

Reliance Floating Sum Insured cover - Multiple vehicles Insurance Proposal Form

Proposal no.: _____

- Note: 1) Proposal is implemented as an experiment for a limited period 1st February 2020 to 31st July 2020.
2) Please complete all sections in capitals & tick boxes wherever applicable.
3) Failure to disclose facts material to assessment of the risk or providing misleading information shall render the contract void.
4) Geographical Area of operation: INDIA.
5) Application Ref Number: IRDAI/NL/SANDBOX/220/2019-20.

Is the Vehicle Made in India Yes No

Policy Period : As Opted

For Office Use Only

Policy Number _____ Date
 Savion Reference Number _____ Inspection Lead No. _____
 Intermediary Name _____ Code _____
 Branch Name/Code _____ IRDAI Agent Code _____
 Sales Manager Name/Code _____ IRDAI Agent Name _____

Details (To be filled in BLOCK CAPITALS)

1. This proposal is for: New Policy: Rollover Policy: Used Policy: Renewal:

2a. Proposer's Full Name (Registered Owner of the Vehicle): M/S Mr. Mrs. Ms.

2b. Address _____

	Address of Communication
Flat/Building/Door/Block No.	
Road/Street/Sector	
Nearest Landmark	
Area	
City	
Pin Code	
State	
Country	

City where vehicle is primarily used: _____

Phone Number: _____ Mobile Number: _____

Email: _____ Fax: _____

3. Occupation of the Insured: _____ (Salaried/ Self Employed/ Profession)

4. Period of Insurance From:

Section 1 (Own Damage/Comprehensive): From: _____ Hrs of To: Mid Night of
 (Cover will commence not earlier than the date & time of acceptance of risk and subsequent to the payment of premium by the insured to the company and realization thereof by the Company.)

5. Source of Fund: Business: _____ Profession: _____ Salary: _____ Agricultural Income: _____ Savings: Others: _____

6. Monthly Income: Up to Rs. 20,000 Rs. 20,001- Rs. 50,000 Rs. 50,000- Rs. 1,00,000 Rs. 1,00,000 and above

7. PAN No. : _____

8. Do you have a GST registration number: Yes No If yes please specify _____

9. Related Party: Yes No

An ISO 9001:2015 Certified Company

10. Details of the Insured Vehicles

Vehicle Details	V1 (Vehicle type)	V2 (Vehicle type)	V3 (Vehicle type)	V4 (Vehicle type)	V5 (Vehicle type)
Insured Declared Value					
Electrical and Electronic Accessories fitted to the Vehicle					
Non-Electrical Accessories fitted to the Vehicle					
Side Car (Two-Wheeler)					
Value of CNG/LPG Kit					
Total Insured Declared Value (vehicle wise)					
Type of Coverage opted (Required to mention) →					
Registration Number					
Date of Registration					
Registering Authority & Location					
Address at which the vehicle is registered					
Year & Month of Manufacture					
Engine Number					
Chassis Number					
Model/Fuel of the vehicle					
Make of Vehicle					
Type of Body					
Cubic Capacity					
Is the vehicle Imported: Yes/No					
Seating capacity including Driver					
Fuel Type: Petrol/Diesel/Others					
Risk start date					
Risk end date					
Where the vehicle is generally parked during Night					
a) Road Side Parking					
b) Pay & Park					
c) Own Parking Garage					
d) Open within residential compound					
e) Stilt Parking					

11. Details of Previous Insurance

Vehicle Details	V1 (Vehicle type)	V2 (Vehicle type)	V3 (Vehicle type)	V4 (Vehicle type)	V5 (Vehicle type)
Insured Declared Value					
Have you been previously insured in respect this vehicle? Yes/No					
Is the vehicle in good condition? Yes/No					
If no please give full details					
Is previous insurance in your name? Yes/No					
Full Name of Previous Insurer					
Address					
Policy Number					
Period of Insurance: DD/MM/YYYY to DD/MM/YYYY					
a) Package Policy					
b) Liability Only					
c) Stand alone own damage					
d) Other (to be described)					
Add On Opted: Yes/No, If yes please name the add on covers					
NO CLAIM BONUS (NCB) allowed under previous policy (%)					
Claim lodged during the preceding 3 years					
Are you entitled to No Claim Bonus					
If yes, please submit / attached proof thereof					
Any other material facts relevant for this insurance					

Risk Inclusions

24. Please select the higher deductible if you wish to opt for over and above the compulsory deductible Rs 100 /-for Two-Wheeler and Rs 1000 /- for Private Car, if yes please specify the amount :

	V1 <input type="checkbox"/>	V2 <input type="checkbox"/>	V3 <input type="checkbox"/>	V4 <input type="checkbox"/>
Private Car	2500 <input type="checkbox"/>	5000 <input type="checkbox"/>	7500 <input type="checkbox"/>	15000 <input type="checkbox"/>
Two Wheeler	500 <input type="checkbox"/>	750 <input type="checkbox"/>	1000 <input type="checkbox"/>	1500 <input type="checkbox"/> 3000 <input type="checkbox"/>

25. Liability to third parties: The policy provides Third Party Property Damage (TPPD) of Rs. 7.5 lakh (Private Car) and Rs. 1 lakh (Two wheeler)

Do you wish to restrict the above limits to statutory TPPD Liability limit of Rs. 6000/- only?

Yes/No V1 Yes/No V2 Yes/No V3 Yes/No V4

26. Do you wish to cover Legal Liability to?

- a. Driver (No. of Persons _____) Yes/ No
 b. Other employees (No. of Persons _____) Yes/ No
 c. Unnamed Passengers (No. of Persons _____) Yes/ No

Yes/No V1 Yes/No V2 Yes/No V3 Yes/No V4

27. Do you wish to include Personal Accident (PA) cover for named persons? Yes/ No

If yes, give name and Capital Sum Insured opted for. The maximum CSI available per person is Rs. 2 Lacs

Vehicle	Name	CSI Opted	Name of Nominee	Age of Nominee	Name of Appointee	Relationship	Address
V1							
V2							
V3							
V4							

28. Do you wish to include PA cover for Unnamed persons/ hirer? Yes/ No

If yes, give name and Capital Sum Insured opted for. The maximum CSI available per person is Rs. 2 Lacs

Vehicle	Number of Persons	CSI Opted
V1		
V2		
V3		
V4		

Compulsory Personal Accident Cover for Owner Driver

29. Note: Personal Accident cover for owner driver is compulsory for Sum Insured of Rs.15,00,000/- for Two Wheeler, Private Car Compulsory PA 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. This policy applicable to all vehicles owned by registered owner driver.

30. Do you have a valid driving license? Yes/No

31. Do you have any PA Cover, covering Death & Permanent Disability (Total & Partial) of at least 15 lacs or more Yes No

If Yes, Please provide Sum Insured Rs. _____ (Cumulative SI of all the PA policies)

32. If Yes, do you wish to Buy the same with Us Yes No

33. Please give details of nomination of Nominee (if Nominee is Minor).

Name	Name of Nominee	Age of Nominee	Name of Appointee	Relationship	Address

34. Any other material facts relevant for this insurance?

Third party Policy Details	V1 (Vehicle type)	V2 (Vehicle type)	V3 (Vehicle type)	V4 (Vehicle type)
Policy No.:				
Name of the Insurer:				
Policy Start Date:				
Policy End Date:				

35. **Details of Drivers:**

- a) Age of the Owner driver: _____
- b) Does the insured/driver suffer from defective vision or hearing or any physical infirmity? Yes/ No
if "Yes" Please give details [_____]
- c) Has the driver ever been involved/convicted for causing any accident or loss? If yes please give details as under including the pending prosecution if any.
- d) Driving Experience: [_____] Years
- e) How many person in your family can use this vehicle? [_____]

36.

Driver's Name	Date of Accident	Circumstances of Accident/Claim	Loss/Cost Rs.

Declaration by proposer

37. Extension of Geographical Area:

Whether extension of Geographical Area to the following countries required?

Geographical Area	V1	V2	V3	V4
Bangladesh				
Bhutan				
Maldives				
Nepal				
Sri Lanka				
Pakistan				

38. Please state if the vehicle is under Hire purchase Lease Agreement Hypothecation Agreement

If so, give name and address of concerned parties.

Hypothecation details	V1	V2	V3	V4
Full Name				
Address				

39. Any other material facts relevant for this insurance?

[_____]

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 undertake that if this declaration is found incorrect, all benefits under this policy in respect of Section 1 of the policy will stand forfeited.

Signature of the Proposer

Payment Details

Cheque/DD Cheque/DD Number: [_____]

Cheque Date: [D | D | D | D | Y | Y | Y | Y] Cash: [_____] Credit Card: [_____] Others: [_____]

Proposers Bank Details

Name of Bank Ac Holder

Bank Account No Account Saving Current

Name Of Bank

Branch

MICR Code IFSC

AML Guidelines

I/We hereby confirm that all premiums have been/will be paid from bonafide sources and no premium have been/will be paid out of the proceeds of crime related to any of the offence listed in Prevention of Money Laundering Act 2002. I understand that the company has the right to call for the documents to establish source of funds. The insurance company has the right to cancel the insurance contract in case I am/have been found guilty by any competent court of law under any of the statues, directly/indirectly governing the prevention of Money Laundering in India.

Nationality Indian Non- Indian, If Non Indian please specify the country

Type of Organization

- Corporations Government Non Government Organizations Society Trust
- Partnership International Organization Cooperatives Section 25 companies

Declaration by proposer

I, _____, S/D/W of _____
acknowledge that I have fully gone through the Benefit Illustration of the proposal. I acknowledge that I understood how the proposal will work, what are the coverage's provided to the participating policyholders, what are the information to be shared with the insurers and what are the benefits available to the participating policy holders. I understood that the proposal is introduced as an experiment to test a new idea under the proposal of Regulatory Sandbox. I understood that the outcome of the experiment is unknown. I acknowledge that my participation in this experiment/proposal is entirely voluntary and conscious choice. I understood that once the experiment is complete or on earlier termination or withdrawal thereof, the insurer may discontinue the product; however, insurer will ensure the fulfillment of any existing obligations to policyholders. The continuance of the product beyond the testing period will be subject to IRDAI approval. I hereby give my informed consent and willingness to participate in the experiment after reading the terms and conditions of the proposal.

Name:

Place:

Date:

Signature of Proposer

Prohibition of rebates - Section 41 of The Insurance Act 1938

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 or 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.
2. Any person making default in complying with the provisions of this Section shall be punishable with fine which may extend to Rs. 10 Lacs