

## STANDALONE MOTOR OD FUTURE SECURE TWO-WHEELER 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 Standalone Motor OD Future Secure Two-Wheeler 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  OD Cover  Fire Only  Theft only  Fire & Theft Only

**(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 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

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

Pollution Under Control (PUC) Certificate:

Vehicle being insured has valid Pollution Under Control (PUC) certificate as on Inception Date of Policy  Yes  No

**6. FINANCIER DETAILS:**

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

**7. THIRD PARTY INSURANCE POLICY DETAILS\***

Name of Insurer: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Policy Period – from 

D	D	M	M	Y	Y	Y	Y
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 to 

D	D	M	M	Y	Y	Y	Y
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**8. PREVIOUS INSURANCE PARTICULARS : ( Attach expiring Policy copy with schedule/Renewal notice or cover note as proof of insurance)**

<b>Previous Insurer name:</b>						<b>Type of cover:</b>	
<b>Address:</b>						<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 <input type="checkbox"/>	
<b>Policy/Cover note number:</b>						<b>Standalone OD only</b>	
<b># No claim Bonus in the expiring policy _____ %</b>						<b>Period of Insurance:</b>	
<b>Claims reported in last 5 years:</b>						<b>Has any Insurance Company ever:</b>	
<b>Year</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	1) Declined the proposal. <input type="checkbox"/> Yes <input type="checkbox"/> No 2) Cancelled & refused to renew <input type="checkbox"/> Yes <input type="checkbox"/> No 3) Required an increase in premium. <input type="checkbox"/> Yes <input type="checkbox"/> No 4) Imposed special conditions or excess. <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>No of claims</b>						<b>For Breaking Insurance:</b>	
<b>Amount</b>						Period of Breaking Insurance: _____ Inspection Number _____ Date of Inspection: _____	

#For granting NCB, appropriate documentary evidence to be submitted.

**9. 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.			<b>Age of the vehicle</b>		<b>% of depreciation</b>
			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%			
<b>Note: For vehicles more than 5 years old, please contact the Company for fixing the IDV</b>					

**10. COVERAGE INFORMATION**

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 required?  Yes  No

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

### 11. 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
<b>Paid drivers</b>						
<b>Others</b>						

### 12. OTHER DETAILS:

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

If Yes, please share policy details: \_\_\_\_\_ Policy no. \_\_\_\_\_

### 13. DECLARATION:

- 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.
- 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.
- 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.

- 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
- 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.
- 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 FGI 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

**14. 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:** \_\_\_\_\_

**15. 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: \_\_\_\_\_

**16. 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 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 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\*\*\*\*\*

