

CAR SHIELD - PRIVATE CAR PACKAGE POLICY PROPOSAL FORM



Royal Sundaram

General Insurance

Proposal No.

FOR OFFICE USE ONLY	Sales Reference:	Policy No:
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IMPORTANT (All Fields are mandatory)

❖ Please complete the form in CAPITAL LETTERS, using a black pen. ❖ The liability of the Company does not commence until the Company has accepted the Proposal Form duly filled in all respects and the full premium is paid. For any clarification on the cover, terms, etc., please contact Royal Sundaram. ❖ All questions in the form must be answered and it must be signed and dated. Continue on a separate sheet if necessary and attach as part of the Proposal Form. ❖ Attach latest proof of No Claim Bonus if applicable. ❖ Attach any other information material to the risk proposed. ❖ It is an offence under the Motor Vehicles Act 1988 to make a false statement or withhold any material information for the purpose of obtaining a Certificate of Motor Insurance.

ABOUT YOURSELF

Title	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Others (please specify) _____																		
Name	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; border-bottom: 1px solid black;">First Name</td> <td style="width:33%; border-bottom: 1px solid black;">Middle Name</td> <td style="width:33%; border-bottom: 1px solid black;">Last Name</td> </tr> </table>			First Name	Middle Name	Last Name													
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Date of birth	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; border-bottom: 1px solid black;"> </td> <td style="width:33%; border-bottom: 1px solid black;">Are you Married? <input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td style="width:33%; border-bottom: 1px solid black;"> </td> </tr> </table>				Are you Married? <input type="checkbox"/> Yes <input type="checkbox"/> No														
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Communication Address	<table style="width:100%; border-collapse: collapse;"> <tr><td style="width:100%; border-bottom: 1px solid black;"> </td></tr> <tr><td style="width:100%; border-bottom: 1px solid black;"> </td></tr> </table>																		
City	<table style="width:100%; border-collapse: collapse;"> <tr><td style="width:100%; border-bottom: 1px solid black;"> </td></tr> </table>																		
State	<table style="width:100%; border-collapse: collapse;"> <tr><td style="width:100%; border-bottom: 1px solid black;"> </td></tr> </table>			Pincode															
Daytime Phone(s)	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%; border-bottom: 1px solid black;"> </td> <td style="width:10%; border-bottom: 1px solid black;">-</td> <td style="width:60%; border-bottom: 1px solid black;"> </td> </tr> </table>		-		Mobile No.	<table style="width:100%; border-collapse: collapse;"> <tr><td style="width:100%; border-bottom: 1px solid black;"> </td></tr> </table>													
	-																		
PAN No.	<table style="width:100%; border-collapse: collapse;"> <tr><td style="width:100%; border-bottom: 1px solid black;"> </td></tr> </table>																		
E-mail	<table style="width:100%; border-collapse: collapse;"> <tr><td style="width:100%; border-bottom: 1px solid black;"> </td></tr> </table>																		
<p>Occupation: Please tick <input checked="" type="checkbox"/> against the applicable description, if you fall under any of the below listed categories. If you fall under more than one of the listed titles below, please tick against all the applicable heads.</p>																			
<table style="width:100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> Pvt. Sector</td> <td><input type="checkbox"/> Govt. Employee</td> <td><input type="checkbox"/> Self Employed</td> <td><input type="checkbox"/> Professional _____ (Please Specify)</td> </tr> <tr> <td><input type="checkbox"/> House wife</td> <td><input type="checkbox"/> Retired Employee</td> <td><input type="checkbox"/> Student</td> <td><input type="checkbox"/> Head of State or of Government</td> </tr> <tr> <td><input type="checkbox"/> Senior Politician</td> <td><input type="checkbox"/> Senior Government/Judicial/Military Officer</td> <td><input type="checkbox"/> Important Political Party Official</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Senior Executive of State-Owned Corporation</td> <td><input type="checkbox"/> Others _____ (Please Specify)</td> <td></td> <td></td> </tr> </table>				<input type="checkbox"/> Pvt. Sector	<input type="checkbox"/> Govt. Employee	<input type="checkbox"/> Self Employed	<input type="checkbox"/> Professional _____ (Please Specify)	<input type="checkbox"/> House wife	<input type="checkbox"/> Retired Employee	<input type="checkbox"/> Student	<input type="checkbox"/> Head of State or of Government	<input type="checkbox"/> Senior Politician	<input type="checkbox"/> Senior Government/Judicial/Military Officer	<input type="checkbox"/> Important Political Party Official		<input type="checkbox"/> Senior Executive of State-Owned Corporation	<input type="checkbox"/> Others _____ (Please Specify)		
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<input type="checkbox"/> Senior Executive of State-Owned Corporation	<input type="checkbox"/> Others _____ (Please Specify)																		

AADHAR NUMBER

a) For Individual Customer:											
Name as per Aadhar	<table style="width:100%; border-collapse: collapse;"> <tr><td style="width:100%; border-bottom: 1px solid black;"> </td></tr> </table>										
Aadhar Number	Date of birth of Insured	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; border-bottom: 1px solid black;">D</td> <td style="width:10%; border-bottom: 1px solid black;">D</td> <td style="width:10%; border-bottom: 1px solid black;">M</td> <td style="width:10%; border-bottom: 1px solid black;">M</td> <td style="width:10%; border-bottom: 1px solid black;">Y</td> <td style="width:10%; border-bottom: 1px solid black;">Y</td> <td style="width:10%; border-bottom: 1px solid black;">Y</td> <td style="width:10%; border-bottom: 1px solid black;">Y</td> </tr> </table>	D	D	M	M	Y	Y	Y	Y	Gender
D	D	M	M	Y	Y	Y	Y				
				<input type="checkbox"/> M	<input type="checkbox"/> F						
b) For Corporate Customer:											
Principal Officer Name as per Aadhar	<table style="width:100%; border-collapse: collapse;"> <tr><td style="width:100%; border-bottom: 1px solid black;"> </td></tr> </table>										
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D	D	M	M	Y	Y	Y	Y				
				<input type="checkbox"/> M	<input type="checkbox"/> F						

GST NUMBER

Name as per GST Certificate	<table style="width:100%; border-collapse: collapse;"> <tr><td style="width:100%; border-bottom: 1px solid black;"> </td></tr> </table>				
Registered GST Number	<table style="width:100%; border-collapse: collapse;"> <tr><td style="width:100%; border-bottom: 1px solid black;"> </td></tr> </table>				
Address as per GST Certificate	<table style="width:100%; border-collapse: collapse;"> <tr><td style="width:100%; border-bottom: 1px solid black;"> </td></tr> <tr><td style="width:100%; border-bottom: 1px solid black;"> </td></tr> </table>				
District and State as per GST Certificate	<table style="width:100%; border-collapse: collapse;"> <tr><td style="width:100%; border-bottom: 1px solid black;"> </td></tr> </table>				

ELECTRONIC INSURANCE ACCOUNT(EIA) NUMBER

Do you have Electronic Insurance Account <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes please provide)					
Account No	<table style="width:100%; border-collapse: collapse;"> <tr><td style="width:100%; border-bottom: 1px solid black;"> </td></tr> </table>				
Repository Name	<table style="width:100%; border-collapse: collapse;"> <tr><td style="width:100%; border-bottom: 1px solid black;"> </td></tr> </table>				
Nominee Name	<table style="width:100%; border-collapse: collapse;"> <tr><td style="width:100%; border-bottom: 1px solid black;"> </td></tr> </table>				
Nominee Age	<table style="width:100%; border-collapse: collapse;"> <tr><td style="width:100%; border-bottom: 1px solid black;"> </td></tr> </table>		Nominee Relationship	<table style="width:100%; border-collapse: collapse;"> <tr><td style="width:100%; border-bottom: 1px solid black;"> </td></tr> </table>	

ABOUT YOUR BANK DETAILS Please attach a copy of cancelled cheque for verification of details, remittance of claim payment/refund if any.

Bank Name	Branch
Type of Account: <input type="checkbox"/> Saving <input type="checkbox"/> Current	Account No:
IFSC Code:	MICR Code:
Customers are requested to remit the premium by way of cheque or demand draft or credit card. Cash remittance to be avoided.	

ABOUT YOUR VEHICLE Please give full details:

Date of Registration |D|D|M|M|Y|Y|Y|Y|

Date of delivery of vehicle to proposer |D|D|M|M|Y|Y|Y|Y|

Registering Authority: _____

The address is same as above Yes No (If 'No' please give full details)Address as per
Registration
Certificate

City

State

Pincode

Period of Insurance From |H|H|M|M| am/pm |D|D|M|M|Y|Y|Y|Y| To |H|H|M|M| am/pm |D|D|M|M|Y|Y|Y|Y|

Registration No.

Engine Number

Make & Model

Chassis Number

Year of Manufacture

Cubic Capacity

Seating Capacity

(including driver)

Current Ownership

 New Vehicle Used Vehicle

Type of fuel

 Petrol Diesel CNG LPG Others

(Please Specify)

Vehicle mostly driven on

 City roads Highways Hilly areas Village roads Airport/Airside Others**Present value of your car & accessories**

(Please tick as appropriate.)

For the Car (Insured's Declared Value)	For extra Electronic & Electrical accessories fitted to the car*	For extra Non-Electrical accessories fitted to the car*	Total 'Insured's Declared Value' of the car including accessories
₹	₹	₹	₹

* If extra accessories are to be insured please provide the details below (attach sheet if necessary):

Sl.No. _____ Make _____ Model _____ Estimated Value ₹ _____

If the car is fitted with a Bi-fuel system, _____ Model _____ Estimated Value ₹ _____
please state: Type1. Is the vehicle financed? Yes No Hire Purchase Hypothecation Lease Name and Address of finance company: _____2. Is the car fitted with an anti-theft device approved by Automobile Research Association of India (ARAI), Pune and the installation certified by a recognized Automobile Association? Yes No

If 'Yes' attach full details, including copies of by purchase & installation and Automobile Association approval documents.

3. Is there any other Safety features installed in your car? ABS Airbags Others (Please Specify) _____4. Whether the vehicle is driven by non-conventional source of power? Yes No

If 'Yes' please give details _____

5. Whether the vehicle is used for driving tuitions? Yes No

If 'Yes' please give details _____

6. Whether extension of geographical area to the following countries required? Yes No

Bangladesh, Bhutan, Maldives, Nepal, Pakistan and Sri Lanka.

If 'Yes' state the name of the countries 1) _____ 2) _____ 3) _____

7. Whether use of vehicle is limited to own premises? Yes No8. Whether vehicle is used for Commercial purposes? Yes No9. Whether vehicle belongs to foreign embassy / consulate? Yes No10. Whether the car is certified as Vintage car by Vintage and Classic Car Club of India? Yes No11. Whether vehicle is designed for use of Blind/ Handicapped/mentally challenged persons and duly endorsed as such by RTA? Yes No12. Whether the vehicle is fitted with fibre glass tank? Yes No13. Are you a member of Automobile Association of India? Yes No

If 'Yes' please state a) Name of Association _____ b) Membership No. _____ c) Date of expiry _____

BENEFITS UNDER OUR POLICY:■ Compulsory Personal Accident (CPA) Cover For Owner Driver Yes No

If Yes, Capital Sum Insured _____ (15 lakhs to 50 Lakhs) *Multiples of Lakhs

Nomination for PA Cover	Age	Relationship	Name of the Appointee (if Nominee is a minor)

If No, Tick any of the three options

 Registered owner does not have valid driving license Registered owner having CPA cover with other motor policies Registered owner having PA cover of Rs.15 lakhs and above

■ The Standard Coverage for Third Party Property Damage is

₹7,50,000/-. Do you wish to restrict the same to ₹6,000/- only, as per Motor Vehicles Act to avail applicable discount

■ Personal Accident Cover: For a maximum capital sum insured of ₹2,00,000/- covering Death and Disablement benefits for:

a) Any named person other than paid driver and/or cleaner (Please enclose the details of the persons to be insured)

Name	Nominee	Relationship	Capital Sum Insured ₹

b) Paid driver(s)

Yes No If 'Yes' Capital Sum Insured opted ₹ _____

c) Unnamed occupants other than the insured, his paid driver and/or cleaner, limited to the registered carrying capacity of the vehicle

Yes No If 'Yes' Capital Sum Insured opted ₹ _____

■ Wider legal liability to paid driver Yes No ■ Legal liability for your employees Yes No (Maximum restricted to seating capacity) If 'Yes' number of employees _____

■ Additional Towing charges of ₹500 or ₹1000 or ₹1500 opted for over and above the limit prescribed in the policy.

If you wish to include this cover, state the limits required. ₹ _____

PRIVATE CAR PACKAGE POLICY PROPOSAL FORM FOR ADD-ON COVERS

These covers can be opted only for vehicles that are insured under a Package Policy with us.

This proposal is an addendum to the Private Car Package Proposal Form for insurance of your Private Car.

Cover Name	Cover Code	Description								
Depreciation Waiver Clause	RSMOAC001	Would you like the Depreciation applicable on parts to be waived, in case of a partial loss claim. <input type="checkbox"/> Yes <input type="checkbox"/> No								
Windshield Glass Clause	RSMOAC002	In the event of Breakage of Windshield Glass, would you like to avail replacement without affecting your No Claim Bonus <input type="checkbox"/> Yes <input type="checkbox"/> No								
Facilities in lieu of Spare Car Clause	RSMOAC003	In the event of the vehicle meeting with an accident, you may choose one of the following compensation slabs, to reduce any inconvenience to you: Compensation Slabs in ₹. Per day Example: <table border="1" style="width: 100%; text-align: center;"> <tr> <td>₹150</td> <td>₹300</td> <td>₹500</td> <td>₹600</td> <td>₹750</td> <td>₹1,000</td> </tr> </table>	₹150	₹300	₹500	₹600	₹750	₹1,000		
₹150	₹300	₹500	₹600	₹750	₹1,000					
Full Invoice Price Insurance Clause	RSMOAC004	Would you like to insure the vehicle for its full Manufacturers' Listed Selling Price. <input type="checkbox"/> Yes <input type="checkbox"/> No								
Life-time Road Tax Clause	RSMOAC005	Would you like to include the Life Time Road Tax paid by you on your vehicle. <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please give the following details <table border="1" style="width: 100%; text-align: center;"> <tr> <th>Amount of tax paid</th> <th>Date of Payment</th> <th>State in which tax was paid</th> <th>Validity period of the RC</th> </tr> <tr> <td>₹</td> <td>DD/MM/YYYY</td> <td></td> <td>DD/MM/YYYY</td> </tr> </table>	Amount of tax paid	Date of Payment	State in which tax was paid	Validity period of the RC	₹	DD/MM/YYYY		DD/MM/YYYY
Amount of tax paid	Date of Payment	State in which tax was paid	Validity period of the RC							
₹	DD/MM/YYYY		DD/MM/YYYY							
Voluntary Deductible Clause	RSMOAC006	Would you like to opt for Voluntary Deductible under your policy. <input type="checkbox"/> Yes <input type="checkbox"/> No What limit would you like to opt for: <table border="1" style="width: 100%; text-align: center;"> <tr> <td>₹1,500</td> <td>₹2,500</td> <td>₹5,000</td> <td>₹7,500</td> <td>₹10,000</td> <td>₹15,000</td> </tr> </table>	₹1,500	₹2,500	₹5,000	₹7,500	₹10,000	₹15,000		
₹1,500	₹2,500	₹5,000	₹7,500	₹10,000	₹15,000					
Loss Of Baggage Clause	RSMOAC007	Would you like to cover your Baggage against accidental damage or loss whilst being kept in the insured Car. <input type="checkbox"/> Yes <input type="checkbox"/> No What limit would you like to opt for: (₹) Example: <table border="1" style="width: 100%; text-align: center;"> <tr> <td>₹2,500</td> <td>₹5,000</td> <td>₹7,500</td> <td>₹10,000</td> </tr> </table>	₹2,500	₹5,000	₹7,500	₹10,000				
₹2,500	₹5,000	₹7,500	₹10,000							
No Claim Bonus Protector (Option I)	RSMOAC008	Would you like to opt for No claim bonus protector? <input type="checkbox"/> Yes <input type="checkbox"/> No								
Aggravation (Damage) Cover Clause (Without Deductible)	RSMOAC009	Would you like to opt for Aggravation (Damage) Cover? <input type="checkbox"/> Yes <input type="checkbox"/> No								
Tyre Cover Clause	RSMOAC010	Would you like to opt for Tyre Cover? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please give following details Make _____ Variant _____ Serial Nos. for all Tyres in your vehicle including spare tyre <table border="1" style="width: 100%; text-align: center;"> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>								
Key Replacement Clause (Without Deductible)	RSMOAC011	Would you like to opt for Key Replacement? <input type="checkbox"/> Yes <input type="checkbox"/> No								

I have read the literature explaining the above covers and have opted for them after fully understanding its benefits

PREVIOUS HISTORY

- Is the car in a roadworthy condition and free from damage? Yes No If 'No' please give details
If 'No' please give full details: _____
- Will the vehicle be used exclusively for:
 - Private, social, domestic, pleasure & professional purposes Yes No _____
 - Carriage of goods other than samples or personal baggage Yes No _____
- Name and address of the previous insurer _____
- Previous Policy No. _____ Policy period _____
- Type of cover Liability only cover Package cover Others (specify) _____
- Has any insurance company ever:
 - Declined the proposal Yes No
 - Cancelled & refused to renew Yes No
(If 'Yes' reasons there of _____)
 - Imposed special condition or excess Yes No
(If 'Yes' reasons and details there of _____)

DECLARATION - NO CLAIM BONUS

Are you entitled to No Claim Bonus Yes No (If 'Yes' please submit proof from your previous insurer.)

I hereby declare that I have not made claim (or) I have made claim under my previous Policy No _____ issued by _____ I/We declare that the rate of NCB of _____ % claimed by me/us is correct and that no claim has 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.

Payment Details: Please tick (✓) payment option

Cheque/DD Number Credit Card Debit Card Payzaap Paytm Bill Desk

Bank _____

NEFT RS Account No _____ Transaction Ref No _____

Date Amount _____ Cash Amount _____

***Payment must be made favouring Royal Sundaram General Insurance Co. Limited**

PREMIUM COMPUTATION SUMMARY

IDV		TP Basic	
OD Discount %		Other TP Covers	
OD Premium			
Other OD Covers			
		Total TP	
		Total OD + TP	
NCB %		GST	
Total OD Premium		Premium inclusive of GST	

COMPULSORY DEDUCTIBLE

The Policy excludes the first portion of each claim for loss or damage to the Motor Car. The amount of the Deductible is ₹1,000/- for cars with cubic capacity not exceeding 1500cc and ₹2,000/- for cars with cubic capacity exceeding 1500cc.

ABOUT OUR POLICY

Usage of the car: The Policy covers use of the car for social, domestic and pleasure purposes and also for professional purposes of the Insured or use by the Insured's employees for such purposes. The Policy does not cover use for hire or reward, racing, pace making, reliability trial, speed testing, the carriage of goods (other than samples) in connection with professional purpose or use for any purpose in connection with the Motor Trade.

DECLARATION

Before signing the Declaration check your answers carefully, particularly if this Proposal Form was completed by another person on your behalf. I/we declare that to the best of my/our knowledge and belief the answers given are true and all material information has been disclosed. I/we agree that if any answers have been completed by any other person such person shall for that purpose be regarded as my/our agent and acting on my/our behalf and not the agent of Royal Sundaram General Insurance Co. Limited.

I/we declare that this Proposal Form is for insurance in the normal terms and conditions of the Insurer's Policy and shall be incorporated in and form part of the insurance contract. 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 agree to download the policy terms, conditions, exceptions and applicable endorsements by logging on to the website www.royalsundaram.in (or) mail to customer.services@royalsundaram.in to obtain a hard copy of the same.

Date :

Place :

Signature of the proposer (Vehicle Owner)

Section - 41 of Insurance Act, 1938 Prohibition of Rebates

- 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 continuing the policy accept any rebate except such rebate as may be allowed in accordance with the published prospectus or tables of the Insurer.
- If any person fails to comply with sub-regulation (1) above, he shall be liable to payment of a fine which may extend to Ten Lakh Rupees.

Insurance is the subject matter of solicitation.

Royal Sundaram General Insurance Co. Limited

(Formerly known as Royal Sundaram Alliance Insurance Company Limited)

Corporate Office: Vishranthi Melaram Towers, No. 2 / 319, Rajiv Gandhi Salai (OMR), Karapakkam, Chennai - 600097. Registered Office: 21, Patullus Road, Chennai - 600 002.
Royal Sundaram IRDAI Registration No.102 | CIN:U67200TN2000PLC045611

☎ 1860 425 0000

✉ customer.services@royalsundaram.in

🌐 www.royalsundaram.in

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UIN - IRDAN102P0004V02201617

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Car Shield - Private Car Package Policy Proposal Form