

## LONG TERM PRIVATE CAR PACKAGE POLICY - 3 YEARS 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 Long Term Private Car Package Policy - 3 Years
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

Package     Fire Only     Fire with Liability     Theft only     Theft with Liability  
 Fire & Theft Only     Fire & Theft with Liability

**(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    DD / MM / YYYY To  
midnight of DD / MM / YYYY

### 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 \_\_\_\_\_

### PROPOSER'S DETAILS\*:

(Registered owner of the motor vehicle) Name: -     Mr.     Ms.     Dr     M/s

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Date of Birth: 

D	D	M	M	Y	Y	Y	Y
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    Age \_\_\_\_\_ Yrs

Sex:     Male     Female     Third Gender

Marital Status:     Married     Single     Widowed



Occupation/Business/Service/Other: \_\_\_\_\_

PAN No. \_\_\_\_\_

Educational Qualification: \_\_\_\_\_

Are you a professional? Yes/No,  
if yes please specify \_\_\_\_\_

I want Private Car 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)

**2. REGISTRATION ADDRESS OF VEHICLE TO BE INSURED\*:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_

Pin code \_\_\_\_\_

**3. ADDRESS FOR COMMUNICATION (DISPATCH ADDRESS\*):**

Building Name / Block No: \_\_\_\_\_

Street Name: \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Pin code \_\_\_\_\_

Telephone (O) \_\_\_\_\_ (R) \_\_\_\_\_ (M) \_\_\_\_\_

Fax No \_\_\_\_\_

Email \_\_\_\_\_

**4. 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)
<p>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.</p> <p style="text-align: right;">Signature of the Proposer</p>				
<b>What is the usage of the vehicle</b> Private Purposes only <input type="checkbox"/> Commercial Purpose <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 Highways <input type="checkbox"/> State <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

**5. FINANCIER DETAILS:**

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

**6. 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>
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<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 <b>Period of Insurance:</b>
<b>Policy/Cover note number:</b>						<b>Has any Insurance Company ever:</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
# No claim Bonus in the expiring policy %						
<b>Claims reported in last 5 years:</b>						
<b>Year</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	
<b>No of claims</b>						
<b>Amount</b>						

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

### 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)	Trailer 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>					

### 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 ` 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 \_\_\_\_\_

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 `2 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 `7.5 Lakhs (private cars) Do you wish to opt for statutory TPPD liability coverage of `6000/- only?  Yes  No

Legal Liability to Driver  conductor  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 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.

2500       5000       7500       15000

**9. ADD ON COVERS**

Do you wish to opt add on cover? if yes then please select,

Zero Depreciation Cover	<input type="checkbox"/>	Daily Cash Benefit /Inconvenience Allowance	<input type="checkbox"/>	Hospital Cash Cover	<input type="checkbox"/>
Consumable Cover	<input type="checkbox"/>	Roadside Assistance	<input type="checkbox"/>	Loan Protector Cover	<input type="checkbox"/>
Personal Accident Plan	<input type="checkbox"/>	Tyre Protection	<input type="checkbox"/>	Loss of Driving License/RC	<input type="checkbox"/>
Engine & Gear Box Cover	<input type="checkbox"/>	Protection of NCB	<input type="checkbox"/>	Increased property damage liability benefit	<input type="checkbox"/>
Loss of Personal Belonging	<input type="checkbox"/>	Return to Invoice	<input type="checkbox"/>	Additional Towing Charges	<input type="checkbox"/>
Key & Locks Replacement Cover	<input type="checkbox"/>	Wall Charger and associated components / accessories	<input type="checkbox"/>	App Protection Cover	<input type="checkbox"/>
Battery Guard	<input type="checkbox"/>	Emergency Medical Expenses	<input type="checkbox"/>		
Electric Vehicle	<input type="checkbox"/>				
Hybrid Vehicle	<input type="checkbox"/>				

**\*Note: Wall charger and Associated components / accessories, App Protection Cover and Battery Guard add on cover will be applicable for electric vehicle and if the fuel type is battery**

**10. DRIVER DETAILS:**

The vehicle to be driven by:  Self –Driving Experience - \_\_\_\_\_ years  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>						

**11. OTHER DETAILS:**



Do you have another vehicle insured with Generali Central Insurance Company Limited.? (Yes/No)

If Yes, please share policy details: \_\_\_\_\_

Policy no. \_\_\_\_\_

## 12. 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.**

### Bank details of proposer for refund or claim purpose:

Name of bank account holder (*mention specifically, if different from name of policyholder*):

Bank Name & Branch:

Bank Account Number:

IFS Code:

## Nominee Details:

Name:

Date of Birth:

Relationship with the proposer:

Mobile Number:

E-Mail ID:

Address of Nominee:

Present address:

Permanent address: (*if left blank, will be construed as being same as Present Address*):

### Bank Account Details of Nominee:

Name of Account holder:

Bank Name & Branch:



Bank Account Number:

IFS Code:

**Authorized person details (in case nominee is a minor):**

### 13. DECLARATION:

- i. I/ We hereby declare that the statements made by me / us in this Proposal Form are true to the best of my / our knowledge and belief and I / We hereby agree that this declaration shall form the basis of the contract between me/us and GENERALI CENTRAL INSURANCE COMPANY LIMITED (GCICL). If any additions or alterations are carried out in the risk proposed after the submission of this proposal form, then the same shall be conveyed to GCICL immediately, in writing.
- ii. I/We understand that, if any information/statement given in the proposal is found to be untrue by GCICL, the corresponding insurance policy, that may be issued, shall be treated as void ab initio and the premium paid shall be forfeited to GCICL.
- iii. I/We declare that the premium amount, corresponding to this proposal, is paid out of the legally declared and assessed sources of my/our/proposer's 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 GCICL 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/Proposer am/are found to be named in any recognized sanctions list/happen to have violated any provisions of law.

OR

I/We confirm that the premium payment has been made by \_\_\_\_\_, who is having an insurable interest in my/our/proposer's policy under this application form. In case of any refund, please process the same in proposer's bank account mentioned above.

- iv. I/We am/are (please tick all that are applicable)
  - High Net Worth Individual/s
  - Non-Residential Indian/s
  - Politically Exposed Person/s
  - Non-Governmental Organization
- v. I/We agree to receive service-related information from GCICL 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/us.
- vi. I/We am/are aware and agree that the information/data provided by me/us, through this application, to GCICL and/ or GCICL authorised person/ agency, shall be stored by GCICL, throughout the currency of my/our/proposer's relationship with GCICL, and used for the purposes relating to my/our/proposer's proposal for insurance cover and/or



servicing policies issued in my/our/proposer’s favour, whether by GCICL or its authorized partners. I/We/Proposer also understand that the said storage is necessary for my/our/proposer’s consumption of the services and consent to not hold GCICL and/or its authorized partners/ agency/ person liable for legitimate utilization of the submitted information/data.

- vii. I/We/Proposer consent to the fact that GCICL may download my/our/proposer’s CKYC record from the Central KYC Records Registry, in relation to the verification of my/our/proposer’s KYC records as part of this proposal. I/We/Proposer understand(s) that acceptable officially valid documents shall be relied upon for the said verification of KYC records. I/We/Proposer, also, consent to receive information from the Central KYC Records Registry through SMS/email on the abovementioned mobile phone number/email address. It is, also, confirmed that the KYC records available in the CKYC Records Registry are current and valid, as on the date of this proposal, and can be used by GCICL hereafter. In case of any modification, the applicable information will be provided to GCICL for updating the CKYC Registry Records.
- viii. I/We/Proposer agree(s) that the information/data, contained in this proposal, shall be processed for purposes related to this proposal and the insurance policy that may be issued hereon. I/We/Proposer understand(s) that all such information/data will be handled as per the GCICL Privacy Policy, available at <https://generalicentralinsurance.com/privacy-policy>.

**True to our Go Green initiative, we will send a link to your e-mail address and/or phone no., as you’ve mentioned in this proposal, where available/chosen, your eIA, 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.**

Date:

Place:

Signature of the Proposer(s)

*(Affix stamp, where proposer is a juridical person)*

**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: \_\_\_\_\_**

**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 GCICL 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 GCICL, be treated as null and void and the premium amount against the policy may be forfeited by GCICL.

Name of Insurance Agent/POSP/Specified Person of the Corporate Agent/Authorized Person of the Broker/IMF:

Intermediary's Code: \_\_\_\_\_ Intermediary's Signature: \_\_\_\_\_

### ANTI MONEY LAUNDERING

GCICL 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 GCICL as a tool/platform for financial crimes. The policyholder, beneficiary, claimant, or nominee are, therefore, required to assist with GCICL 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.

**Generali Central Insurance Company Limited (Formerly known as Future Generali India Insurance Company Limited) | Registered Office:** Unit No. 801 & 802, 8<sup>th</sup> Floor, Tower C, Embassy 247 Park, LBS Marg, Vikhroli (West), Mumbai – 400083 | **IRDAI Regn. No.:** 132 | **CIN:** U66030MH2006PLC165287 | **Website:** <https://generalicentralinsurance.com> | **Email ID:** [gcicare@generalicentral.com](mailto:gcicare@generalicentral.com) | **Toll-free Phone:** 1800 220 233 / 1860 500 3333/ 022 6783 7800