Proposal Form No.: _____

ICICI LOMBARD GENERAL INSURANCE COMPANY LTD

Registered Office Address: ICICI Lombard General Insurance Company Limited, ICICI Lombard House, 414, Veer Savarkar Marg, Near Siddhi Vinayak Temple, Prabhadevi, Mumbai 400025.
• **Visit** us at www.icicilombard.com • **Mail** us at customersupport@icicilombard.com • Our toll free number is **1800 2666** • Alternate no : **86552 22666 (chargeable)**
Insurance under written by ICICI Lombard General Insurance Company Limited. Insurance is the subject matter of solicitation. **CIN:** L67200MH2000PLC129408. **IRDA Reg. No.** 115.

PLEASE WRITE IN BLOCK LETTERS

MOTOR EXTENDED WARRANTY INSURANCE

UIN: IRDAN115RPMT0011V01202425

For Office use only

Issuing Branch: |__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|

Phone No.: |__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|

Agent Reference: |__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|

Policy No.: |__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|

Payment Ref No.: |__|__|__|__|__|__|__|__|__|__|

Rural ☐ Urban ☐

Proposal Form No.: |__|__|__|__|__|__|__|__|__|__|

Customer Id No.: |__|__|__|__|__|__|__|__|__|__|

GUIDELINES FOR COMPLETION OF THE FORM

1. Please answer all the questions fully and correctly. Where any question does not apply, please mention clearly that the same is not applicable.
2. Insurance is a contract of "Utmost Good Faith" requiring the Insured not only to disclose all material facts but also not to suppress any material facts in response to the questions in the proposal form. If you think any fact is material, please disclose it.
3. The Policy shall become voidable at the option of the insurer, in the event of any untrue or incorrect statement, misrepresentation, established fraud or non-disclosure in any material fact in the proposal form/personal statement, declaration and connected documents or any material information having been withheld by the proposer or any acting on his behalf.
4. Kindly contact the company's offices or agents for any doubts or clarifications on the proposal form.

Note: The liability of the Company does not commence until this proposal has been accepted by the Company and the requisite premium paid.

I. Details of Proposer/ Policy Holder:

Proposer's Name: |__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|

Appointee details: Please write the Appointee name also in case the nominee is a minor . * Please provide the details of the guardian in case of nominee is a minor

	1st Appointee	2nd Appointee	3rd Appointee	4th Appointee
Appointee Name and Relationship				
Date of birth of Appointee	DD/MM/YY	DD/MM/YY	DD/MM/YY	DD/MM/YY
Mobile no. of Appointee				
Email id of Appointee				
Present and Permanent address of Appointee				
Bank Account Details:				
Beneficiary Name:				
Bank Name:				
Bank Account Number:				
IFSC CODE				
MICR NUMBER				
BRANCH				

II. Details of the Insured Asset:

- Type of Asset to be insured (Please tick the appropriate)
  i. Motorized two-Wheeler: I___I___I___I___I___I___I___I___I
  ii. Private car
- Invoice date / Purchase date: I D I D I / I M I M I / I Y I Y I Y I Y I
- Model/ Variant: I___I___I___I___I___I___I___I___I
- Manufacturer: I___I___I___I___I___I___I___I___I
- Year of Manufacturing: I___I___I___I___I___I___I___I___I
- Registration No.: I Y I Y I Y I Y I
- Owner Serial No (Please tick the appropriate) 1 ☐ 2 ☐ 3 ☐ > ☐
- Registering Authority:
- Engine No.:I___I___I___I___I___I___I___I___I
- Chassis No.:I___I___I___I___I___I___I___I___I
- Invoice price / value: I___I___I___I___I___I___I (in Rs.)
- Seating capacity: I___I___I___I___I___I___I___I___I
- Current odometer reading:I___I___I___I___I___I___I
- Date of Registration/Invoice date/ Purchase date:
- Whether Registration Certificate (RC) is in the name of Proposer: Yes☐ No☐
  (If Yes, Please share RC copy. If No please share copy of form 29 & 30 along with old owner name RC copy)
- Coverage option to be selected : ☐ Comprehensive Coverage ☐ Tailored Coverage
  In case of Tailored Coverage, Please specify the components:
  ☐ Engine ☐ Differential ☐ Transmission ☐ Others *(please specify)* _____
  - For Electric Vehicle & Electric Hybrid Vehicle :
    ☐ Traction Battery ☐ Drive Motor ☐ Controller ☐ Converter ☐ Others *(please specify)* _____

III. Existing warranty Details

A. Nature of standard warranty: Manufacturer/ others (pls provide a copy of the same)

B. Cover inception date: I D I D I / I M I M I / I Y I Y I Y I Y I

C. Cover end date: I D I D I / I M I M I / I Y I Y I Y I Y I

D. Deductible, if any: _____

E. Please provide details of the routine maintenance servicing and any other servicing/ repair that have been conducted during the existing warranty period: _____

IV. Insurance Details:

A. Policy Period: From _____ to _____

B. Period of Insurance: From _____ to _____

C. Sum Insured: Rs. _____

D. Deductible: Rs _____

V. Previous Insurance Details

Please provide the details of past insurance:

Sr. No.	Policy Period	Insurance Company	Premiums Paid	Claims
1				
2				
3				
4				
5				

VI. Payment Details:

(Please tick the appropriate option and fill the amount details)

Cash	Cheque	Credit Card	Premium Amount Rs.
Cheque No. / Credit Card No.			
Cheque Date			
Branch (if cheque)			
Bank Name / Credit Card Name			
If Credit Card (please tick whether):			Master / Visa / Amex / Others
Credit Card CVV Number:			

Any additional information relevant to the policy applied for:

Note : Please use additional sheets if space is not sufficient to complete details

VII. Motor Related Add-on-Covers

Do you wish to include IL Smart Assist EW: ☐ Yes ☐ No

(Note : Please refer attached Annexure I and select the services to avail the same under this add-on)

In Scope of cover:

The Insured shall have to option to opt for any one of the below two coverages:

A Comprehensive coverage:

The Company will indemnify the Insured during the Policy Period against the repair or replacement costs in respect of the Insured Vehicle falling under Category A or B, caused by a Breakdown or failure of a mechanical or electrical part arising out of manufacturing defect and/or permitted usage of the Insured Vehicle as per the relevant authorities, provided that the liability of the Company in respect of any Insured Vehicle in any one Policy Period shall not individually or in the aggregate exceed the Sum Insured as stated in the Policy Schedule subject to the terms, conditions and exclusions contained herein or endorsed or otherwise expressed.

B Tailored Coverage:

The Company will indemnify the Insured during the Policy Period against the repair or replacement costs in respect of Breakdown or failure of those mechanical or electrical components of the Insured Vehicle falling under Category A or B which are specified in the Policy Schedule arising out of manufacturing defect and/or permitted usage of the Insured Vehicle as per the relevant authorities, provided that the liability of the Company in respect of any Insured Vehicle in any one Policy Period shall not individually or in the aggregate exceed the Sum Insured as stated in the Policy Schedule subject to the terms, conditions and exclusions contained herein or endorsed or otherwise expressed.

Significant Exclusions:*

The Company shall not be liable in respect of the following:

Parts subjected to normal wear and tear, ageing, corrosion, including spark plugs, glow plugs, axle/drive shaft boots, shock absorbers, wheel bearings, horns, front struts, suspension ball joints/tie rod, tie rod end, drain plug with seal, pollen filter, lock cylinder lubricant, fuel filter, oil filters, rubber seals, brake pads, brake linings, brake disc, clutch plates, pressure plates, fly wheels/fly wheel ring, friction discs, battery, tyres and tubes, all type of cables including clutch and accelerator, bulbs, fuses, belts, all type of hoses, tyres, oil seals, batteries, glasses, lenses, all mountings, oxygen sensors, drive chains, air cleaner elements, motor brushes and bushes, step rubbers, rubber tubes, belts, filters, wiper blades and other items as specified in the manufacturer's maintenance schedule.

*Please refer to the policy wordings for detailed exclusions

Note: The policy holder should adhere to all maintenance/service requirements as instructed by the Manufacturer/ Dealer in the warranty booklet. Further, in case of a claim, if it is found out that the same was not adhered to, the claim will not be admissible and the Motor Extended Warranty Policy may be rendered null and void. The foregoing is only an indication of the cover offered. For details, please refer to the Policy document, available on request.

Intermediary Declaration And Details/Principal Officer Details

I, _____<full name> in my capacity as an Insurance Advisor/ Specified Person of the Corporate Agent/ Insurance Sales Persons of Insurance Marketing Firm / Broker Qualified Person/ Point of Sales Person/ Designated Person/ Authorised Verifier or any other authorised salesperson/ Rural Authorized Person (RAP) and Village Level Entrepreneur – Ins (VLE-Ins) of Common Public Service Centre do hereby declare that I have explained all the contents of this Proposal Form, including the nature of the questions contained in this Proposal Form to the Proposer including statement(s), information and response(s) submitted by him/her in this Proposal Form to questions contained herein or any details sought herein will form the basis of the Contract of Insurance between the Company and the Proposer, if this Proposal is accepted by the Company for issuance of the Policy. I have further explained that if any untrue statement(s)/information/ response(s) is/ are contained in this Proposal Form/including addendum(s), affidavits, statements, submissions, furnished/ to be furnished, the Company shall have the right to cancel the policy at its discretion. Further, this declaration does not confirm issuance of policy or assumption of risk thereof.

_____ (to be filled in, only in case there is some disclosure to be made).

I hereby confirm to the best of my knowledge and belief that there is no inconsistency or adverse habits that may affect the underwriting of this proposal except as mentioned below:

Intermediary Name / Principal Officer Name: _____ Code / Functional Identity: _____ Branch Contact Details: _____

Branch Email Address: _____ Branch / Office Location: _____ Date: _____

Declaration

I/We hereby agree that this declaration shall form the basis of the contract between me/us and "ICICI Lombard General Insurance Co. Ltd." I/We also declare that if any additions or alterations are carried out after the submission of this proposal form, then the same would be conveyed to the insurers immediately. I/We desire to effect an insurance as described herein with the Company and I/We agree that this proposal and declarations shall be the basis of contract between me/us and the Company. I/We agree to accept a policy subject to the conditions prescribed by the Company. I/We further undertake that if this declaration is found to be incorrect, all benefits under the policy in respect of the Section I of the Policy will stand forfeited. The policy may however be continued at the sole discretion of ICICI Lombard, subject to payment of the amount payable as determined by the ICICI Lombard, resulting from the difference in the bonus / malus status. I affirm and undertake that I have read and understood the policy wordings, terms, conditions and exclusions governing the cover and agree to abide by them.

I/We hereby give my/our consent to the Company to verify and obtain my/our identity/address proof for the purpose of undertaking KYC.

- I/We hereby declare and confirm that the premium has been paid out of legally acquired sources of income and the subsequent premiums if any, will continue to be paid out of legally declared and assessed source of income.
- I/We understand that the Company has right to call for documents to establish source of funds
- I/We hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I/we undertake to inform you of any changes therein, immediately and not later than 30 days.
- In case any of the above information is found to be false or untrue or misleading or misrepresenting, I/We am/are aware that I/We may be held liable for it. Further, the Company has a right to cancel the insurance contract in case, I am/have been found guilty by any competent court of law under any statutes, directly or indirectly governing the prevention of money laundering.
- I hold a valid and effective PUC and/or fitness certificate, as applicable, for the vehicle mentioned herein and undertake to renew the same during the policy period.

Signature of the Proposer/ Policy Holder
(Designation)

Date: D D / M M / Y Y Y Y

I hereby declare that I have read out and explained the content of this proposal form and all other connected documents incidental to availing the insurance policy from ICICI Lombard GIC ltd. to the proposer and that he/she confirmed that he/she has understood the same and he/she agrees to abide by all terms and conditions of the same.

I hereby declare that I have fully explained to the proposer the answers to the questions that form the basis of the contract of insurance have also explained the contents in this form to the proposer in _____ language, that I have truly correctly recorded the answers given by the proposer and that the proposer has fixed his/her thumb impression on the proposal form in my presence, after fully understanding the contents thereof. Further, this declaration does not confirm issuance of policy or assumption of risk thereof.

I hereby state that the contents of the form and documents have been fully explained to me and that I have fully understood the significance of the proposed contract.

Name of the proposer

Name of the witness

Signature of Proposer

Signature of Witness

Place

Date

Relationship with Proposer

Address of Witness

Proposer's Name:

Place:

Date:

Proposer's Signature:

STATUTORY WARNING
PROHIBITION OF REBATES
(Under Section 41 of 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] 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 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 published prospectuses or tables of the insurer:

[Provided that acceptance by an insurance agent of commission in connection with a policy of any class of insurance business taken out by himself in relation to risks associated with his own life, health or property shall not be deemed to be acceptance of a rebate of premium within the meaning of this sub-section if at the time of such acceptance the insurance agent satisfies the prescribed conditions establishing that he is a bona fide insurance agent employed by 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 ten lakh rupees.