

Royal Sundaram Alliance Insurance Company Limited

"Sundaram Towers" 45 & 46, Whites Road, Chennai - 600 014 Telephone: 044-2851 7387 Fax: 044-2851 7376

PASSENGER VEHICLE PROPOSAL FORM

IMPORTANT

❖ Please complete the form in capital letters using a pen

If the vehicle is fitted with a fibre glass tank?

- All questions in the form must be answered and it must be signed and dated. Continue on a separate sheet if necessary and attach as part of the Proposal Form
- The liability of the Company does not commence until the Company has accepted the Proposal Form and the full premium is paid. For any clarification on the cover, terms, benefits, geographical area, driving tuition etc., please contact Royal Sundaram

CUSTOMER DETAILS									
Title	Mr. Others (please specify)								
Name									
	First Name Middle Name Last Name								
Date of Birth	DD/MM/YYYY Age								
Occupation	Pvt. Sector Govt. Employee Self Employed Professional								
	Housewife Retired Student Others								
Postal Address									
	City								
	State Pin Code								
Phone No.	Office: Home: Home:								
Mobile Number	STD CODE								
E-mail									
Period of Insurance From: D D M M M Y									
USAGE OF THE VEHICLE									
State the purpose for w	hich the vehicle will be used:								
Metered Taxi	Rent-a-Car Call Taxi Public Hire Others (specify)								
ABOUT YOUR VEHICLE. Please give full details of your Vehicle below:									
Address as per									
Registration									
Certificate:	City								
	State								
Registration No.	: Date of Registration : DD/MMMM/YYYY								
Engine No.	: Registering Authority :								
Chassis No.	:								
Make & Model	: Seating Capacity (including driver) :								
Cubic Capacity	: Type of Fuel: Petrol Diesel								
Year of Manufacture	: Other (Please Specify)								
	Date of delivery to proposer :								
	Secondhand or new at time of delivery:								
PARKING FACILITY									
Type of Roads	City/Town Roads State/National highways Hilly Areas Village Roads Others								
During the days	Covered Park Open Park Roadside Parking Parking lot								
At Night Covered Park Open Park Roadside Parking									
PROPOSER'S PRESENT DECLARED VALUE OF THE VEHICLE & ANY ACCESSORIES									
Vehicle*	Extra Electronic & Electrical Extra Non-Electrical Total 'Insured's Declared Value' accessories fitted to the Vehicle** accessories fitted to the Vehicle**								
Rs.	Rs. Rs. Rs.								
* Please ensure the amount reflects the Insured's Declared Value (IDV). **If extra accessories are to be insured please attach a list stating Type, Make, Model, Serial No. and Estimated Value of each.									
If the Vehicle is fitted v	with a Bi-fuel system state and give the value: Type: Rs.								

Yes

No

 Is the Vehicle in a roadworthy condition and free from damage? Is the Vehicle financed? (Please tick as appropriate.) Hire Purchase/Hypothecation/Lease. Is the vehicle fitted with an anti-theft device approved by Automobile Research Association of India (ARAI), Pune and the installation certified by a recognised Automobile Association? Automobile Association: Are you a member of a					№ O O O O O O O	If 'No' give full details: Name and Address of finance company: If 'Yes' attach full details, including copies of purchase & installation and Automobile Association approval documents. If 'Yes' state the name of the Automobile Association,					
	ognised Automobile Association?				0	mem	bership number and expi	ry date:			
NO C	NO CLAIM BONUS Yes No correct at D 11 AV AV Color Control Con										
	1. Was this Vehicle Insured before?				No O	if 'Yes' state the Policy No., Name of the Company and date of expiry of the policy. Policy No Insurer: Expiry :					
2. Do you have Bonus / Malus from any previous insurer?				Ш	\cup	If 'Yes' attach latest proof from you previous insurer					
DECI	ADATION NO CLAIM BONIES			0							
	LARATION - NO CLAIM BONUS	laim (or) I	have ma	do clair	,,,,,	Under	my provious policy No.				
1	ereby declare that I have not made clued by		mave ma	ide Clair	11		my previous policy No	3 of% claimed by me/us			
	correct and that no claim has arisen	in the expiring po	licy perio	od (copy	of the						
	and to be incorrect, all benefits under							deriane that if this declaration is			
	CY COVER: PACKAGE POLICY	,				,					
-		linder the C				-i C-	. lass on damage to th	a suchiala. The amount of the			
Compulsory Deductible: The Policy excludes the first portion of each claim for loss or damage to the vehicle. The amount of the Deductible is Rs. 500 for vehicle not exceeding 17 passengers, Rs. 1000 for exceeding 17 but not exceeding 36 passengers and Rs. 1500 for exceeding 36 passengers • Inbuilt Do you (Owner) hold a valid Driving Licence. Compulsory Personal Accident Cover: For owner driver for capital sum insured of Rs. 2,00,000/- Nomination for PA Cover											
	Name of the Nominee	Age	Rel	ationshi	p	1	Name of the Appointee (if Nominee is a minor)	Relationship of the Appointee			
							(iii (oimilee io giiiiio)				
The following benefits are included in your Policy provided that the correct additional premium has been paid: (i) Cover for Third Party Property Damage for Rs. 500/- (ii) Cover for your legal liability due to personal injury to your paid Driver. This is in addition to the liability required to be insured under the Motor Vehicle Act 1988. Options to include Extra Benefits for additional premium 1. Personal Accident cover for a capital sum insured of Rs. 1,00,000/- or Rs. 2,00,000/- Covering Death and related Disablement benefits for Paid Driver. If you wish to include this cover state the capital sum insured required: Rs. 2. Use for Private Purpose. If you require this additional use tick the box:											
	UT THE DRIVERS	Age of Paid Drive	r				Years.	6785			
1.	1. Been convicted of any motoring offence during the last 3 years or is any prosecution pending? Yes No If 'Yes' please give full details:										
2.	Been refused motor insurance, been quoted increased premium, had special terms imposed or had motor insurance cancelled or renewal refused? Been convicted of any criminal offence or have any possible prosecutions outstanding? If 'Yes' please give full details:										
3.	During the last 3 years been or loss (irrespective of blame)?	cident		0	If 'Yes' please give t	full details in the boxes below.					
	Driver's Name	Date			Circun	nstance	es of Accident /Loss	Amount Claimed Rs.			
DECLARATION Before signing the Declaration check your answers carefully, particularly if this Proposal Form was completed by another person on your behalf. I/we declare that to the best of my/our knowledge and belief the answers given are true and all material information has been disclosed. I/we agree that if any answers have been completed by any other person such person shall for that purpose be regarded as my/our agent and acting on my/our behalf and not the agent of Royal Sundaram Alliance Insurance Company Limited. I/we declare that this Proposal Form is for insurance in the normal terms and conditions of the Insurer's Policy and shall be incorporated in and form part of the insurance contract. If any additions or alterations are carried out after the submission of this proposal form then the same would be conveyed to the Insurers immediately It is an offence under the Motor Vehicles Act 1988 to make a false statement or withhold any material information for the purpose of obtaining a Certificate of Motor Insurance. Attach any other information material to the risk proposed											
							Place:				
Signature of the proposer (Vehicle Owner)								M M M / Y Y Y Y			

PROHIBITION OF REBATES

SECTION-41 OF INSURANCE ACT 1938 (4 of1938)

- 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 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 the policy accept any rebate except
 such rebate as may be allowed in accordance with the published prospectus or tables of the Insurer.
- 2. If any person fails to comply with sub-regulation (1) above, he shall be liable to payment of a fine which may extend to Rupees five hundred