

MOTOR INSURANCE (COMMERCIAL VEHICLES-OTHER THAN MOTOR TRADE INTERNAL RISKS) - PROPOSAL FORM

(Please fill in CAPITALS only)

CUSTOMER INFORMATION*

For Individual Customers only

Name of Insured (First Name) (Middle Name) (Last Name)

Date of Birth (D D M M Y Y Y Y)

For Corporate Customers only

Name of the Insured (Full Registered Name)

Contact Person PAN

Corr. Add : Building Name / Block No.

Street Name Locality

City Pin Code State

Tel. STD Code Mobile

Email

PREMIUM DETAILS

Amount Rs. Rupees _____

SOURCES OF FUND

Salary Business Other (Please Specify) _____

BANK ACCOUNT DETAILS

Bank Account No. Bank Name _____

Branch Name & Address _____

RISK INFORMATION*

Vehicle Manufacturer Vehicle Model

Registration Location Year of Manufacture (Y Y Y Y)

Engine No. Chassis No.

Type of Body Type of Model

Engine No. Chassis No.

Vehicle with load body Chassis with cabin Chassis with FES Fuel Type Petrol Diesel CNG LPG

Gross Vehicle Weight (GVW) Colour of the vehicle

Year of Manufacture Cubic Capacity (CC)

Max licensed Capacity (incl Driver)

Insured Declared Value of the Vehicle	Non-Electrical Accessories fitted to the Vehicle	Electrical & Electronic Accessories fitted to the Vehicle	Trailer	Value of CNG / LPG Kit	Total Value
Rs. <input type="text"/>	Rs. <input type="text"/>	Rs. <input type="text"/>	Rs. <input type="text"/>	Rs. <input type="text"/>	Rs. <input type="text"/>

Type of Cover required Package Policy

ADDITIONAL INFORMATION

Registration No. Date of Registration (D D M M Y Y Y Y)

Previous Insurer

Previous Policy No.

Period of Insurance From (D D M M Y Y Y Y) to (D D M M Y Y Y Y)

Claims lodged during the preceding year Number Amount (Rs) (approximate)

