ICICI Lombard GENERAL INSURANCE

Proposal Form No:_____

SMART DRIVE MOTOR WARRANTY INSURANCE

UIN: IRDAN115RP0020V01202122

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 Insurer, in the event of any untrue or incorrect statement, misrepresentation, non description or non-disclosure in any material particular in the proposal form/personal statement, declaration and connected documents or any material information having been withheld by the proposer or anyone 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 Nominee	2nd Nominee	3rd Nominee	4th Nominee
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 ☐ > 3 ☐
- 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)
- 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:

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				

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

Scope of cover

This Insurance policy broadly covers failure of part / parts of the Insured Asset (Motorized two-wheeler/ private car) due to a mechanical, electronic or electrical breakdown, resulting in an inability or incapacity of the Insured Asset to perform under normal operating condition, as per the Manufacturer's specifications of the Insured Asset. The effective coverage under Motor Extended Warranty Policy for the Insured Assets shall commence only after the expiry of the Manufacturer / Dealer warranty period, as mentioned in the original asset warranty booklet of such asset.

Gradual decline in output or performance due to age or usage of the Insured Asset is not covered under this Policy.

Significant Exclusions

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

A) Break down due to any wilful act or neglect, normal wear and tear of the parts, faulty installations or connections, frost, water, freezing liquids, rust, corrosion, sludge or silt or other foreign or waste matter, overloading, strain, overrunning, freezing, excessive pressure, overheating or short-circuiting, poor workmanship or faulty parts.

B) The cost of parts where the Manufacturer / Dealer provides a long term parts warranty/ guarantee, parts which are either subject to recall by Manufacturer or can be considered as having Manufacturer design defects, general maintenance, adjustments, resetting of controls, tuning, cleaning, repairs to damage caused by scratching or denting or from the direct application of a tool, to interior or exterior paintwork or casing.

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.

Agent Declaration

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 Sale Person/ 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.

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

Intermediary Name and Code:_____ Date: _____ Place: _____

Intermediary License / Registration Number: _____

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 |

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.
2. Any person making default in complying with the provisions of this section shall be punishable with fine, which may extend to ten lakh rupees.