



**UNITED INDIA INSURANCE COMPANY LIMITED**  
**MOTOR INSURANCE PROPOSAL FORM - PRIVATE CAR /TWO WHEELER**

**MOU / Development Officer :**  
**Dealer / Broker /Agent Name & Code:**

<b>Proposer's Name</b>							
<b>Address for Correspondence</b>							
<b>Telephone &amp; Fax Number</b>		<b>Mobile No:</b>					
<b>E-mail Address</b>							
<b>Bank Account No. (SB/ Current Account)</b>		<b>PAN No:</b>					
<b>HPA/Hypothecation</b>							
<b>Type of Policy Required</b>		<b>Package policy</b>			<b>Liability policy</b>		
<b>Period of Insurance</b>		<b>From Time..... Date:</b>			<b>To</b>		
<b>Details of Vehicle</b>							
<b>Regn.No.</b>	<b>Eng.No.&amp; Chas. No.</b>	<b>Year of Make</b>	<b>Make&amp; Model / Type of Body</b>	<b>Cubic Capacity</b>	<b>Seating Capacity</b>	<b>Colour</b>	<b>Fuel Used</b>
<b>Registering Authority - Name and location :</b>							
<b>Value of the Vehicle:</b>							
<b>Invoice Value</b>	<b>Electric / Electronic Accessories</b>	<b>Non-Electrical Accessories</b>	<b>Side Car/Trailer</b>	<b>LPG/CNG Kit</b>	<b>Total Value</b>	<b>IDV</b>	
<b>History of Vehicle:</b>							
<b>Previous Policy No</b>	<b>Type of cover</b>	<b>Name of Insurer &amp; Address</b>	<b>Entitlement of No Claim Bonus</b>	<b>Date of Policy Expiry</b>	<b>Claim Experience for last 3 years</b>	<b>Date of first Purchase &amp; Regn.</b>	
<b>Usage of the Vehicle:</b>							
<b>Purpose of Use</b>	<b>Details of Vehicle Parking</b>		<b>Details of Driver</b>		<b>Average km run in a year</b>		
<b>Pleasure</b>	<b>Covered Garage</b>		<b>Self</b>				
<b>Professional</b>	<b>Uncovered Garage</b>		<b>Paid Driver</b>				
<b>Business/Trade</b>	<b>Within the Compound</b>		<b>Relatives</b>				
<b>Corporate</b>	<b>Roadside</b>		<b>Friends</b>				
<b>Discounts &amp; Loading:</b>							
<b>Voluntary Excess: Do you wish to Opt for Voluntary Excess over and above the Compulsory Policy Excess</b>				<b>Yes/No – If yes, please specify the amount</b> <b>Two Wheeler – Rs.500/700/1000/1500/3000</b> <b>Private Car – Rs.2500/5000/7500/15000</b>			
<b>Are you a member of Automobile Association of India</b>				<b>Yes/No If yes, please State:</b> <b>1. Name of Association</b> <b>2. Membership No: Date of Expiry:</b>			
<b>Is the vehicle fitted with the any Anti-Theft Device approved by ARAI</b>				<b>Yes/No If yes, attach certificate of installation issued by AASI</b>			

Whether the vehicle is driven by non-conventional source	Yes/No If yes, please specify the details
Whether the vehicle is driven by Bi-fuel kit / Fibre Glass Tank Fitted	Yes/No If yes, please specify the details
Do you wish to restrict TPPD cover to Statutory limit of Rs.6000/-only	Yes/No
<b>Additional covers required</b>	
Theft of Accessories (Two wheelers only)	
Legal Liability to Driver	
PA for paid driver	
P A Cover for Named Persons	
P A cover for unnamed persons/Pillion / unnamed passengers	
Add on Cover Nil Depreciation	
Add-on Cover Courtesy Car	
Add-on Cover Medical Expenses	
Add on Cover Personal Effects	
<b>Other Details</b>	
Whether use of vehicle is limited to own premises	Yes/No
Whether the vehicle belongs to foreign embassy	Yes/No
Whether the Car is certified as Vintage Car	Yes/No
Whether the vehicle is designed for use of blind/handicapped persons	Yes/No If yes, please specify the details of Endorsement by RTA
Whether the vehicle is used for Driving Tutions	Yes/No
Whether extension of Geographical Area is required	Yes/No If yes, State the Name of the Country Nepal Bangladesh,Bhutan,Maldives, Pakistan,SriLanka

Do you wish to have a One Page Policy? Yes/No  
(Policy terms and conditions can be viewed at our website : [www.uic.co.in](http://www.uic.co.in))

**DECLARATION BY THE INSURED**

I/We hereby declare that the Statements made by me/us in this Proposal Form are true to the best of my/our knowledge and belief and I/We hereby agree that his declaration shall form the basis of the contract between me/us and the UNITED INDIA INSURANCE CO. LTD.

I/We also hereby declare that any additions or alterations carried out after the submission of this Proposal Form then the same would be conveyed to the Insurers immediately.

I/we wish to confirm that there has been no accident to my/our vehicle since the last Policy Expiry Date till now. I/We confirm that I/We have remitted the premium at.....on.....  
For the insurance of the above vehicle with you. It is understood and agreed that you have no liability or whatsoever nature for any Loss/Damage/Liability arising out of any accident earlier to ..... (time).

I/We declare that the vehicle is in perfect state and roadworthy condition..

PLACE:  
DATE:

SIGNATURE OF THE PROPOSER