

STANDALONE OWN DAMAGE TWO-WHEELER POLICY

Tenure : 1 Year ☐ 2 Years ☐ 3 Years ☐ Proposal for* : New Vehicle ☐ Rollover ☐ Endorsement ☐ Renewal ☐

Intermediary Details

IMD Name:_____

Branch Name:_____

SM Name:_____

POSP Name:_____

PAN Card No.:_____

IMD Code: _____

Branch Code: _____

SM Code: _____

POSP Code: _____

Or Aadhar Card No.: _____

(Mandatory to provide PAN Card No. or Aadhar Card No. in case of POSP)

Type of Cover: Package Policy ☐ Package (Act & Theft) Policy ☐ Package (Act, Theft and Fire) Policy ☐ Package (Fire & Theft) Policy ☐

Vehicle Details

Make*: _____

Model*: _____

Variant*: _____

Year of manufacture*: _____

Cubic capacity*: _____

Body Type: _____

Transmission: _____

Seating Capacity/LCC (Including Driver/Cleaner): _____

Odometer Reading: _____

Whether you have opted for any Add on Coverage's last year. Yes ☐ No ☐

If yes, please specify the Add on Coverage's _____

Vehicle Registration No.* _____

Colour of Vehicle _____

Engine No.* _____

Chassis No.* _____

Place of Registration* _____

Date of registration* _____

Registering authority _____

Trailer Chassis No. (if any) _____

Vehicle type: Indigenous ☐ Imported ☐

Rated under: Zone A ☐ Zone B ☐

Is the vehicle attached with any of the Fleet? Yes ☐ No ☐

No. of vehicles attached with fleet: _____

Financier Details: Hypothecation Agreement ☐ Hire Purchase ☐ Lease Agreement ☐

Body Type: _____

Name of Financier & Address _____

Insured's Declared Value

For Vehicle* Rs. _____

Electrical / Electronic Accessories _____

Non Electrical / Non-electronic Accessories _____

Trailers/ Side Car (if any) _____

CNG/LPG kit (if not part of standard vehicle) _____

Total IDV Rs. _____

Details of Accessories

Electrical / Electronic: Item Details: _____

Make & Model: _____

Year of Manf.: _____

IDV: _____

Non-electrical / Non-electronic: Item Details: _____

Make & Model: _____

Year of Manf.: _____

IDV: _____

Insured Details

Name of Insured : (Mr/Mrs/M/s/Dr) _____

E Insurance Account No.: _____

I would like to open E Insurance Account with _____

Insurance Repository. _____

PAN Card No.: _____

Aadhar Card No.: _____

Communication Address*: _____

Area / Landmark: _____

State: _____

City/District: _____

Pincode: _____

Contact Details: Mobile No.: _____

Residence: _____

Office: _____

Email ID: _____

Registration Address*: _____

Insured's occupation: _____

Period of Insurance From Time: _____

Date: _____

To The Midnight Of Date: _____



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Personal accident Cover for Owner Driver is compulsory in package policy cover. Please give details of nomination:

Particulars	Name of passenger	Name of nominee/ Existing Nominee	Name of nominee (In case of change of existing nominee)	Age	Relationship	Name of appointee (if nominee is a minor)	Relationship with the nominee
For PA to owner driver							
For PA to named passenger							

Note: • Compulsory PA cover to 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. Persons or classes of Person entitled to drive: Please refer schedule. Any Limitations as to use of Motor vehicle: Please refer schedule. In the event of dishonor of Cheque(s), insurance cover provided under this document automatically stands cancelled from inception irrespective of whether a separate communication is sent or not.

Premium Payment Details: Cash ☐ Cheque ☐ Demand Draft ☐ Credit Card ☐ Insured Bank Details: _____

Premium Amount (including service tax): _____ Bank Name and Branch: _____

Cheque / DD No.: _____ Bank A/c No.: _____

Cheque / DD Date: _____ IFSC Code: _____

* Mandatory

Details of Vehicle Type and Usage

1. Fuel Type of the vehicle Petrol ☐ Diesel ☐ Electrical ☐ CNG ☐ LPG ☐ Any Other ☐

2. Will the vehicle be exclusively used for: a) Private, Social, Pleasure and Professional Purposes Yes ☐ No ☐ b) Carriage of goods other than Samples or Personal Luggage Yes ☐ No ☐

3. Whether the vehicle is used for private purposes? Yes ☐ No ☐ 4. Whether the vehicle is used for Driving tutions? Yes ☐ No ☐

4. Whether the vehicle is limited to own premises? Yes ☐ No ☐

5. Whether the vehicle is specially designed for use of Blind/Handicapped/ Mentally Challenged Person Yes ☐ No ☐ If so, whether the same is endorsed as such by RTA? Yes ☐ No ☐

6. Whether the rally cover is required? Yes ☐ No ☐

7. Whether the vehicle is fitted with Fibre Glass Tank? Yes ☐ No ☐ If so, is the Duty element is included in the IDV? Yes ☐ No ☐

8. Whether the vehicle belongs to the Embassy/Consulate of a foreign country? Yes ☐ No ☐

9. Whether insured is first registered owner of the vehicle? Yes ☐ No ☐

10. Is the vehicle in good condition? Yes ☐ No ☐ If No, Please give full details: _____

11. Is the vehicle fitted with Anti - Theft Device which is approved by ARAI? Yes ☐ No ☐ If answer of the above question is Yes, Please submit the certificate for the same.

Previous Insurance Details

Name and Address of Previous Insurer _____ Policy/Covernote no. _____

Type of Cover: Package (Comprehensive) Policy ☐ Act only Policy ☐ Others ☐ NCB*/Loading in expiring policy ☐☐ %

Claim lodged in last five years:

Year					
No. of Claims					
Claims Amount					

1. Date of purchase of the vehicle by the Proposer: _____

2. Whether the vehicle was new or second hand at the time of purchase? New ☐ Second Hand ☐

3. Has any insurer ever declined/cancelled the insurance of the proposed vehicle? Yes ☐ No ☐

4. Policy Period; From _____ To _____ Are you entitled for No Claim Bonus on Renewal? Yes ☐ No ☐ * If yes, Please mention the ☐☐ %

5. Has any insurance company ever: Declined the proposal ☐ Cancelled and refused to renew ☐ If yes, reasons: _____

Imposed special conditions or excess ☐ If yes, reasons: _____

Driver and Owner's Detail

1. Vehicle is primarily driven by: Registered Owner ☐ Any other ☐ Name: _____ Relationship: _____ Age: _____

2. Does the driver has a valid driving licence? Yes ☐ No ☐ Driving license issue year: _____

3. Does the driver suffer from defective vision or hearing or physical infirmity. Yes ☐ No ☐ If yes, give details _____

4. Number of vehicle owned by the owner: _____ Credit score of the owner: _____

5. Company in which owner works: _____

6. Number of monthly trips done by the owner from alternate mode of vehicle ((last 3 months average): _____

7. Monthly fuel transaction amount for this vehicle (last 3 months average): (In Rs.) _____

8. Number of traffic tickets issued on driver in last one year: _____

9. Age & Gender of the Owner: Age - _____ Gender: Male ☐ Female ☐ Marital Status: _____



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10. Are you a member of the Automobile Association of India? Yes ☐ No ☐ If Yes, Please state: _____

Name of Association: _____ Membership No. _____ Date of expiry: _____

11. Has the driver ever been involved/convicted for causing any accident or loss? If yes, please give details as under including the pending prosecution, if any

Driver's Name: _____ Date of Accident: _____ Accident/ Claim details: _____ Loss/Cost Rs.: _____

Inspection Details

1. Does the vehicle stands fit for insurance? Yes ☐ No ☐ Self Inspection ☐

2. Inspection Reference No.: _____ Conducted on (Mention Date & Time): _____

Additional Coverage Details

Do you require PA cover for Paid Driver, Cleaners and Conductors? Yes ☐ No ☐

Do you wish to cover Geographical Area Extension under your proposed insurance? Bangladesh ☐ Bhutan ☐ Nepal ☐ Sri Lanka ☐ Maldives ☐ Pakistan ☐

Voluntary excess: Do you wish to take the voluntary excess over an above the compulsory excess. If yes please mention SI _____

Do you require unnamed PA cover Yes ☐ No ☐

The maximum CSI available per person is Rs. 2,00,000 in the case of commercial vehicles and Rs. 1,00,000 in the case of motorised two wheelers

1. No. of Passengers _____

2. Sum Insured per person (named passengers/hirer/pillion rider, two wheelers) Name: _____ Sum Insured: _____
Name: _____ Sum Insured: _____

3. Do you wish to cover Legal liability towards

a) Driver/Cleaner/Conductor (No. of Persons) **Yes** **No** ☐

c) Other employees (No. of Persons) **Yes** **No**

b) Unnamed Passengers (No. of Persons) **Yes** **No**

d) Soldier/Sailor/Airman employed as Driver **Yes** **No**

4. Do you wish to have the statutory Third Party Property Damage (TPPD) liability of Rs. 6,000/- only? (IMT 20) Yes ☐ No ☐

5. Do you require PA cover for named persons? **Yes** ☐ **No** ☐ Name: _____ CSI: _____

Nominee: _____ Relationship: _____

6. Legal liability to persons employed in connection with operation of the vehicle who are 'workmen'. The liability of the Employer under the Workmen's Compensation Act-1923 is covered under the Motor Vehicles Act-1988. **Yes** **No** Drivers (No. of persons: _____) Employees (Workmen) (No. of persons: _____)

(Note: The Motor Vehicles Act - 1988 under Sec. 147 (1) (ii) (I) covers liability to employees who are workmen within the meaning of the Workmen's Compensation Act - 1923.)

7. Do you wish to cover wider legal liability to employees who are NOT 'workmen'? (IMT 29) Yes ☐ No ☐

(Note: The liability under Common Law and Fatal Accidents Act - 1855 in respect of employees who are not workmen can be covered under this endorsement).

8. Coverage for liability against Third Party Risks (Death or Bodily Injury) required in respect of: Owner Driver only ☐ Any person other than Paid Driver ☐

If 'YES', give details of such other persons: _____ Non fare paying passengers (No. of persons: _____)

(Note: 1. Section 146 of Motor Vehicles Act - 1988 makes it mandatory for the owner of the vehicle to ensure that he or any other person authorized by him to drive a vehicle in public place has insurance against third party risks. The explanation to Section 146 exempts the paid driver.) 2. As per Section 147 (2)(a) The liability is 'as incurred' in the case of death/bodily injury of a third party)

9. Do you wish to cover wider legal liability to employees who are 'workmen'?)This information is sought to cover in addition to liability under the Workmens Compensation Act - 1923, also liability under the Fatal Accidents Act - 1855 and the Common Law) (IMT 28) **Yes** ☐ **No** ☐

(Note: The additional liability under Common Law and Fatal Accidents Act in respect of employees who are workmen is covered under this endorsement).

- Any other Coverage details _____

Break In Insurance Declaration

“ I/We hereby Declare and Undertake

☐ *That, the Vehicle proposed to be insured had, during the period in which it was not covered by valid and effective insurance policy insurer/s, met with an accident on _____
at _____ (Add more date/s with time if vehicle had mer with an accident more than once)

☐ *That, the Vehicle proposed to be insured had, during the period in which it was not covered by valid and effective insurance policy issued by any insurer/s, had NOT met with any accident
(*Select the appropriate check box and provide relevant information against selected entry)

I/We understand that all and/or any kind of liabilities arising out of accident/s which had occurred prior to risk inception date and time as mentioned in the Policy Document issued by Acko General Insurance Limited in consideration of these presents will be completely out of ambit of said Policy and said Company will not be in any manner liable or held responsible therefore.

I/We further undertake that if this declaration and/or any of its part is found to be incorrect in any manner, all the benefits under the Policy will then stand forfeited and the contract will be treated as void ab-initio".

NCB Declaration

I/We further 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 the policy enclosed) I/We further undertake that if this declaration is found to be incorrect, all benefits under the policy in respect of Section I of the policy will be forfeited.

Acko General Insurance Limited

2nd Floor, #36/5, Hustlehub One East, Somasandrapalva

27th Main Rd, Sector 2, HSR Layout, Bengaluru, Karnataka, 560102

IRDAI Reg No: 157 | CIN: U66000KA2016PLC138288 | UIN: IRDAN157RP0034V02201920



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Declaration

“I am/we are aware that the complete terms and conditions of this insurance policy are available at the official website of the insurer (www.acko.com). I/We hereby consent to receiving only the certificate and schedule of insurance upon the undertaking of the Insurer that the complete policy terms and conditions will be made available free of cost upon my/our request”.

I wish to receive the policy schedule and policy wordings in e-copy format only **Yes** ☐ **No** ☐

Any other material information and consent

I/We hereby declare that the statements made by me/us in this proposal form are true to the best of my knowledge and belief and I/We hereby agree that this declaration shall form the basis of the contract between me/us and Acko General Insurance Ltd. I/We agree and undertake to convey to Acko General Insurance Limited any change / alterations carried out in the risk proposed for insurance after submission of this proposal form. I/we hereby declare that the contents of the form have been fully explained to me/us and that I/we have fully understood the significance of the proposed contract.

Prohibition of Rebated (Section 41) of the Insurance Act - 1938

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 and insurance in respect of any kind or 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 prospectus 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 10 lakh rupees.

Proposer's Signature

For use by Intermediary only

Cover Note No. issued (if any) _____

Date of Issuance _____ Time of Issuance _____

Period of Insurance: From (Time) _____ (Date) _____ To the midnight of _____(Date)

Premium Amount (in RS.): _____

Bank Name: _____

Cheque No. / DD No. / Cash: _____ Date: _____

Customer ID: _____ Proposal Number: _____ Policy / Cover Note Number: _____

Proposal Checked By: _____ Date of Receipt: _____

Date: _____ Place: _____

* Mandatory

