

NAVI PASSENGER CARRYING VEHICLE PACKAGE INSURANCE

PROPOSAL FORM

Note:

- ✚ Please complete all sections in capitals and tick the boxes wherever applicable. Please furnish all information that is sought and is having a bearing on the risk. Failure to disclose facts material to the assessment of the risk or providing misleading Information may render the contract void.
- ✚ The proposed vehicle is not covered until the proposal is accepted and premium paid.
- ✚ The proposed vehicle must be free of any defects and in perfect condition at the time of proposal & inception of the insurance cover.
- ✚ Information for fields marked with asterisk is mandatory.
- ✚ We shall process the proposal within a reasonable period but not exceeding 15 days from the date of receipt of proposal or any other requirement called by us. Where a proposal deposit is refundable under any circumstances, we shall refund the same within 15 days from the date of underwriting decision on the proposal.
- ✚ We may share the information provided by you with statutory authority, if so required, due to operation of any law.

Proposal For: New Policy Endorsement

Cover Desired: Package Package (Fire & Theft) Package (Fire Only) Package (Theft Only)

Proposer's Name			
Date of Birth	dd/mm/yyyy	Occupation/Business:	
Address (Where vehicle is normally kept and used)	<hr/> City _____ State _____ PIN _____ Mobile _____ Email Id _____		
GSTN		SEZ Holder	Yes <input type="checkbox"/> No <input type="checkbox"/>
Aadhar No.		PAN No:	
Financer's Details	Hire Purchase <input type="checkbox"/> Hypothecation <input type="checkbox"/> Lease <input type="checkbox"/>		
Name and Address of Financer			

Navi Passenger Carrying Vehicle Package Insurance | UIN: IRDAN155RP0003V02202021

Registered Office: Navi General Insurance Limited
 Salarpuria Business Centre, 4th Floor, 93, 5th A Block, Koramangala Industrial Layout, Bengaluru, Karnataka – 560095
 Toll-free number: 1800 123 0004 | Website: www.naviinsurance.com | Email: insurance.help@navi.com
 CIN: U66000KA2016PLC148551 | IRDAI Registration Number: 155

Period of Insurance	From: --/-- Hrs. on dd/mm/yyyy	To: Midnight of dd/mm/yyyy														
Details of Vehicle:																
Whether the vehicle is New or Second Hand at the time of Purchase: New <input type="checkbox"/> Second Hand <input type="checkbox"/>																
Date of Purchase: <table border="1" style="display:inline-table; border-collapse: collapse;"><tr><td style="width:20px; height:20px; text-align:center;">D</td><td style="width:20px; height:20px; text-align:center;">D</td><td style="width:20px; height:20px; text-align:center;">M</td><td style="width:20px; height:20px; text-align:center;">M</td><td style="width:20px; height:20px; text-align:center;">Y</td><td style="width:20px; height:20px; text-align:center;">Y</td></tr></table>			D	D	M	M	Y	Y								
D	D	M	M	Y	Y											
*Vehicle Type: Indigenous <input type="checkbox"/> Imported <input type="checkbox"/>																
*Purpose for the which vehicle will be used: Goods Carrying (Private Carrier) <input type="checkbox"/> Goods Carrying (Public Carrier) <input type="checkbox"/> Within Own Premises <input type="checkbox"/> Private & Commercial Purpose <input type="checkbox"/> Passenger carrying <input type="checkbox"/> Any Other – Please specify _____																
REGN. No	Engine No	Chassis No.	YOM	Make	Model	CC/HP/GVW	Licensed Seating/ carrying Capacity Including driver & Cleaner	Type of Body	Date of Registration/ Date of Purchase	Place of registration						
Luggage/ Caravan/ Trailer Registration No.																
Fuel Type: (Tick Wherever applicable)				Diesel <input type="checkbox"/>		LPG <input type="checkbox"/>		Petrol <input type="checkbox"/>		CNG <input type="checkbox"/>	Battery <input type="checkbox"/>					
Geographical Location:																
Type of Road where Vehicle would normally ply:																
Hilly Road <input type="checkbox"/>			National/State Highways <input type="checkbox"/>				City- Town Roads <input type="checkbox"/>									
District Road <input type="checkbox"/>			Any Other – Please specify _____													
Nature of Goods carried Normally: Hazardous <input type="checkbox"/> Non-Hazardous <input type="checkbox"/>																
If Hazardous, name of hazardous material: _____																
*Type of Permit (Goods Carrying Vehicle):				National <input type="checkbox"/>		State <input type="checkbox"/>		Others _____		Local <input type="checkbox"/>	Zonal <input type="checkbox"/>	Hilly Areas <input type="checkbox"/>				
If National permit, specify States where vehicle would be plying _____																
Permit Number _____ valid upto				<table border="1" style="display:inline-table; border-collapse: collapse;"><tr><td style="width:20px; height:20px; text-align:center;">D</td><td style="width:20px; height:20px; text-align:center;">D</td><td style="width:20px; height:20px; text-align:center;">M</td><td style="width:20px; height:20px; text-align:center;">M</td><td style="width:20px; height:20px; text-align:center;">Y</td><td style="width:20px; height:20px; text-align:center;">Y</td></tr></table>							D	D	M	M	Y	Y
D	D	M	M	Y	Y											
*Type of Permit (Passenger Carrying Vehicle):				Stage Carriage <input type="checkbox"/>				Contract Carriage <input type="checkbox"/>			Others _____					
Do you have PUC Certificate?				YES <input type="checkbox"/>		NO <input type="checkbox"/>		If Yes, please provide PUC No. <table border="1" style="display:inline-table; border-collapse: collapse; width:150px; height:20px;"></table>								
				valid upto <table border="1" style="display:inline-table; border-collapse: collapse;"><tr><td style="width:20px; height:20px; text-align:center;">D</td><td style="width:20px; height:20px; text-align:center;">D</td><td style="width:20px; height:20px; text-align:center;">M</td><td style="width:20px; height:20px; text-align:center;">M</td><td style="width:20px; height:20px; text-align:center;">Y</td><td style="width:20px; height:20px; text-align:center;">Y</td></tr></table>							D	D	M	M	Y	Y
D	D	M	M	Y	Y											

Do you have Fitness Certificate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>						
If Yes, please provide Fitness certificate		<input type="text"/>							
No.		<table border="1"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td> </tr> </table>		D	D	M	M	Y	Y
D	D	M	M	Y	Y				
valid upto									
Vehicle will be used within own premises YES <input type="checkbox"/> NO <input type="checkbox"/> (Only if not licensed for general road use by RTO)									
*Is the vehicle owned/hired/leased/permited or likely to be owned /hired/leased/permited by state transport authorities for the purpose of public transport? YES <input type="checkbox"/> NO <input type="checkbox"/>									
Insured Declared Value*			Amount (₹)						
1. Insured Declared Value of Vehicle			₹						
2. Non-Electrical Accessories (other Than manufacturer fitted)			₹						
Sr. No.	Items Description	IDV in (₹)							
1									
2									
3									
Total									
3. Electrical/Electronic Accessories (Other than manufacturer fitted)			₹						
Sr. No.	Items Description	Make		Model	Year	IDV in (₹)			
1.									
2.									
3.									
Total									
4. External CNG/LPG kit (Not Provided by manufacturer)			₹						
5. Side Car(Two Wheelers)/ Trailers (Private Cars)			₹						
6. Total IDV			₹						

Note:

The Insured's Declared Value (IDV) of the vehicle will be deemed to be the 'SUM INSURED' for the purpose of this tariff and it will be fixed at the commencement of each policy period for each insured vehicle.

The IDV of the vehicle is to be fixed on the basis of manufacturers listed selling price of the brand and model as the vehicle proposed for insurance at the commencement of insurance /renewal and adjusted for depreciation (as per schedule specified below). The IDV of the side car(s) and / or accessories, if any, fitted to the vehicle but not included in the manufacturer's listed selling price of the vehicle is / are also likewise to be fixed.

The schedule of age-wise depreciation as shown below is applicable for the purpose of Total Loss/ Constructive Total Loss (TL/ CTL) claims only. A vehicle will be considered to be a CTL where the aggregate cost of retrieval and / or repair of the vehicle subject to terms and conditions of the policy exceeds 75% of the IDV.

AGE OF VEHICLE	% OF DEPRECIATION FOR FIXING IDV
Not exceeding 6 months	5%
Exceeding 6 months but not exceeding 1 year	15%
Exceeding 1 year but not exceeding 2 years	20%
Exceeding 2 year but not exceeding 3 years	30%
Exceeding 3 year but not exceeding 4 years	40%
Exceeding 4 year but not exceeding 5 years	50%

Note. IDV of obsolete models of vehicles (i.e. Models which the manufacturers have discontinued to manufacture) and vehicles beyond 5 years of age will be determined on the basis of an understanding between the insurer and the insured.

PREVIOUS INSURER DETAILS*

Name & Address of the Policy Issuing Office	Policy Number	Date of Expiry	Type of Cover. Liability Only/Packag e/Others (Specify)	Claims Lodged during the Preceding 5 Years		
				Year	Number	Amount

Are you entitled to a NO CLAIM BONUS from your previous insurer - Yes No
 If YES _____% please attach renewal notice from previous insurer.

Has any Insurance Company Ever Declined/Cancelled /Refused Renewal/Imposed special condition or excess – Yes/No If Yes, reason and details thereof: _____

<p>Personal Accident Cover for Owner Driver is compulsory. Please give details of nomination:</p> <p>Note:</p> <ol style="list-style-type: none"> 1. Personal Accident cover for Owner Driver is compulsory for Sum Insured of Rs.15,00,000/ 2. Compulsory PA cover to owner driver cannot be granted where a vehicle is owned by a company, a partnership firm or a similar body corporate or where the owner-driver does not hold an effective driving license. 3. <u>Do you already have a 24 hour Personal Accident cover against Death and Permanent Disability (Total and Partial) for Capital Sum Insured of at least Rs.15 lacs?</u> 	<p>(a) Name of the Nominee & Age :</p> <p>(b) Relationship :</p> <p>(c) Name of the Appointee (If Nominee is a Minor) :</p> <p>(d) Relationship to the Nominee :</p> <p><u>Yes/No, if yes, Sum Insured: _____</u></p>
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EXTENSIONS
(Tick on relevant option and provide details wherever applicable)

<p>Whether extension of geographical area to the following countries? (Bangladesh, Bhutan, Maldives, Nepal, Pakistan and Sri Lanka.)</p>	<p>Yes/No If 'Yes' state, the name of the countries.</p> <p>1) _____</p> <p>2) _____</p> <p>3) _____</p>				
<p>Do you wish to cover Overturning Risk for Specified Miscellaneous vehicle?</p>	<p>Yes/No</p>				
<p>Do you wish to cover loss of or damage to lamps tyres tubes mudguards bonnet side parts bumpers and paint work (IMT 21)?</p>	<p>Yes/No</p>				
<p>Whether the Vehicle belongs to Foreign Embassy/Consulate</p>	<p>Yes/No</p>				
<p>Liability to Third Parties Do you wish to restrict the above limits to the statutory TPPD Liability limit of Rs.6000/- only? (The policy provides Third Party Property Damage (TPPD of Rs.7.5 Lakhs).</p>	<p>Yes/No</p>				
<p>Do you wish to include Personal Accident (P.A.) Cover for paid drivers, cleaners and conductors? If yes, give the number of persons and Capital Sum Insured (CSI) opted. The maximum CSI available per person is Rs.2 lakhs. (In multiples of Rs. 10,000 for Seating capacity</p>	<p>Yes/No</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Number of Persons</td> <td style="width: 40%;"></td> </tr> <tr> <td>CSI opted (Rs.)</td> <td></td> </tr> </table>	Number of Persons		CSI opted (Rs.)	
Number of Persons					
CSI opted (Rs.)					

<p>Do You wish to include P.A Cover for unnamed persons hirer/pillion passengers (Two Wheelers)? If yes, give the number of persons and Capital Sum Insured (CSI) opted. The maximum CSI available per person is Rs.2 lakhs. (In multiples of Rs. 10,000 for Seating capacity as per RC including driver)</p>	<p>Yes/No</p> <table border="1" data-bbox="719 248 1278 450"> <tr> <td data-bbox="719 248 1018 349">Number of Persons</td> <td colspan="3" data-bbox="1018 248 1278 349"></td> </tr> <tr> <td data-bbox="719 349 1018 450">CSI opted (Rs.)</td> <td colspan="3" data-bbox="1018 349 1278 450"></td> </tr> </table>				Number of Persons				CSI opted (Rs.)			
Number of Persons												
CSI opted (Rs.)												
<p>Do you wish to include legal liability Cover to</p> <p>A) Driver/Conductor/Cleaner B) Other employees C) Non-fare paying passenger</p>	<p>Yes/No</p> <p>No. Of persons _____ No. Of persons _____ No. Of persons _____</p>											
<p>OTHER INFORMATION (Tick on relevant option and provide details wherever applicable)</p>												
<p>Whether the vehicle is used for driving tuitions?</p>	<p>Yes/No</p>											
<p>Whether vehicle is designed for use of Blind/ handicapped/mentally challenged persons and duly endorsed as such by RTA?</p>	<p>Yes/No</p>											
<p>Whether vehicle is fitted with fibre glass tank?</p>	<p>Yes/No</p>											
<p>Are you an existing customer of Navi General Insurance?</p>	<p>Yes/No Please provide Policy No: _____ or Customer ID _____</p>											
<p>Is your vehicle fitted with any vehicle tracking Device?</p>	<p>Yes/No If yes please specify.....</p>											
<p>Is the vehicle fitted with the any Anti-Theft Device approved by the ARAI, Pune?</p>	<p>Yes/No If yes, attach Certificate of Installation in the vehicle issued by Automobile Association of India</p>											
<p>Details of Driver</p> <p>Owner Driver <input type="checkbox"/> Others <input type="checkbox"/> If Others, please specify relation to insured:</p>	<p>_____</p> <p>(Please fill in the details)</p>		<p>Driving Experience</p> <p>_____</p>	<p>Age</p> <p>_____</p>								
<p>Any Physical infirmity/defective vision or Hearing? If yes provide details:</p>												
<p>Provide details of any Accident or Impending Prosecution.</p>	<p>Drivers Name</p> <p>_____</p>	<p>Date of Accident</p> <p>_____</p>	<p>Circumstances of Accident</p> <p>_____</p>	<p>Loss/Cost in (₹)</p> <p>_____</p>								

Any Other Relevant Information?				
PREMIUM PAYMENT AND BANK DETAILS				
Payment Option:	Cheque <input type="checkbox"/>	Demand Draft <input type="checkbox"/>	Fund Transfer <input type="checkbox"/>	Pay Order <input type="checkbox"/>
	Debit Card <input type="checkbox"/>	Credit Card <input type="checkbox"/>		
Premium Amount:	₹	Amount in Words:		
For Cheque/DD/PO (Payable in favour of Navi General Insurance Company Limited)				
Account Holder Name				
Instrument Number		Instrument Date		
Instrument Amount		Bank Name		
Credit/DebitCard No.		Expiry Date		
Fund Transfer/Wallet Name of Bank/Wallet	:	Transaction Number:		
PAN Number	:	TAN Number		
Note: As per the Regulatory requirements, we can affect payment of the refund (if any) and or claims only through Electronic Clearing System (ECS) / National Electronic Funds Transfer (NEFT) / Real Time Gross Settlement (RTGS) / Interbank Mobile Payment Service (IMPS). If the premium payment mode is other than cheque, please provide your account details as mentioned below for refund purposes.				
Account No.		IFSC/MICR Code		
UPI ID		Branch Name:		
Type of Account	Saving Bank's Account <input type="checkbox"/>	Current Account <input type="checkbox"/>		
	Others (Please Specify) <input type="checkbox"/>			
ELECTRONIC INSURANCE ACCOUNT DETAILS OF PROPOSER				
(Email Id is mandatory)				
Do you have an EIA	<input type="checkbox"/> Yes <input type="checkbox"/> No	If No, do you wish to apply for EIA	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, please quote the EIA number	<<_____>>			
If applied, please mention your preferred Insurance Repository	<<_____>>			
*Email Id (Registered with Insurance Repository)	<<_____>>			
Your Policy will be credited in your EIA account and your address details as mentioned in the EIA shall override the address provided in this proposal for Insurance. We request you to inform the Repository of any changes in the details immediately.				

<p>Declaration:</p> <p>"I/We desire to insure with NAVI GENERAL INSURANCE LTD ("Company") in respect of the vehicle described in this proposal form and statements contained herein, shared by me digitally or otherwise either through Company website, emails, Mobile application or any such mode of communication are true and accurate representations.</p> <p>I/We undertake and confirm that:</p> <ol style="list-style-type: none"> If any of the statements made herein are found to be false or incorrect, the benefits under this policy would stand forfeited. This application and declaration shall be promissory and shall be the basis of contract between me/us and the Company. I/We have read and understood the coverages, the terms and conditions and accept the Company's policy of insurance along with said conditions. If any additions or alterations are carried out by me/us in this proposal form or if there is any change in the information submitted by me/us after the submission of this proposal form, then the same would be conveyed to the Company immediately, failing which the benefits under the policy would stand forfeited. The Company may take appropriate measures to capture the voice log for all telephonic transactions carried out by me/us as required by the procedure/regulations internal or external to the Company and

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- shall not hold the Company responsible or liable for relying/using such recorded telephonic conversation.
- f. The insurance would be effective only on acceptance of this application by the Company and the payment of requisite premium in advance. In the event of non-realization of the Cheque or non-receipt of the amount of premium by the company, the policy shall be deemed cancelled “ab initio” and the Company shall not be responsible for any liabilities of whatsoever nature under this policy.
 - g. I/We agree to receive “Certificate of Insurance and Policy Schedule” only and shall access the policy terms, conditions and exclusions on the company’s website.
 - h. I/We hereby confirm that all premiums have been/will be paid from bonafide sources and no premiums have been/will be paid out of proceeds of crime related to any of the offence listed in Prevention of Money Laundering Act, 2002. I understand that the Company has the right to call for documents to establish sources of funds.
 - i. I hereby authorize the Company to notify me through email, SMS, or any other electronic mode any information pertaining to my proposal, policy document, claim servicing etc.

Declaration for No Claim Bonus (if NCB claimed but confirmation from previous insurer not submitted).
 I/We declare that the rate of NCB claimed by me/us is correct and that NO CLAIM has arisen in the expiring Policy Period (Copy of Policy enclosed). I/We further undertake that if this declaration is found incorrect, all benefits under the Policy in respect of Section I of the Policy will stand forfeited.

Place:

Date:

Signature of Proposer

INTERMEDIARY DETAILS (FOR OFFICE USE ONLY)

Branch Office _____	Intermediary Code _____
Branch Code _____	Intermediary Name _____
Business Sector Urban/Rural/Social _____	Intermediary contact Number _____
Point of Sale Person Name _____	Point of Sale Person Contact Number _____

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 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 prospectus or tables of the Insurers.
- 2) Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to Rupees Ten Lakhs.