Permit	Purpose of Use	No of Wheels	Fuel Type	Per day mileage
<input type="checkbox"/> Hilly <input type="checkbox"/> National/State Highways <input type="checkbox"/> City / Town roads <input type="checkbox"/> District Roads <input type="checkbox"/> Others – Others -please specify	<input type="checkbox"/> Goods Carrying (Private Carrier) <input type="checkbox"/> Goods Carrying (Public Carrier) <input type="checkbox"/> Passenger Carrying (Private Carrier) <input type="checkbox"/> Passenger Carrying (Public Carrier) <input type="checkbox"/> Others -please specify	<input type="checkbox"/> Two Wheelers <input type="checkbox"/> Three Wheelers <input type="checkbox"/> Four Wheelers <input type="checkbox"/> More than 4 Wheelers	<input type="checkbox"/> Petrol <input type="checkbox"/> Diesel <input type="checkbox"/> Bi Fuel <input type="checkbox"/> CNG <input type="checkbox"/> LPG <input type="checkbox"/> Battery <input type="checkbox"/> Others -please specify	<input type="checkbox"/> Up to 20 Kms <input type="checkbox"/> 21 to 50 Kms <input type="checkbox"/> 51 to 100 Kms <input type="checkbox"/> 101 to 150 Kms <input type="checkbox"/> Over 151 Kms

 If the Vehicle Owned / Hired/ Leased/ Permitted or likely to be Owned / Hired / Leased / Permitted by State Transport Authorities for the purpose of their operation for the Public Transport Yes No

Vehicle make <input type="checkbox"/> Indigenous <input type="checkbox"/> Imported	Repair <input type="checkbox"/> Preferred garage <input type="checkbox"/> Dealership
Speedometer reading as on date*: Nature of goods normally carried <input type="checkbox"/> Hazardous <input type="checkbox"/> Non- Hazardous If hazardous give details of hazardous substance	Parking <input type="checkbox"/> Roadside public Parking <input type="checkbox"/> Roadside Outside Parking <input type="checkbox"/> Within Compound of Residence (open) <input type="checkbox"/> Within compound of residence (covered)
Pollution Under Control (PUC) Certificate: Vehicle being insured has valid Pollution Under Control (PUC) certificate as on inception date of policy <input type="checkbox"/> Yes <input type="checkbox"/> No (not applicable for new vehicle)	

Trailer Registration No. and No. of trailer*

6. FINANCIER DETAILS:

Bank Name	<input type="checkbox"/> Hypothecation	<input type="checkbox"/> Hire Purchase	<input type="checkbox"/> Lease
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7. PREVIOUS INSURER PARTICULARS (attach expiring policy copy with schedule/ renewal notice as proof of insurance)

Previous Insurer name:								Type of cover:				
Address:								<input type="checkbox"/> Package <input type="checkbox"/> Fire and/or Theft with liability <input type="checkbox"/> Fire and/or Theft only <input type="checkbox"/> Liability only				
Period of Insurance:	D	D	M	M	Y	Y	Y	Y	# No claim Bonus in the expiring policy %			
Policy/Cover note number:								Has any Insurance Company ever:				
Claims reported in last 5 years:								1) Declined the proposal. 2) Cancelled & refused to renew 3) Required an increase in premium. 4) Imposed special conditions or excess.				
Year	1	2	3	4	5			Yes	No			
No of claims												
Amount												

#For granting NCB, appropriate documentary evidence to be submitted

8. INSURED DECLARED VALUE (IDV)

The IDV of the vehicle will be deemed to be the sum insured for the purpose of the policy and will be fixed on the basis of manufacturer's listed selling price of the brand and models as the vehicle proposed for insurance/renewal and adjusted for depreciation as per schedule specified herein.	Age of the vehicle	% of depreciation
	Not exceeding 6months	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 more than 5 years old, please contact the Company for fixing the IDV		

Own Damage (OD)

Please mention the premium amount where the cover is opted/applicable)

				IDV	Premium
*Vehicle Value (IDV): Rate _____		Basic IDV		a.	
		Body IDV			
Non-electrical accessories: (Other than factory fitted) Bi fuel/CNG/LPG Kit: Inbuilt <input type="checkbox"/> Yes <input type="checkbox"/> No Trailer(s): No of Trailer _____					b.
Electrical Accessories (other than factory fitted)					c.
	Stereo	AC	Others – please specify		d.
Make					
Model					
Year					
Total A (a to e)					₹.

Extended Cover / Extra Benefits				Restricted Cover / Discounts					
Geographical Area Extension <input type="checkbox"/> Bangladesh <input type="checkbox"/> Bhutan <input type="checkbox"/> Maldives <input type="checkbox"/> Pakistan <input type="checkbox"/> Nepal <input type="checkbox"/> Sri Lanka				f.	₹.	Anti-Theft Discount vehicle fitted with anti-theft device and approved by ARAI		m.	₹.
Fibre Glass Fuel Tank <input type="checkbox"/> Yes <input type="checkbox"/> No Embassy Loading (without custom duty##) country name Driving Tuition Cover IMT-23 Overturning Cover Vehicle is used for Private and Commercial <input type="checkbox"/> Yes <input type="checkbox"/> No				g.	₹.	Handicap Discount Vehicle is specially designed for use of Handicap Person and endorsed in the Registration Certificate		n.	₹.
				h.	₹.				
				i.	₹.				
				j.	₹.				
				k.	₹.	Own Premises Discount Vehicle will be used within own premises / confined to sites		o.	₹.
				l.	₹.				
Total B (f to l)					₹.	Total C (m to o)			₹.

Total OD Premium Before NCB (A + B + C) - D	₹.
Less NCB _____ %	₹.
Total OD after NCB (D-NCB) – E	₹.
Less- Commercial Discount _____ %	₹.
Total OD Premium (E-Disc)	₹.

Duty not payable if not insured, for both partial and total loss claims.

Third Party (TP)

Basic TP Premium	a.	₹.
Third Party Property Damage Cover restricted ₹. 6000/- <input type="checkbox"/> Yes <input type="checkbox"/> No	b.	₹.
Bi-fuel / CNG/ LPG Kit: ₹. 60/-	c.	₹.
Trailers	d.	₹.
Compulsory PA Owner Driver Cover <input type="checkbox"/> Yes <input type="checkbox"/> No Please tick 'No' if the owner is not having valid driving license Nominee Name: _____ Nominee Age _____ Relationship with Insured _____ Name of Appointee (if Nominee is minor) _____ Relationship to the nominee _____	e.	₹.
Geographical Area Extension	f.	₹.
Voluntary Personal Accident Cover (Unnamed) (applicable for Passenger Carrying vehicle) No of person as per seating capacity per person _____	g.	₹.
Voluntary Personal Accident Cover (Named) Named person _____ Capital Sum Insured _____ Name of the Nominee _____ Age of the Nominee _____ Relationship with the person _____ Name of Appointee (if Nominee is minor) _____ Relationship to the nominee _____ (Please attach separate sheet if no of person is more than one)	h.	₹.
Personal Accident Cover for Paid Driver No of person _____ CSI Per Person _____	i.	₹.
Legal Liability Cover to Paid Driver No of Person _____ Paid Cleaner No of Person _____ Paid Conductor No of Person _____ Employee (other than paid driver/s) No of Person _____ Non-fare Paying passenger No of Person _____	j.	₹.
	k.	₹.
	l.	₹.
	m.	₹.
	n.	₹.
Total TP Premium (a to n)		₹.
Total OD premium + TP premium – before GST		₹.
Add: GST		₹.
Total Premium Payable		₹.

9. DRIVER DETAILS

The vehicle to be driven by: <input type="checkbox"/> Self –Driving Experience - _____ <input type="checkbox"/> years Any other person/s please provide the below details:						
	Name	Age	Gender	Driving Experience	Educational Qualifications	No. of accidents in previous 5 years
Paid drivers						
Others						

10. ADD ON COVERS

Do you wish to opt for following Add on covers? Yes No

Please Select	Add-On Covers		
<input type="checkbox"/>	Zero Depreciation	<input type="checkbox"/>	Hospital Cash Cover
<input type="checkbox"/>	Additional Towing Charges	<input type="checkbox"/>	Increased Property Damage Liability Benefit
<input type="checkbox"/>	Basic Roadside Assistance	<input type="checkbox"/>	Loss Of Driving License / Registration Certificate
<input type="checkbox"/>	Cost of Debris Removal	<input type="checkbox"/>	Loss Of Personal Effects and Belongings
<input type="checkbox"/>	Consumables	<input type="checkbox"/>	Personal Accident Cover
<input type="checkbox"/>	Daily Cash Benefit	<input type="checkbox"/>	Return to Invoice
<input type="checkbox"/>	Tyre Protection	<input type="checkbox"/>	Engine & Gear Box Protector
<input type="checkbox"/>	Key and lock replacement cover	<input type="checkbox"/>	Battery Guard
		<input type="checkbox"/>	Electric Vehicle
		<input type="checkbox"/>	Hybrid Vehicle

**Note: Battery Guard add on cover will be applicable for electric vehicle and if the fuel type is battery*

Payment details:

Mode of Payment	
Payment Details	
Amount in (₹)	
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 to receive Claim/Refund payments, if any, directly into your bank account through NEFT if the premium paid is more than Rs 10000/

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.

Declarations:

- 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)
 High Net Worth Individual/s Non-Residential Indian/s Politically Exposed Person/s Jeweller/s
 Non-Governmental Organization Film Actor/s 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 favor, 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: _____

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

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: _____

ANTI MONEY LAUNDERING

FGIICL adheres to anti-financial crime practices, including anti-money laundering, counter-financing of terrorism and anti-bribery and anti-corruption, which ensure to not allow use of FGIICL as a tool/platform for financial crimes. The policyholder, beneficiary, claimant, or nominee are, therefore, required to assist with FGIICL with relevant records/information/assistance, as may be necessary to address the anti-financial crime practices.

SECTION 41. OF INSURANCE ACT, 1938-PROHIBITION OF REBATES:

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 liable for a penalty which may extend to Ten Lakh Rupees.

