

IFFCO-TOKIO

IFFCO-TOKIO GENERAL INSURANCE CO. LTD.
 Regd. Office : 34, Nehru Place, New Delhi - 110 019

AUTO PROTECTOR
PROPOSAL FORM FOR TWO WHEELERS / PRIVATE CAR PACKAGE POLICY

Proposer's (Owner's) Fully Name : _____

Address (Address where vehicle is normally kept and used) _____

Pin Code : _____ Tel. No. : _____ Fax No. : _____

Period Insurance : From ____ / ____ / ____ to ____ / ____ / ____ Date of Purchase ____ / ____ / ____

Make of Vehicle	Registration No.
Model	Engine No.
GVW / CC	Chassis No.
Year of Manufacture	Seating Capacity
Date of Registration	Registering Authority

Insured's Declared Value of Vehicle	Non-electrial accessories	Electrical & electronic accessories	Value of CNG / LPG Kit	Value of Sidecar / Trailer	Total IDV
Rs.	Rs.	Rs.	Rs.	Rs.	Rs.

Details of Hire Purchase/Hypothecation/Lese _____

Name and Address of Previous Insurer _____

Previous Policy No. : _____ Period: From ____ / ____ / ____ to ____ / ____ / ____

Are you entitled to No Claim Bonus ? YES _____ NO _____ If Yes, then what percent _____

If yes, please submit proof thereof.

The policy provides There Party Property Damage (TPPD) of Rs. 7.5 lakhs for Commercial Vehicles

Do you wish to resitricit the above limit to statutory TPPD Liability limit of Rs. 6000/- only ? Yes _____ No _____

Do you wish to cover legal liability to

- 1) Drive - (No. of persons _____) YES _____ NO _____
- 2) Other employees - (No. of persons _____) YES _____ NO _____
- 3) Unnamed passengers - (No. of Persons _____ & CSI _____) YES _____ NO _____

Declaration by 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 this declaration shall from the basis of the contract between me / us and the IFFCO_TOKIO GENERAL INSURANCE Co. Ltd." I/We also declare that any additions or alterations are carried out after the submission of proposal from than the same would be conveyed to the insurer immediately.

Place
Date

Signature of Proposer

NCB DECLARATION

I/We declare that the rate if NCB claimed by me/us is correct and that no claim as arisen in the expiring policy period (copy of the policy enclosed). I/We further undertake that if this declaration is found to be incorrect, all benefits under the policy in respect of section I of the policy will stand forfeited.

Signature of Proposer

INSURANCE ACT 1938, SECTION 41-PROHIBITION OF REBATES

- No persons shall allow or order 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 or 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 ot 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 Insurer.
- Any person making default in complying with the provision of this section shall be punishable with fine, which may extend to five hundred rupees.

I have physically inspected the following vehicle today and found it in perfectly good condition :-

Vehicle No. _____ Make _____ Colour _____ Km reading _____

Inspection Time _____ Inspection Date _____ Name by whom inspected _____ Signature _____

PREMIUM - CALCULATION	
OWN DAMAGE (A)	THIRD PARTY (B)
BASIC :	BASIC :
ELE ACC :	PA-O/D :
NCB if any :	PA (PAX) :
	LL to Driver :
TOTAL (A) :	TOTAL (B) :
TOTAL + (B) :	
12.36% Service Tax :	
TOTAL PAYABLE :	

IFFCO-TOKIO

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Regd. Office : 34, Nehru Place, New Delhi - 110 019

AUTO PROTECTOR

PROPOSAL FORM FOR COMMERCIAL VEHICLE PACKAGE POLICY

Proposer's (Owner's) Fully Name : _____

Address (Address where vehicle is normally kept and used) _____

Pin Code : _____ Tel. No. : _____ Fax No. : _____

Period Insurance : From ____ / ____ / ____ to ____ / ____ / ____ Date of Purchase / /

Make of Vehicle	Registration No.
Model	Engine No.
GVW / CC	Chassis No.
Year of Manufacture	Seating Capacity
Date of Registration	Registering Authority

Insured's Declared Value of Vehicle	Non-electrical accessories	Electrical & electronic accessories	Value of CNG / LPG Kit	Value of Sidecar / Trailer	Total IDV
Rs.	Rs.	Rs.	Rs.	Rs.	Rs.

Details of Hire Purchase/Hypothecation/Lese _____

Name and Address of Previous Insurer _____

Previous Policy No. : _____ Period: From ____ / ____ / ____ to ____ / ____ / ____

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PREMIUM - CALCULATION

OWN DAMAGE (A)

THIRD PARTY (B)

BASIC :

BASIC :

IMT 23 :

PA-O/D :

ELE ACC :

PA (PAX) :

NCB if any :

LL to Driver :

TOTAL (A) :

TOTAL (B) :

TOTAL + (B) :

12.36% Service Tax :

TOTAL PAYABLE :