

The Insured is not indemnified if the vehicle is used or driven otherwise than in accordance with this schedule. Any payment made by the Company by reason of wider terms appearing in the certificate in order to comply with the Motor Vehicle Act, 1988 is recoverable from the Insured. See the clause headed "AVOIDANCE OF CERTAIN TERMS AND RIGHT OF RECOVERY". For legal interpretation English version will be good.

PROPOSAL FORM PRIVATE CAR PACKAGE POLICY

Proposal for : ☐ New Vehicle ☐ Rollover ☐ Endorsement ☒ Renewal (LGI Policy No.) 202540020322700133801000

Note: 1) Please Complete the proposal form in BLOCK LETTERS and tick boxes whichever applicable
2) Attach additional sheets if space given is insufficient
3) The queries made/details stated below are the minimum requirements to be furnished by a proposer.(The Company may seek any other information a desired for underwriting purpose.)

Intermediary Details

IMD NameCLARION INSURANCE BROKING SERVICES PRIVATE LIMITEDIMD Code:IMD1113473

Branch Name:RAJKOTBranch Code:400203

SM Name :SM Code :N1609116

Contact No:8511123278

POSP Name :POSP Code :

PAN Card Number :orAadhar Card No.:

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

Type of Cover : ☒ Package (Comprehensive) Policy for 1 year ☐ Package (Comprehensive) Policy for 3 years ☐ Bundled Cover (1year Own Damage & 3 years Third Party)

Vehicle Details

Vehicle Make	Model	Variant	Year of Manufacture / Invoice Date	Cubic Capacity/KW	Gross Vehicle Weight (GVW) For Goods carrying Vehicle	Seating Capacity/LCC (Including Driver/Cleaner)	Body Type
HONDA	CITY	ZX CVT	2020/31-12-2020	1497.00	o	5	Sedan

Insured Declared Value

Year	For Vehicle Rs.	Electrical Accessories	Non Electrical Accessories	Trailer/Side Car (if any)	Value of CNG/LPG kit (if not part of standard vehicle)	Total IDV Rs.
1	976050.00	0.00	0.00	0.00	0.00	976050.00

“Add On Covers” Selected:

☒ Depreciation Cover ☒ Consumable Cover ☒ Passenger Assist Cover ☒ Road Side Assistance Cover ☒ Engine Safe Cover
☒ Key Loss Cover ☐ GAP(Incl. Taxes & Regn. charges) ☐ GAP Value ☐ Towing Expenses Cover
☐ EMI Cover Protection ☐ Tyre Protection Cover

UIN Code of Add On covers selected :

IRDAN150RP0035V01201213/A0012V01201213,IRDAN150RP0035V01201213/A0015V02201213,IRDAN150RP0035V01201213/A0020V01201213,IRDAN150RP0035V01201213/A0021V01201213,IRDAN150RP0035V01201213/A0011V01201314,IRDAN150RP0035V01201213/A0010V02201314

Invoice Price Value Road Tax First time Registration Charges
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. GJ-03-LR-4047 Colour of Vehicle :
Engine No. 1208632 Chassis No 4003059
Place of Registration RAJKOT Date of Registration 31/ 12/ 2020

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 Cubic Capacity : 1497.00
Is the vehicle made in India? ☒ Yes ☐ No
Financier Details : ☒ Hypothecation Agreement ☐ Hire Purchase ☐ Lease Agreement Body Type :

Name of Financier & Address : KOTAK MAHINDRA PRIME LTD -
Name of Insured: (Mr/Mrs/M/s/Dr) HIREN DINESHBHAI KHUNT
e-Insurance Account Number : I would like to open e-Insurance account with Insurance Repository

(Mandatory to provide PAN card No.in case customer wishes to open E-Insurance Account.)

Name of Contact Person : (For Corporate)
Communication Address : GONDAL ROAD NATIONAL HIGHWAYOPP.TOYOTA SHOW ROOM KANGAS IYALIRAJKOT
Area/Landmark: State : GUJARAT City / District : RAJKOT Pin Code : 360001
Contact Details: Mobile No. : 9904087516 Residence:
Office : Email ID: bhpipaliya@gmail.com PAN No. AYOPK7384H
Date of Birth : 20/ 09/ 1987 Business/Occupation (For Individual Customer)
Aadhar No. :
Registration Address: GONDAL ROAD NATIONAL HIGHWAYOPP.TOYOTA SHOW ROOM KANGAS IYALIRAJKOT
Any other details :

Period of Insurance for Package Policy of 1 year & 3 years :
From Time : 00:00 Date : 29/ 12/ 2023 To the Midnight of Date : 28/ 12/ 2024

Personal accident Cover for Owner Driver is compulsory in liability only Cover. Please give details of nomination:

Particulars	Name of Passenger	Name of Nominee/ Existing Nominee	Name of New 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	NA	NA	NA	NA		NA	
For PA to Named Passenger							
(In case of more than 1 named passengers, please provide details in the above format on a separate sheet)							

Note . Personal Accident Cover for Owner Driver is compulsory for Sum Insured of Rs 15,00,000/- for Private Car • Compulsory PA cover to Owner Driver cannot be granted where a vehicle owned by a company, a partnership firm or a similar body corporate or where the owner driver does not hold an effective driving license.
or classes of Person entitled to drive: Please refer overleaf. Any Limitations as to use of Motor vehicle: Please refer overleaf.
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:
☐ NEFT/RTGS

Premium Amount (including service tax): 24616.00 Bank Name and Branch
Cheque / DD No: NA Bank A/C No.:
Cheque / DD Date: NA IFSC Code

In case the annualized premium is more than Rs. 25000/-, the proposer is requested to provide a cancelled cheque of his/her bank account if the premium is not paid from the same

Electrical Accessories:

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

Details of Non-Electrical Accessories:

Item Details: Make & Model: Year of Manf.: 2020 IDV

