

Application No: - _____

COMPULSORY PERSONAL ACCIDENT (OWNER-DRIVER) UNDER MOTOR INSURANCE POLICIES

PROPOSAL FORM

Please complete all sections in capitals and tick the boxes wherever applicable. The cover is valid only whilst owner driver is driving/mounting into/dismounting from or traveling as a co-driver in any of the vehicle owned by him/her. Vehicle/s must be having a valid insurance policy and should not be used otherwise than in accordance with the 'Limitations as to Use' stated in such policy. Proposer must be holding an effective driving license that satisfies the requirements of Rule 3 of the Central Motor Vehicles Rules, 1989.

Proposer's Name			
Date of Birth	dd/mm/yyyy	Gender	Male/Female
Address for Correspondence (This address will be taken for GST computation)			
GSTN		SEZ Holder	Yes <input type="checkbox"/> No <input type="checkbox"/>
Pin Code		Email Address	
Mobile No.		Landline No:	
Aadhar No.		PAN No:	
VEHICLE DETAILS			
Sr. No.	REGN. No	Engine No.	Chassis No.

COVERAGE DETAILS	
Do you already have a 24-hour Personal Accident cover against Death and Permanent Disability (Total and Partial)	Yes/No, if yes, Sum Insured:_____
Capital Sum Insured Opted	₹ _____ /-
Cover	Scale of Compensation
i) Death	100%
(ii) Loss of two limbs or sight of two eyes or one limb and sight of one eye.	100%
(iii) Loss of one limb or sight of one eye	50%
(iv) Permanent total disablement from injuries other than named above.	100%

Compulsory Personal Accident (Owner-Driver) under Motor Insurance Policies | UIN: IRDAN155RP0083V01201819

Registered Office: Navi General Insurance Limited
 402, 403 & 404, A & B Wing, 4th Floor, Fulcrum, Sahar Road, Next to Hyatt Regency, Andheri (E), Mumbai – 400099
 Corporate Office: Salarpuria Business Centre, 4th B Cross Road, 5th Block, Koramangala Industrial Layout, Bengaluru, Karnataka – 560095
 Toll-free number: 1800 123 0004 | Website: www.naviinsurance.com | Email: insurance.help@navi.com
 CIN: U66000MH2016PLC283275 | IRDAI Registration Number: 155

NOMINEE DETAILS	
(a) Name of the Nominee & Age	:
(b) Relationship	:
(c) Name of the Appointee (If Nominee is a Minor)	:
(d) Relationship to the Nominee	:
PREMIUM PAYMENT AND BANK DETAILS	
Payment Option: Cheque <input type="checkbox"/> Demand Draft <input type="checkbox"/> Fund Transfer <input type="checkbox"/> Pay Order <input type="checkbox"/> Debit Card <input type="checkbox"/> Credit Card <input type="checkbox"/>	
Premium Amount: ₹ _____	Amount in Words: _____
For Cheque/DD/PO (Payable in favour of Navi General Insurance Company Limited)	
:	
Account Holder Name	_____
Instrument Number	: _____ Instrument Date : _____
Instrument Amount	: _____ Bank Name : _____
Credit/Debit Card No.	: _____ Expiry Date : _____
Fund Transfer/Wallet: Name of Bank/Wallet	Transaction Number: _____
PAN Number: _____	TAN Number: _____
Note:	
As per the Regulatory requirements, we can affect payment of the refund (if any) and or claims only through Electronic Clearing System (ECS) / National Electronic Funds Transfer (NEFT) / Real Time Gross Settlement (RTGS) / Interbank Mobile Payment Service (IMPS). If the premium payment mode is other than cheque, please provide your account details as mentioned below for refund purposes.	
Account No.	: _____ IFSC/MICR Code : _____
UPI ID	_____ Branch Name: : _____
Type of Account	: Saving Bank's Account <input type="checkbox"/> Current <input type="checkbox"/> Account
	Others (Please Specify) <input type="checkbox"/> _____
ELECTRONIC INSURANCE ACCOUNT DETAILS OF PROPOSER	
(Email Id is mandatory)	
Do you have an EIA	: <input type="checkbox"/> Yes <input type="checkbox"/> No If No, do you wish to apply for EIA : <input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please quote the EIA number	: <<_____>>
If applied, please mention your preferred Insurance Repository	: <<_____>>
Email Id (Registered with Insurance Repository)	: <<_____>>
Your Policy will be credited in your EIA account and your address details as mentioned in the EIA shall override the address provided in this proposal for Insurance. We request you to inform the Repository of any changes in the details immediately.	

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Declaration:

“I/We desire to insure myself with NAVI GENERAL INSURANCE LTD (“Company”) and statements contained herein, shared by me digitally or otherwise either through Company website, emails, Mobile application or any such mode of communication are true and accurate representations.

I/We undertake and confirm that:

- a) This application and declaration shall be promissory and shall be the basis of contract between me/us and the Company.
- b) I/We have read and understood the coverages, the terms and conditions and accept the Company’s policy of insurance along with said conditions.
- c) If any of the statements made herein are found to be false or incorrect, the benefits under this policy would stand forfeited. .
- d) If any additions or alterations are carried out by me/us in this proposal form or if there is any change in the information submitted by me/us after the submission of this proposal form, then the same would be conveyed to the Company immediately, failing which the benefits under the policy would stand forfeited.
- e) The Company may take appropriate measures to capture the voice log for all telephonic transactions carried out by me/us as required by the procedure/regulations internal or external to the Company and shall not hold the Company responsible or liable for relying/using such recorded telephonic conversation.
- f) The insurance would be effective only on acceptance of this application by the Company and the payment of requisite premium in advance. In the event of non-realization of the Cheque or non-receipt of the amount of premium by the company, the policy shall be deemed cancelled “ab initio” and the Company shall not be responsible for any liabilities of whatsoever nature under this policy.
- g) I/We agree to receive “Certificate of Insurance and Policy Schedule” only and shall access the policy terms, conditions and exclusions on the company’s website.
- h) I/We hereby confirm that all premiums have been/will be paid from bonafide sources and no premiums have been/will be paid out of proceeds of crime related to any of the offence listed in Prevention of Money Laundering Act, 2002. I understand that the Company has the right to call for documents to establish sources of funds.
- i) I hereby authorize the Company to notify me through email, SMS, or any other electronic mode any information pertaining to my proposal, policy document, claim servicing etc.

Place:

Date:

Signature of Proposer

INTERMEDIARY DETAILS (FOR OFFICE USE ONLY)	
Branch Office _____	Intermediary Code _____
Branch Code _____	Intermediary Name _____
Business Sector Urban/Rural/Social	Intermediary contact Number_____
Point of Sale Person Name _____	Point of Sale Person Contact Number_____

SECTION 41 OF INSURANCE ACT, 1938

- 1) 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 premium shown on the policy, nor shall any person taking out 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 Insurers.
- 2) Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to Rupees Ten Lakhs.