



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

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

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

* Note :Policy terms and conditions are as per India Motor Tariff and are displayed at www.uiic.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

VEHICLE INSPECTION REPORT

INSPECTED BY				
DESIGNATION				
TIME & DATE				
COLOUR	REGN.NO	ENGINE NO	CHASSIS NO	KM READING

I confirm that the vehicle is in externally good condition and recommended for acceptance of coverage for IDV as declared by the Insured.

PLACE:

DATE:

SIGNATURE OF THE INSPECTING PERSON