

1. Name: _____ N.I.C. No.: _____

2. Address (Residence): _____

3. Phone (Residence) _____

4. Address (office) _____

5. Phone (office) _____

6. Cell No. _____ Email: _____

6. (I) Registration No. _____ (II) Make _____

(III) Type of Body _____ (IV) C.C/H.P _____

(V) Model _____ (VI) Seating Capacity _____

(VII) Engine No. _____ (VIII) Chassis No. _____

(IX) Motive Power of Vehicle viz CNG Petrol Diesel LPG (X) Colour _____

7. Date of Purchase _____

8. Status at time of purchase by Proposer New Used

9. Present estimated value including accessories Rs. _____

10. Other drivers: (Spouse, Children if Applicable)

(I) Name _____ Driving Since _____ Years

(II) Name _____ Driving Since _____ Years

(III) Name _____ Driving Since _____ Years

(VII) Name _____ Driving Since _____ Years

11. Cover Required for (a) Private Car (b) Motor Cycle (c) Commercial Vehicle Please tick the appropriate box

12. Type of cover (a) Third Party Liability (b) Comprehensive Risk

13. Purpose for which vehicle is used (a) Private Car (b) Public carrier (c) Private Carrier (d) On Rental

14. Is the Vehicle on (a) Hire/ Purchase (b) Lease (c) Own

15. Is Your Vehicle kept in the open/ or enclosed space:
During office hours during other hours
Office Hours Enclosed Open
Others Enclosed Open

16. Period of Cover From _____ To _____

Inspection Report of Vehicle
(To be filled in by branch/authorised officer)

1. General Points to be checked:
- i) Head Lights (R&L) _____
 - ii) Rear Lights (R&L) _____
 - iii) Parking Lights _____
 - iv) Indicator Lights _____
 - v) Bumpers (F&R) _____
 - vi) Dents, if any _____

17. (i) With which company was the vehicle insured previously? _____
(ii) Was any claim loading imposed by your Insurer on renewal? Yes. No.
(III) If answer to (II) yes, then specify the rate of claim loading imposed _____%
(IV) Has any Company declined/cancelled your insurance at any time? _____

18. Additional covers required:

- (i) Legal liability to paid driver
- (ii) Personal accident to passenger
- (iii) Personal accident to insured and spouse
- (iv) Personal accident to spouse
- (V) Any other _____

	Yes	No	Amount
(i)			
(ii)			
(iii)			
(iv)			

DECLARATIONS

- I We declare that I/We wish to Insure my/our vehicle(s) on: Comprehensive Risk Third Party Risk only
 Additional covers mentioned above
- II I/We declare that the particulars given above are correct in all respect. We further declare that the above vehicle is in safe/roadworthy condition and is in my/our possession

Date: _____

(Signature of the proposer)

PLACE _____

Full Name and
Signature of Proposer

Copies of National I.D. of proposer and registration card of vehicle are annexed.

I declare that I have inspected the above vehicle and the information stated above is correct and I recommend insurance of the subject vehicle.

Place and Date of Inspection _____

(Signature of the Inspector)

Name: _____

Designation: _____

Verification of Proposer's Company / Department / Agency we verify that the proposer is employed with us on permanent basis and all particulars provided by him in this form are correct.

Name: _____

Designation: _____

Signature: _____

Company : _____