



THE ORIENTAL INSURANCE CO. LTD.

PROPOSAL FORM FOR PRIVATE CARS AND MOTORISED TWO WHEELERS

Name of Proposer(Owner) : SAURABH SINGH

Address(Owner) : MEDICAL ROAD CHARGAAN PO: B.R.D MEDICAL COLLEGE

:
PIN: 273013 Phone: 8917094096

Occupation : _____

Name & address of Hirer/Hyp/Lease : CASH

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: HF DELUXE Colour of Vehicle: BKG

Year of Manufacture: 2025 Date of Registration: _____

Engine No. : HA11F4SHF12429 Chassis No. : MBLHAW430SHF13411

Type of Body : SOLO

Cubic Capacity/GVW: 125 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.80076.45 New Invoice Value:Rs.65650

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