

Application Number: _____

**INDUSIND COMPREHENSIVE PACKAGE INSURANCE FOR LOW SPEED ELECTRIC TWO WHEELERS
 (UNREGISTERED VEHICLE) - PROPOSAL FORM**
Please Note:

- 1) Policy wordings are available on request.
- 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.

For Office Use Only

Policy Number	Date: DD / MM / YYYY
Savion Reference Number.	
Inspection Lead No.	

INTERMEDIARY DETAILS (To be filled in BLOCK LETTERS)

Intermediary Name	Code
Branch Name	Code
Sales Manager Name	Code
POS PAN No.	POS any other KYC

DETAILS (To be filled in BLOCK LETTERS)

This Proposal is for	☐ New Policy ☐ Renewal Policy ☐ Endorsement ☐ Others (Please specify)		
Proposer's Full Name	☐ Mr. ☐ Mrs. ☐ Ms. ☐ M/S. F I R S T M I D D L E L A S T		
Proposer's Date of Birth/Age			
Communication Address			
City	State	Pin Code	
Address where Vehicle is normally kept and used			
City	State	Pin Code	
Contact Number	Primary No.		
Emergency Contact No.	Blood Group		
E-mail Id			
Source of Funds	☐ Business ☐ Profession ☐ Salary ☐ Agricultural Income ☐ Savings ☐ Others		
Monthly Income	☐ Upto ₹ 20,000 ☐ ₹ 20,001 to ₹ 50,000 ☐ ₹ 50,001 to ₹ 1,00,000 ☐ ₹ 1,00,001 and above		
Any other KYC	Pan No.:	Aadhar No.	
Type of Cover	☐ Comprehensive ☐ Own Damage Only ☐ Own Damage + Personal Accident for Owner/ Driver ☐ Own Damage + Third Party Cover		


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IRDAI Registration No. 103 IndusInd General Insurance Company Limited (Formerly known as Reliance General Insurance). An ISO 9001:2015 Certified Company For complete details on the benefits, coverage, terms & conditions and exclusions, do read the sales brochure, prospectus and policy wordings carefully before concluding sale. Registered & Corporate Office: 6th Floor, Oberoi Commerz, International Business Park, Oberoi Garden City, Off. Western Express Highway, Goregaon (E), Mumbai-400063. Corporate Identity Number: U66603MH2000PLC128300. IndusInd Comprehensive Package Insurance for Low Speed Electric Two Wheelers (Unregistered Vehicle). UIN No.: IRDAN103RP0047V01202223.

IGI/MCOM/CO/MOT-02/ICIFLSETW(UNREG.-VEHICLE/PF/Ver. 1.0/040326.


IndusInd
 Insurance App


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GST Registration No. (if applicable)			
Do you have closed parking	☐ Yes ☐ No		
Repair at preferred garage	_____ Pls Specify		
Policy Period	1 Year From:	Hrs of DD/MM/YYYY	To: Mid Night of DD/MM/YYYY
(Note: 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.)			
Related Party	☐ Yes ☐ No		

DETAILS OF THE VEHICLE

Year & Month of Manufacture	Motor Number		DD / MM / YYYY
Chassis Number	Battery Serial Number		
Battery Type	☐ Lead Acide ☐ Lithium ☐ Others		
Make of Vehicle	Model of the vehicle		
Is the Vehicle Imported	☐ Yes ☐ No	Motor Vehicle Licensed	☐ Yes ☐ No
Type of Body			
Fuel Type	Electric Vehicle	Capacity	_____KW
Vehicle Usage	☐ Private ☐ Social ☐ Pleasure ☐ Professional		
Seating Capacity including driver	☐ 1 ☐ 2		
In the night, Vehicle is parked at	☐ Road Side(Street Parking) ☐ Pay &Park(Parking Lots) ☐ Parking Garage ☐ Open or covered within Residential compound ☐ Single Level ☐ Multi Level ☐ Underground		

DETAILS OF THE VEHICLE TYPE AND USE

Insured's Declared Value (IDV) of vehicle	Side Car / Accessories (Two-Wheeler)	Total Value (₹)

Important: Insured's Declared Value (IDV)	Age of the Vehicle	Depreciation
The Insured's Declared Value (IDV) of the vehicle will be deemed to be the 'SUM INSURED' for the purpose of this policy which is fixed at the commencement of each policy period for the insured vehicle.	Not exceeding 6 Months	5%
	Exceeding 6 months but not exceeding 1 year	15%
	Exceeding 1 year but not exceeding 2 years	20%
The IDV of the vehicle (and sidecar/accessories, if any, fitted to the vehicle) is to be fixed on the basis of the manufacturer's listed selling price of the brand and model as the insured vehicle at the commencement of insurance/renewal and adjusted for depreciation (as per schedule alongside).	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%

The schedule of age-wise depreciation as shown alongside is applicable for the purpose of Total Loss/ Constructive Total Loss (TL/CTL) claims only. The vehicle will be considered to be a CTL where the aggregate cost of retrieval and/or repair of the vehicle subject to terms and conditions of the policy exceeds 75% of the IDV.

IDV of obsolete models of the vehicles (i.e. models which the manufacturers have discontinued to manufacture) and vehicles beyond 5 years of age will be determined on the basis of understanding between the Insurer and Insured.

Add On Cover (Tick the required option)

Add On Cover Name	Whether opted or not
Electrical and or Electronic Fittings	Yes / No if Yes, please provide the value for Electrical / Electronic Accessories and Non-Electrical Accessories
Nil Depreciation	Yes / No
Consumables Cover	Yes / No
Helmet Cover	Yes / No
Electric Motor Protect	Yes / No
Battery Cover	Yes / No
EV Charger Cover	Yes / No
Return to Invoice	Yes / No

Owner/Driver Details

Do you wish to cover Personal Accident Cover for Owner Driver, if yes provide details

Name	Age	Name of Nominee	Age of Nominee	Name of Appointee (if Nominee is minor)	Relationship	Address

Details of Persons driving this vehicle

No. of users using this vehicle	Name	Age	Whether Drivers suffer from defective vision or hearing or any physical infirmity

DETAILS OF HIRE PURCHASE / HYPOTHECATION / LEASE

Whether Vehicle is under ☐ Hire purchase ☐ Lease Agreement ☐ Hypothecation Agreement ☐ Not Applicable

If so, then provide name and address of concerned parties

DETAILS OF PREVIOUS INSURANCE

Previous Insurer Name	☐ Mr. ☐ Ms. ☐ Mrs. F I R S T M I D D L E L A S T		
Address			
Type of Policy		Policy no.	
Previous Policy Expiry Date	DD / MM / YYYY	Previous policy Expiry : DD / MM / YYYY	
Type of cover	☐ Package / Comprehensive ☐ Liability ☐ Others (pls specify)		
Claims taken in previous year	☐ Yes ☐ No If Yes, Mention Claims Amount ₹		
Are you entitled to No Claim Bonus, if so please submit / attach proof thereof			
No Claim Bonus allowed under Previous Policy(%)			
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.			
Has any insurance company ever declined, cancelled, applied loading or imposed special conditions or excess on your proposal			
☐ Yes ☐ No			

PAYMENT DETAILS

☐ Cheque ☐ DD ☐ Credit Card ☐ Debit Card ☐ NEFT ☐ Net Banking			
Cheque or DD Amount in figures		Cheque/DD Date	DD / MM / YYYY
Cheque or DD Amount in words			
Bank Name			
Cheque/DD/Card No			
Name of Premium Payer			
Note - In case the payment is made through Cheque/DD then please issue an a/c payee instrument in favor of "IndusInd General Insurance Company Limited" In case the payment is made through Credit/Debit Card the Card needs to be in the name of Proposer			

PROPOSER'S BANK DETAILS

Name of the Bank Account Holder	☐ Mr. ☐ Ms. ☐ Mrs. F I R S T M I D D L E L A S T		
Bank Account No.:		Account:	☐ Saving ☐ Current
Name of the Bank			
Branch			
MICR Code (9 digit MICR code number of the bank and branch appearing on the cheque issued by the bank)			
IFSC Code (11 character code appearing on your cheque leaf)			
☐ I understand that any refund due on the premium payment / any payment / claims to be directly credited to my aforesaid Bank Account.* *As per IRDAI, its mandatory that all payments made to the insured are only through electronic mode.			


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PEP DECLARATION:

Are you a Politically Exposed Person (PEP)?

☐ Yes ☐ No

If yes, please mention the position held

Is any of your close relation or family member a PEP?

☐ Yes ☐ No

If yes, please mention the name and relation and the position held by such close relative/family member.

I hereby declare that in future if me, any of my close relatives or any of my family member attains a position of PEP then I shall confirm the same to IndusInd General Insurance Co. Ltd as a mandate. I understand that this is a crucial information under the PMLA Rules and AML/CFT Guidelines and shall confirm that the answers given by me is true. In case the company comes to know that this is a misrepresentation and concealment of information then the policy shall be put on hold for scrutiny by the company and I shall be solely responsible for the same.

Note :

"Politically Exposed Persons" (PEPs) are individuals who are or have been entrusted with prominent public functions in a foreign country, e.g., Heads of States/Governments, senior politicians, senior government/judicial/military officers, senior executives of state-owned corporations, important political party officials, etc (As per sub clause (xii) of 3(b) of Chapter I of Master Direction – Know Your Customer (KYC) Direction, 2016 issued by Reserve Bank of India (RBI).

GENERAL DECLARATION:

I understand that as per the new AML/CFT Guidelines issued IndusInd General Insurance Co. Ltd will be verifying my details pertaining to KYC and PAN provided at the time of proposal.

I further, do hereby agree and consent that in the case of the event of a mismatch of information provided by me in the proposal form, identification proof, and address proof at the time of issuance of the policy. I request IndusInd General Insurance Company Limited to issue the policy with the details appearing as per my proposal form. I will be solely responsible for any consequences arising out of the difference in detail given by me during the verification of supporting documents provided by me at the time of issuance of the policy or otherwise.

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 statutes, 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

Prohibition Of Rebates - Section 41 Of The Insurance Act, 1938 As Amended By Insurance Laws (Amendment) Act, 2015.

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 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 liable for a penalty which may extend to ten lakh rupees.


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