

EXTENDED WARRANTY INSURANCE – MOTOR PROPOSAL FORM

Important:

1. ***This form can be used to apply for Extended Warranty Insurance - Motor***
2. ***Before completing this proposal form, read the prospectus/key features document/policy wordings to understand the meaning of the terms used herein.***
3. ***Insurance is a contract of utmost good faith, requiring the proposer and the insured to disclose all material facts and not withhold any relevant information in response to the questions in this proposal form.***
4. ***It is important to answer all questions. If additional space is needed, attach a separate signed and dated sheet, and reference the relevant question number.***
5. ***Cover shall commence no earlier than the date and time of acceptance and subsequent to receipt of the premium.***

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) _____

A. DETAILS OF PROPOSER	
i. Company name.	
ii. Company address	
iii. Present address of the proposer	
iv. Permanent address of the proposer <i>(if left blank, will be construed as being same as Present Address)</i>	
v. CKYC No. (if available)	
vi. Business description – Main area of business	
vii. Number of years in business	

viii. CKYC Number (if available)	
ix. Contact person	
x. Designation	
xi. Direct line	
xii. Fax number	
B. DETAILS OF PRODUCTS	
i. Description of products – Please provide products catalogues and details	
ii. Territorial limits.	
iii. What kind of existing warranties are in place?	
iv. Who is authorised to repair?	
v. What is the hourly labour rate?	
vi. Which parts are repairable and which are exchanged for new parts?	
vii. No of Dealers	
viii. Parts discount rate to Insurer.	
ix. Is the parts rate going to be the same rate for Extended Warranty?	
x. Are only manufacturer parts being used? If no, please comment.	
xi. Are reconditioned parts being used?	
xii. Is the proposed Extended Warranty program mandatory or voluntary?	
xiii. Number of repair outlets.	
xiv. Is there any guarantee on repairs done? If yes, please comment.	
xv. Can the repair outlet do warranty	

repairs? If yes, comments on limits.	
xvi. State period of cover required.	
xvii. Mirror manufacturer's warranty or selective parts coverage only?	
C. SUPPORTING INFORMATION. (Please attach separate sheets wherever necessary)	
i. Number of units sold for past 3 years, projected sales in the current year and the following 2 years.	
ii. Selling price of the goods for past 3 years, current selling price and projected price for the following 2 years.	
iii. Please provide actual parts increase for the past 3 years and estimated increase in cost of parts for the next 3 years.	
iv. Major parts price list as per the goods to be covered.	
v. Estimated Failure Rate for each age of goods. Failure rate is the number of goods having at least one claim during the respective age of the goods divided by the total number of goods sold.	
vi. Claims statistics for the past 3 years and current year based on the	

number of goods sold 3 years ago.	
vii. Claims statistics for the past 2 years and current year based on the number of goods sold 2 years ago.	
viii. Claims statistics for the past 1 year and current year based on the number of goods sold 1 year ago.	
D. OTHER INFORMATION	
i. Would the proposed Extended Warranty program be marketed as an Insurance products or Insurance Warranty of Manufacturer?	
ii. Name the party currently handling the Extended Warranty programs if available.	
iii. Will the proposed Extended Warranty be borne by the customer?	

Please provide the following information.

- Original Manufacturer's Warranty Wordings
- Listing of Goods to be included in the proposed Extended Warranty program
- Details of additional costs to proposed Extended Warranty program. e.g. Tax, Import cost, restrictions etc.
- Original Warranty Booklet
- What system will be in place to ensure that the products are properly maintained?
- Please provide details of local inflation rate
- Please provide any information, which you think, might be relevant to the proposed Extended Warranty program

Note:

Please note that as an applicant for insurance, you are to disclose in this proposal form all the facts, which you know or ought to know, otherwise the Policy issued hereunder may be void.

PAYMENT DETAILS

Mode of Payment	
Payment Details	
Amount in (₹)	
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)	

Note: Please fill up the request for authorization form to receive claim/refund payments, if any, directly into your bank account through NEFT if the premium paid is more than Rs. 10,000/- 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):

DECLARATION BY PROPOSER

- 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 CO. LTD. (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/>

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)

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.

*****END*****



Generali Central Insurance Company Limited (Formerly known as Future Generali India Insurance Company Limited) | Registered Office: Unit No. 801 & 802, 8th 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 | **Toll-free Phone:** 1800 220 233 / 1860 500 3333/ 022 6783 7800