



THE ORIENTAL INSURANCE CO. LTD.

PROPOSAL FORM FOR PRIVATE CARS AND MOTORISED TWO WHEELERS

Name of Proposer(Owner)	: ALAIKUN
Address(Owner)	: SISWA AWWAL
	:
	PIN: 274409 Phone: 7388837074
Occupation	:
Name & address of Hirer/Hyp/Lease	: HERO FINCORP LTD .
Type of Cover required	: Liability Policy/Package Policy/Liability & Theft/ : Liability & Fire/Liability, Fire & Thief Policy
Period of Insurance:Time: _____	From _____ To _____
Registration No. of Vehicle	: NEW
Registration Authority Address	: PADRAUNA (KUSHINAGAR)
Make of Vehicle: HF DELUXE	Colour of Vehicle: BKG
Year of Manufacture: 2025	Date of Registration: _____
Engine No. : HA11F4S4D06144	Chassis No. : MBLHAW502S4D06692
Type of Body	: SOLO
Cubic Capacity/GVW: 100	Registered Seating Capacity: 1+1
Previous Policy Details	
Policy Year & No.	: _____
Name of Insurance Company	: _____
Expiry of previous Insurance	: _____
Previous years NCB% enjoyed	: _____
Any claim on previous policy	: _____
Insured's Declared Value(IDV):Rs.58142.85	New Invoice Value:Rs.61203
Excess Clause Vol/Compulsory Accepted Amount:Rs. _____	
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Value for electrical/electronic items(inbuilt Items): _____	
CNG/LPG fuel used(Y/N): _____	Any Geographical Ext., if yes, state Country: _____
Usage of Vehicle:Hire or Reward/Driving Tuition/Limited to own premises: _____	
Optional PA cover, state No.& sum Insured:Rs _____	
No.of Employees for Legal Liability: _____	No of Driver/Cleaner for WLL: _____
Any,anti theft device used(Y/N): _____	

Declaration

(1) "I explicitly agree to receive one page Motor Policy & give my consent hereby."

(2) "I/we declare that the rate or NCB 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".

(3) **(UNDERTAKING(in case of Break-in-insurance or Coverage from Act to Package))**

"The Vehicle is neither damaged nor any third party injury to person or property is there and in case it is found that statement is false the proposer shall be liable to all liability arising out of such damages/injuries and the company may also forfeit all my / our claims under this policy."

(4) I/We hereby declare that the statements made by me/us in this proposal from 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 Oriental Insurance Co.Ltd."

I/We also declare that any additions or alternations are carried out after the submission of this proposal form then the same would be conveyed to the insurers immediately.

***Customer is covered under PA Policy No-OG-23-9999-9960-00000030 of 15 lakhs.**

***TPPD is restricted in this policy on customer request.**

Place:

Date:

Signature of Proposer/Insured