



THE ORIENTAL INSURANCE CO. LTD.

PROPOSAL FORM FOR PRIVATE CARS AND MOTORISED TWO WHEELERS

Name of Proposer(Owner)	: SUNITA
Address(Owner)	: JHUNGIYA BAZAR WARD-7 BRD MEDICAL COLLEGE
	:
	PIN: 273013 Phone: 9129966453
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	: GORAKHPUR
Make of Vehicle: <u>SPLENDOR PLUS</u>	Colour of Vehicle: <u>MAG</u>
Year of Manufacture: <u>2025</u>	Date of Registration:
Engine No. : <u>HA11F6SHL08868</u>	Chassis No. : <u>MBLHAW470SHL08445</u>
Type of Body	: <u>SOLO</u>
Cubic Capacity/GVW: <u>100</u>	Registered Seating Capacity: <u>1+1</u>
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.71249.05	New Invoice Value:Rs.74999
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."

P.T.O

(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