

**FUTURE SECURE TWO-WHEELER POLICY – BUNDLED
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 Policy-Bundled. 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 Bundled

(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 Endorsement

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

PERIOD OF INSURANCE:

Own Damage Section	From	D	D	M	M	Y	Y	Y	Y	To midnight	D	D	M	M	Y	Y	Y	Y
Third Party Section	From	D	D	M	M	Y	Y	Y	Y	To midnight	D	D	M	M	Y	Y	Y	Y
PA cover for owner driver	From	D	D	M	M	Y	Y	Y	Y	To midnight	D	D	M	M	Y	Y	Y	Y

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: _____ GSTIN: *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:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

 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 Two-Wheeler 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.	Cubic capacity.
Year of manufacturer	Colour	RTO where vehicle is/will be registered.	Date of Registration/ purchase	Seating capacity (including driver)

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

What is the usage of the vehicle Private Purposes only <input type="checkbox"/> Commercial Purpose <input type="checkbox"/>	Vehicle make Indigenous/Domestic <input type="checkbox"/> Imported <input type="checkbox"/>
Vehicle Insured is Brand New <input type="checkbox"/> Used <input type="checkbox"/>	Type of Road where vehicle would normally ply Hilly <input type="checkbox"/> National <input type="checkbox"/> State Highways <input type="checkbox"/> City <input type="checkbox"/> Town Roads <input type="checkbox"/> District Roads <input type="checkbox"/> Others Pls specify _____
Parking Open Parking Roadside public Parking <input type="checkbox"/> Roadside Outside Parking <input type="checkbox"/> Parking lot open or covered <input type="checkbox"/> Closed Parking Within Compound of Residence open <input type="checkbox"/> Within compound of residence covered <input type="checkbox"/>	Fuel type Petrol <input type="checkbox"/> Diesel <input type="checkbox"/> Bi fuel <input type="checkbox"/> CNG/LPG <input type="checkbox"/> Battery <input type="checkbox"/> Others Pls specify _____
Repair Preferred garage <input type="checkbox"/> Dealership <input type="checkbox"/>	Per day mileage Upto 20 kms <input type="checkbox"/> 21 to 50 kms <input type="checkbox"/> 51 to 100 kms <input type="checkbox"/> 101kms and above <input type="checkbox"/>
Speedometer reading as on date*:	
Trailer Registration No. and No. of trailer*	

6. FINANCIER DETAILS:

Bank Name	Hypothecation <input type="checkbox"/>	Hire Purchase <input type="checkbox"/>	Lease <input type="checkbox"/>
Location of the Bank:	Loan Account no:		

7. INSURED DECLARED VALUE (IDV):

Insured Declared Value of the Vehicle* (A)	Value of Non-Electrical Accessories fitted to the vehicle (B)	Value of Electrical Accessories fitted to the Vehicle (C)	Side Car IDV (D)	Value of CNG/LPG kit (E)	Total IDV (A+B+C+D+E)

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

8. COVERAGE INFORMATION

Personal Accident Cover for Owner Driver is compulsory in the Package policies. Please give details of nomination:

(a) Name of Nominee: _____ (b) Age: _____ (c) Relationship: _____

(d) Name of Appointee: (If nominee is minor) _____ (e) Relationship: _____

Note: 1. Personal Accident Cover for owner driver is compulsory for Sum Insured of Rs.15 Lakhs. 2. Compulsory Personal Accident Cover for 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 have a Personal Accident cover with a sum insured of Rs 15 Lakhs? Yes No

If yes, then please provide Policy Number _____

Policy Period: From- DD/MM/YYYY _____ To- DD/MM/YYYY _____

Do you wish to include the following Personal Accident coverage

Unnamed Passenger		No of Person		Sum Insured Opted	
Paid Driver		No of Paid Driver		Sum Insured Opted	

Maximum CSI (Capital Sum Insured) per person is Rs. 1 Lakhs

In case of named persons, give name and CSI opted for:

Name	Sum Insured	Nominee	Relationship

The policy provides Third Party Property Damage (TPPD) of Rs. 1 Lakhs (two-wheeler) Do you wish to opt for statutory TPPD liability coverage of Rs. 6000/- only? Yes No

Legal Liability to Driver cleaner No of person: _____

Legal Liability to Other Employee – No of Person: _____

Is the vehicle fitted with Anti-Theft Device approved by AARI? Yes No

Whether vehicle is specially designed for use of Handicap Person? Yes No

Whether the use of the vehicle is limited to own premises? Yes No

Whether extension of geographical area to the following countries Yes No required?

Bangladesh Bhutan Maldives Nepal Pakistan Sri Lanka

Whether Vehicle belongs to Foreign Embassy / consulate? Yes No

Whether the vehicle is fitted with fibre glass tank? Yes No

Are you a Member of Automobile Association of India? Yes No

Membership Name	Association Name	Expiry Date

Whether the vehicle is used for Driving Tuition? Yes No

Please select the higher deductible if you wish to opt for over and above the compulsory deductible.

500 750 1000 1500 3000

9. DRIVER DETAILS:

The vehicle to be driven by: <input type="checkbox"/> Self –Driving Experience - _____ years <input type="checkbox"/> 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. OTHER DETAILS:

Do you have another vehicle insured with Future Generali.? (Yes/No)

If Yes, please share policy details: _____ Policy no. _____

11. 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)

- High Net Worth Individual/s Non-Resident 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 authorised 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 FGIICL 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

12. DECLARATION FOR NO CLAIM BONUS (NCB):

I/We hereby declare that the rate for NCB claimed by me/us is correct and the NO CLAIM has arisen in the expiring policy period (copy of policy enclosed). I/We further undertake that if this declaration is found incorrect, all benefits under the policy in respect of Section I of the policy will stand forfeited.

Proposer's Signature: _____ **Place:** _____ **Date:** _____

13. 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: _____

14. 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

FGIICL adheres to the 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

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.

*****END*****



Future Generali India Insurance Company Limited, IRDAI Regn. No. 132 | CIN: U66030MH2006PLC165287
Regd. and Corp. Office: 801 and 802, 8th floor, Tower C, Embassy 247 Park, L.B.S. Marg, Vikhroli (W), Mumbai - 400083
Call us at: 1800-220-233 / 1860-500-3333 / 022-67837800 | Website: <https://general.futuregenerali.in> | Email: fgicare@futuregenerali.in