

PROPOSAL FORM - ACKO CAR PACKAGE POLICY

Tenure: 1 Year 2 Years 3 Years

Proposal for*: New Rollover Endorsement Renewal

Intermediary Details

IMD Name: _____ IMD Code: _____
 Branch Name: _____ Branch Code: _____
 SM Name: _____ SM Code: _____
 POSP Name: _____ POSP Code: _____
 PAN Card No.: _____ Or Aadhar Card No.: _____

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

Type of Cover: Own Damage Liability to Third Parties Personal Accident to Owner Driver Comprehensive Cover

Vehicle Details

Make*: _____ Model*: _____ Variant*: _____

Year of manufacture*: _____ Cubic capacity/ KWH*: _____ Body Type: _____ Transmission: _____

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

Whether you have opted for any Add on/Optional Coverages last year. Yes No

If yes, please specify the Add on/optional Coverages _____

Vehicle Registration No.* _____ Colour of Vehicle _____

Engine/Battery/Motor No.* _____ Chassis No.* _____

Place of Registration* _____ Date of registration* _____

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

| Policy Year | For Vehicle* Rs. | Non-Electrical Accessories | Electrical Accessories | CNG/LPG kit (if not part of standard vehicle) | Trailers/Side Car (if any) | Total IDV Rs. | Sum Insured for PA Owner Driver Cover (Rs.) |
|-------------|------------------|----------------------------|------------------------|-----------------------------------------------|----------------------------|---------------|---------------------------------------------|
| 1 Year | | | | | | | |
| 2 Year | | | | | | | |
| 3 Year | | | | | | | |

Details of Electrical Accessories

Item Details: _____ Make & Model: _____ Year of Manf.: _____

Details of Non-electrical Accessories

Item Details: _____ Make & Model: _____ Year of Manf.: _____

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.

(Mandatory to provide PAN Card No. in case customer wish to open E Insurance Account)

PAN Card No.: _____ Aadhar Card No.: _____

Communication Address*: _____

Area / Landmark: _____ State: _____ City/District: _____ Pin code: _____

Contact Details: Mobile No.: _____ Residence: _____

Office: _____ Email ID: _____

Registration Address*: _____

Insured's occupation: _____

Period of Insurance From Time: _____ Date: ___ To The Midnight Of Date: _____

Base Cover Details

| Coverage Type | From: Time | | To: Time | |
|--------------------------------------------------------------------------------------------------------------------------|------------|----------|----------|----------|
| Period of Insurance for Section I: Loss Of or Damage to the Vehicle Insured (Period of Insurance can be 1/2 /3/ Years) | DD/MM/YY | 00:00:01 | DD/MM/YY | 00:00:01 |
| Period of Insurance for Section II: Liability to Third Parties (Period of Insurance can be 1/3 Years only) | DD/MM/YY | 00:00:01 | DD/MM/YY | 00:00:01 |
| Period of Insurance for Section III: Personal Accident Cover for Owner-Driver (Period of Insurance can be 1/ 2 /3 Years) | DD/MM/YY | 00:00:01 | DD/MM/YY | 00:00:01 |

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Optional Cover Details

| Name of Optional Cover | Yes/No | Coverage Details | From: Time | To: Time |
|------------------------------------------------|--------|-----------------------------------------------|--------------------|--------------------|
| 1. Engine Protect - Flood | Yes/No | Limit INR _____ | DD/MM/YY: 00:00:01 | DD/MM/YY: 00:00:00 |
| 2. Fastag Linked Cover | Yes/No | | DD/MM/YY: 00:00:01 | DD/MM/YY: 00:00:00 |
| 3. Invoice Cover | Yes/No | Invoice Value INR _____ | DD/MM/YY: 00:00:01 | DD/MM/YY: 00:00:00 |
| 4. Key Protect | Yes/No | Sum Insured INR _____ | DD/MM/YY: 00:00:01 | DD/MM/YY: 00:00:00 |
| 5. Loss of License/RC | Yes/No | Sum Insured INR _____ | DD/MM/YY: 00:00:01 | DD/MM/YY: 00:00:00 |
| 6. NCB Protect | Yes/No | No. of Claims _____ | DD/MM/YY: 00:00:01 | DD/MM/YY: 00:00:00 |
| 7. Out Station Emergency Cover | Yes/No | Sum Insured INR _____ No. of claims _____ | DD/MM/YY: 00:00:01 | DD/MM/YY: 00:00:00 |
| 8. Personal Belongings- Damage due to Accident | Yes/No | Sum Insured INR _____ | DD/MM/YY: 00:00:01 | DD/MM/YY: 00:00:00 |
| 9. Personal Belongings – Loss due to Theft | Yes/No | Sum Insured INR _____ | DD/MM/YY: 00:00:01 | DD/MM/YY: 00:00:00 |
| 10. Loss of Electronic Equipment | Yes/No | Sum Insured INR _____ | DD/MM/YY: 00:00:01 | DD/MM/YY: 00:00:00 |
| 11. Zero Depreciation | Yes/No | No. of Claims _____ | DD/MM/YY: 00:00:01 | DD/MM/YY: 00:00:00 |
| 12. Roadside Assistance | Yes/No | No. of Claims _____ Name of services _____ | DD/MM/YY: 00:00:01 | DD/MM/YY: 00:00:00 |
| 13. Small Repair Claim | Yes/No | Sum Insured INR _____ | DD/MM/YY: 00:00:01 | DD/MM/YY: 00:00:00 |
| 14. Tyre Protect | Yes/No | | DD/MM/YY: 00:00:01 | DD/MM/YY: 00:00:00 |
| 15. Voluntary Deductible | Yes/No | Deductible INR _____ | DD/MM/YY: 00:00:01 | DD/MM/YY: 00:00:00 |
| 16. Preventive Risk Management Benefit | Yes/No | | DD/MM/YY: 00:00:01 | DD/MM/YY: 00:00:00 |

Add-on Cover details:

| Name of Add-on Cover | Yes/No | Coverage Details | From: Time | To: Time |
|---------------------------|--------|---------------------------------------------|--------------------|--------------------|
| 1. Fire Protection Cover | Yes/No | Sum Insured INR _____ Fire Perils: _____ | DD/MM/YY: 00:00:01 | DD/MM/YY: 00:00:00 |
| 2. Theft Protection Cover | Yes/No | Sum Insured INR _____ | DD/MM/YY: 00:00:01 | DD/MM/YY: 00:00:00 |

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.

* Mandatory

Details of Vehicle Type and Usage

- Fuel Type of the vehicle Petrol Diesel Electric CNG LPG Any Other
- 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
- Whether the vehicle is used for Commercial purposes? Yes No
- Whether the vehicle is used for Driving tuitions? Yes No
- Whether the vehicle is limited to own premises? Yes No
- 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
- Whether the vehicle is certified as Vintage Car by Vintage & Classic Car Club of India? Yes No
- Whether the rally cover is required? Yes No
- Whether the vehicle is fitted with Fibre Glass Tank? Yes No
- Whether the vehicle belongs to the Embassy/Consulate of a foreign country? Yes No If so, is the Duty element is included in the IDV? Yes No
- Whether insured is first registered owner of the vehicle? Yes No
- Is the vehicle in good condition? Yes No If No, Please give full details: _____

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 | | | | |
|------|--|--|--|--|
| | | | | |

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| | | | | |
|---------------|--|--|--|--|
| 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. 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.
6. Are you a member of the Automobile Association of India? Yes No If Yes, Please state: _____
 Name of Association: _____ Membership No. _____ Date of expiry: _____

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: _____

Inspection Details

1. Does the vehicle stands fit for insurance? Yes No Self Inspection
2. Inspection Reference No.: _____ Conducted on (Mention Date & Time): _____

Other Optional 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
- Do you require unnamed PA cover** Yes No
- The maximum CSI available per person is Rs. 2,00,000 in the case of private cars 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 <input type="checkbox"/> <input type="checkbox"/>) Yes <input type="checkbox"/> No <input type="checkbox"/> | b) Unnamed Passengers (No. of Persons <input type="checkbox"/> <input type="checkbox"/>) Yes <input type="checkbox"/> No <input type="checkbox"/> |
| c) Other employees (No. of Persons <input type="checkbox"/> <input type="checkbox"/>) Yes <input type="checkbox"/> No <input type="checkbox"/> | d) Soldier/Sailor/Airman employed as Driver Yes <input type="checkbox"/> No <input type="checkbox"/> |
 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) (l) 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 Workmen's 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).
 10. Any other Coverage details _____

Premium Payment Details

- Payment mode:** 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:** _____

Nominee Details

| Name of Nominee | Nominee Mobile No. | Email ID | Permanent Address of Nominee | Present Address of Nominee | Name of appointee (if nominee is a minor) | Relationship with Nominee | Bank Account details of Nominee |
|-----------------|--------------------|----------|------------------------------|----------------------------|-------------------------------------------|---------------------------|---------------------------------|
| | | | | | | | • Bank and Branch name |



