

THE ORIENTAL INSURANCE CO. LTD.
PROPOSAL FORM - MOTOR INSURANCE
(Private Cars / Motorized 2 Wheelers / Motorized 3 Wheelers Passenger carrying for Pvt. Purpose)

Type of Cover

- ☐ Liability Only Annual Cover
☐ Long Term Liability Only – 3 / 5 years
☐ Package Policy
☐ Bundled Policy – (1+3) / (1+5) years
☐ Standalone OD policy
☐ Others, Pls. specify _____

Period of Insurance: OD: From _____ To _____
TP: From _____ To _____

1. Personal Information

Name _____
(First) (Middle) (Last)
Address _____

State _____ Pin Code _____
Mob. No. _____ Email: _____
Tel No. : _____ DOB
PAN No. Qualification: _____ Marital Status ☐
(Tick if married)
Occupation _____ Gender M / F Annual Income _____

*** NOMINEE NAME & RELATIONSHIP TO OWNER DRIVER FOR PA COVER TO OWNER DRIVER:**

Name: _____ Relationship: _____

2. Vehicle Information

Manufacturer	Make	Model	Cubic Capacity/KW	Seating Capacity (Including Driver)
_____	_____	_____	_____	_____

Invoice Price _____ Year of Mfg. _____ Colour _____ Reg. No. _____
Date of Reg. _____ RTO Location _____
Engine No. _____ Chassis No. _____

Insured Declared Value * of the Vehicle (1)	Non –Electrical Accessories fitted to the vehicle (2)	Value of Vehicle (IDV) (3=1+2)	Electrical & electronic accessories fitted to the vehicle (4)	Side Car (Two- Wheeler) Trailer (Pvt. Car) (5)	Value of CNG/LPG Kit (6)	Total Value including all extra fittings (7=3+4+5+6)

***IDV of the vehicle as per GR 8 of the IMT, 2002**

Fuel type ☐ Petrol ☐ Diesel ☐ LPG ☐ CNG ☐ Bi-fuel Petrol/Diesel & LPG/CNG ☐ Battery ☐ Others, Please specify _____

If Bi-fuel, then specify if fitted separately by other than manufacturer Y / N (Please note that RC has to be endorsed for Bi-fuel Kit)

Is the vehicle proposed for insurance under ☐ Hire and Purchase ☐ Lease agreement ☐ Hypothecation

If yes, give the Name & Address of the concerned parties

3. Additional Discounts

- Is the vehicle designed for use of blind/physically challenged Persons & RC endorsed? Y / N
- Is the use of the vehicle limited to Own Premises? Y / N
- Is the vehicle fitted with anti-theft device? Y / N
(If yes, attach certificate of installation issued by AAI)
- Is the vehicle certified as Vintage Car? Y / N
- Whether you intend to opt for higher deductible over and above the compulsory deductible Y / N
(Option for higher deductible entitles you to a discount in Premium.
If yes, specify amount Rs. (Rs.500/750/1000/1500/3000)
- Are you a member of Automobile Association of India (Discount on OD Premium 5% max Rs. 200) Y / N
Name of association _____ Membership No. _____ Date of Expiry _____
- The policy provides Third Party property damage (TPPD) of Rs. 7.5 Lakhs (Pvt. Cars) and Rs. 1 lakh (2-Wheelers)
Do you wish to opt for statutory TPPD coverage of Rs. 6000 only? (Discount on TP premium: Rs. 100/- for Pvt. Car & Rs. 50/- for 3W & 2W) Y / N

For Office Use

Issuing Office
BC/BO/DO _____
Direct/Agent/DO/Broker/MISP _____
Special Client Code _____

Pre Inspection by _____
Date __/__/__ Time __/__/__ am/pm

Computation of Premium

Payable amount: Rs. _____
Payment mode:
Cash/Cheque/DD/BG/CD/CCard
Cover Note No. _____

Proposal accepted/Not accepted
Authorised Person/U/W with Date and Time

4. Additional Benefits

1. Is the private vehicle used for commercial purposes? Y / N 2. Does the vehicle have fibre glass tank? Y / N
 3. Whether vehicle belongs to foreign embassy/consulate? Y / N 4. Is the vehicle used for driving tuitions Y / N
 5. Whether you intend to opt for higher towing charges over & above the limit prescribed in the policy (Rs. 300 for 2W & Rs. 1500 for Pvt. cars) Y / N If yes, specify amount Rs. ____ (for 2W upto Rs. 300/- and for Pvt. Cars upto Rs. 1500/-)
 6. Legal Liability: Indicate the No. of employees for legal liability 7. Do you require additional Geographical Area beyond Whom you intend to cover India? Y / N If so, please mark required country name.

	No. of persons
Driver	
Other Employees	

☐ Bangladesh ☐ Bhutan ☐ Maldives ☐ Nepal ☐ Pakistan ☐ Sri Lanka

8. Whether you intend to cover risk of Theft of accessories permanently fitted to two wheeler proposed here above? Y / N
 9. Optional PA cover for unnamed persons*: Do you wish to include following PA (Personal Accident) Coverage? Y / N

No. of Persons	CSI opted for per person : Rs.
No. of Paid Drivers	CSI opted for per person : Rs.

10. Optional PA cover for named persons*: In case of named persons, give name and CSI opted for

Name	Shri/Smt	Shri/Smt
CSI opted for	Rs.	Rs.

*(cover is available for passengers limited to registered carrying capacity)

11. Do you wish to opt for Compulsory Personal Accident for Owner-Driver upto SI of Rs. 15 Lakhs? Y / N
 Years opted for: _____ year/s. SI opted for : Rs. _____

Optional Covers (Applicable in case of Package, bundled and Standalone OD policy only)

1. Do you require Nil depreciation optional cover? ☐ (Depreciation deducted under Section -I is payable) T&C Apply.
 2. Do you require Return to Invoice optional cover? ☐ Covers the difference between the IDV and the Current Invoice price of the insured vehicle upon occurrence of any total loss (Total loss/ CTL/Theft)
 3. Do you require Loss of personal effects cover? (only for Pvt. Car) ☐
 4. Do you require Engine protect cover? (only for Pvt Car) ☐
 5. Do you require Key Replacement cover? ☐
 6. Do you require Consumable cover? (only for Pvt Car) ☐
 7. Do you require EMI Protector cover? (only for Pvt Car) ☐
 8. Do you require Tyre and Rim Protect cover? ☐
 9. Do you require No. Claim Bonus Protect cover? (only for Pvt Car) ☐
 If Yes, Opt for : ☐ Silver Plan ☐ Gold Plan

Driver Details

Name of Driver	Age	Relationship with proposer	Occupation	Does driver suffer from	Details of accidents where driver has been involved
			Business/professional Pvt. Company/govt.employee retired/student	Defective Vision: Y/N Defective hearing: Y/N Physical infirmity Y/N	
			Business/professional Pvt. Company/govt.employee retired/student	Defective Vision: Y/N Defective hearing: Y/N Physical infirmity Y/N	

Previous History of the vehicle

1. Date of purchase 2. Whether New or second hand _____ 3. Use of vehicle _____
 4. Is the vehicle in a good road worthy Condition and free from damage
 If No please give details _____
 5. Previous Insurer Name and Location _____ 6. Policy No. _____ 7. Type of covers _____ 8. Expiry
 9. Claim lodged during the preceding year: Number _____ Amount Rs. _____
 10. Has any Insurance company ever declined /cancelled/refused to renew/imposed special conditions? ☐ ☐
 If yes, please mention the reasons and details thereof _____
 11. ARE YOU ENTITLED TO NO CLAIM BONUS? (___ %) Y/N (if yes, please submit /attach proof. Please read the declaration below)

Any Other relevant information:

Declaration: I hereby declare that the statements made by me in this proposal form are true to the best of my knowledge and belief and I hereby agree that this declaration shall form the basis of the contract between me and Oriental Insurance Co. Ltd. I hereby confirm and declare that above mentioned identification details of my Vehicle No. _____ are correct. Nothing has been hidden/ undisclosed. I declare that the rate of NCB stated above by me is correct and that no claim has arisen in the expiring policy (copy of the policy enclosed), I further undertake that, if this declaration is found to be incorrect, all benefits under the policy will stand forfeited. I further understand and agree that Oriental Insurance Company will seek confirmation of above stated details from my previous insurer. Pending receipt of necessary confirmation, I agree that, though coverage under the policy will be available to me, Oriental Insurance Company will be liable to release the payment towards any claims of the policy only after a confirmation in this regard is received. Further, any survey arranged/allowed by Oriental Insurance Company of the motor vehicle, pending confirmation of this declaration from my previous insurer, shall be without prejudice to any of the rights and remedies available to Oriental Insurance Company as contained herein and under the relevant laws and regulations. I also declare that 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. Explicitly agree to receive a one page motor policy and give my consent hereto. Date: _____ Place: _____ Signature of Proposer _____

Section 41 of Insurance Act, 1938 - Prohibition of Rebates: 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 or 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 in 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 prospectus or table of the Insurer. Any person making default in complying with the provisions of this section shall be punishable with fine, which may extend to Ten Lakh Rupees.