

Name of the Insurer& Address:

Please share your email ID and mobile number so that we can email your policy soft copy and send you process and claim status updates through SMS.

Bharti AXA General Insurance Company Limited

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SmartDrive Private Car or SmartDrive Two Wheeler Insurance Policy - Proposal Form

Important Note This is only a Proposal Form and issuance of the same does not amount to acceptance of risk by the company. The liability of the company does not commence until the acceptance of the proposal has been formally intimated by the insured and full premium has been realized by the company. **1** Intermediary Details IMD Code Employee Code **Employee Name** 2 Type of Business and Proposed Insurance Details Issued for: New Vehicle Renewal Rollover Used Endorsement Type of Cover: Package policy Others (Please specify) Liability only Policy Period: From Time Date To the midnight of Date Are you entitled for NCB in current year policy? If yes, please submit the relevant proof, NCB% 3 Proposer's (Owner's) Details Full Name: Mr. / Ms. / Mrs./ Dr. / M/s. Communication Address: City / District State Pin Code Mobile No. (Mandatory) Email ID (Mandatory) Residence No. Office No. Date of Birth Gender: Male Female **Vehicle Details** Make Model/Variant Year of Manufacturing Colour Vehicle Registration No. **Cubic Capacity Seating Capacity** Engine No. Chassis No. Date of Registration Place of Registration **Fuel Type** Insured Declared Value For Vehicle Electrical Accessories Non-Electrical Accessories CNG/LPG Side Car (TW) Total IDV **5 Financer Details** Hypothecation Agreement Hire Purchase Lease Agreement Name of Financer & Address: **Inspection Details** Date & Time Inspection Ref # Agency Name Recommended: Yes Nο **Previous Insurance Details** Previous Insurance Policy No. Policy Period: From Tο No of Claims NCB in Expiring Policy: Amount

Personal Accident cove	er for owner drive	er is compulsory. Please prov	ide details	of nomination.		
Name of Nominee		Age	Owne	er driver relationship with Nomir	nee	
Name of Appointee (if Nominee is minor)				Relationship to Nominee		
Do you require Unnamed PA Cover? No. of passengers				Capital Sum Insured (CSI) per person		
Do you require Named PA Cover? Name				Sum Insured		
Do you wish to opt for h	nigher deductible	e over and above the compu	lsory dedu	ctible: Yes No (If yes	, please specify the amount below	
For Two Wheelers Rs. 5	500/750/1000/	/1500/3000	Fo	Private cars Rs. 2500/5000/7	7500/15000	
Do you wish to restrict	the TPPD liabilit	y limit of Rs.6,000 only: Yes	No	Does the owner have a val	id Driving license? Yes No	
Will the vehicle be us A) Private Social Dome			es	No		
B) Carriage of goods ot	•		es	No		
Do you wish to cover Leg					ailor/Airman employed as Driver	
Driver Details:	gai Liability to. Di	Unitatried Fasserig	ei O	Joidiei/38	allor/Airman employed as briver	
	(Owner Driver/O	there) R) Does the driver suffe	ar from def	ective vision or hearing or any ph	vsical infirmity? Yes No	
· -		nvicted for causing any accide			ysical illilling: Tes 140	
Please put a tick who			01 1033:	100		
certified as Vintage car by the of a foreign country? If yes, i 10. ☐ Are you a member of A	vintage & classic ca is the duty element automobile Associati	ar club of India? 7. \square Whether the Veis included in the IDV? 9. \square Is the Ve	ehicle is fitted /ehicle fitted nembership c	with fiber glass tank? 8. Whether the with Anti Theft device which is approve ertificate. Do you wish the Geogra	s such by RTA? 6. Whether the vehicle is evehicle belongs to the Embassy/Consulated by ARAI? If yes, please submit certificate, aphical area extension under your proposed.	
Depreciation Cover		Road Side Assistance Cover		NCB Protector-1 Slab Down		
Consumables Cover Hydrostatic Lock Cover		Invoice Cover Medical Cover		Rodent Bite Cover Any other (please specify name)		
Premium Details:		Medical Cover	ш	Any other (please specify flame,		
A) Premium Amount (Inc	cluding service ta	ax)		Cash Cheque D	emand Draft Credit Card	
Cheque/DD No.		Cheque/DD Date		Bank Name		
Insured Bank Name & A	ddress: (In case o	of any dues from the company, the a	mount will be	credited to this bank account)		
				Account No.	IFSC Code	
9 Declaration	n					
Please let us know if the bel Government, senior politicians,	ow statement is app senior government, ju	plicable to you: Have you ever been udicial or military officials, senior execu	entrusted with utives of state	prominent public functions, for example pwned corporations or important party office	, Heads of State or of Yes No	
basis of contract between Me/U the basis on which this insuranc company shall have no liability of for insurance after submission General Insurance Co. Ltd. I/W	Us and Bharti AXA Ger ce is being granted an under this insurance. of this proposal form de declare that the ra- on is found to be incor	neral Insurance Company Limited. It is not that if, after the insurance is affecte I/We agree and undertake to convey to I/We hereby declare that all the dam te of NCB claimed by Me/Us is correc	hereby unders d, it is found the Bharti AXA Ge nages observe t and that no	tood and agreed that the statements, answ at any of the statements, answers or partic neral Insurance Company Limited any char d at the time of inspection of the vehicle s claim has arisen in the expiring policy per	eby agreed that this declaration shall form the wers and particulars provided herein above are cular are incorrect or untrue in any respect, the nge/alterations carried out in the risk proposed hall not be claimed by Me/Us from Bharti AXA iod (copy of the policy enclosed). I/We further ead, understood and agree with the terms and	
"INFORMATION"), that is either a may use the INFORMATION for Insurers, statutory authorities, of	available with the Con servicing the Insuran court, governmental b	npany or disclosed by Me/Us while obta ce policy obtained by Me/Us and for s	nining the polic name may shar nvider(s) engag	y of Insurance from the company or otherwi e the INFORMATION with any reinsurer, ins ed by the Company for servicing the Insura	tion ("hereinafter cumulatively referred to as ise. I/We further understand that the Company surance association, medical authorities, other ince policy, underwriting the risk, settlement of	
I/We understand that whenever accordingly. Further in the ever	r I/We would like to up	odate/correct the INFORMATION, we wi	II intimate the ein, I/We wou	Company for the same, so as to enable the d intimate the Company of the same in wr	Company to amend/correct the INFORMATION iting and also understand that, in the event of	
Place						
Date					Proposer's Signature	

Statutory warning - Every proposal for an insurance product shall carry the following stipulation as prescribed in section 41 of the Insurance Act, 1938 (4 of 1938) - "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 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 prospectus or tables of the insurers". If any person fails to comply with sub regulation (1) above, he shall be liable to payment of a fine which may extend to rupees five hundred.

For more details on risk factors and terms & conditions, please read the sales brochure carefully before concluding a sale. PF/PC/THINQ/07-15. Insurance is the subject matter of solicitation.



8 Other Details