

**THE NEW INDIA ASSURANCE COMPANY LTD.**

Regd. Office: 87, M.G.Road, Fort, Mumbai 400001

**PROPOSAL FORM FOR STAND ALONE COMPULSORY PERSONAL ACCIDENT (CPA)  
FOR OWNER DRIVER UNDER MOTOR INSURANCE POLICY**

UIN No: IRDAN190RP0058V02201819

IRDAI Registration.No: 190

(The queries made/details stated below are the minimum requirements to be furnished by a proposer.  
The Insurer may seek any other information as desired for underwriting purpose.)

Business Channel: Name: Name of Principal officer:		Phone Number: Land / Fax Number: Email ID:
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**1. Insured details:**

Proposer's (Owner's) Full Name:	Gender: Male / Female	Occupation:
Tel / Mobile No:	Nationality:	Date of Birth:
Email Address:	PAN No:	GST No:
Address (Where Vehicle is normally kept and used):  PIN No:	Permanent Address:  PIN No:	
Driving Licence No:		Date of Issue:
Specify Type of Motor vehicles authorized to drive:		Date of Expiry:
Issuing Authority:		

Period Proposed for Insurance: From \_\_\_\_\_ AM / PM of \_\_\_\_\_ to Mid Night of \_\_\_\_\_

**2. Details of Vehicles owned by the proposer and registered in his name:**

S.No	Reg.No	Make	Class of Vehicle	Year of Manufacture	Engine No	Chassis No
1						
2						
3						
4						
5						
6						
7						
8						

Please attach additional sheet if Number of Vehicles are more than eight (8)

**3. Details of Nominee**

Name of Nominee:	Relationship with the insured:
Age of Nominee:	
Name of Appointee (if Nominee is a Minor):	Relationship of Appointee to the Nominee:

**DECLARATION BY THE PROPOSER**

I / We hereby declare that the statements made by me / us in this Proposal Form, including document(s) attached, are true and correct, to the best of my / our knowledge and belief and nothing materially affecting the risk has / have been concealed by me / us. I / We hereby agree that this declaration shall form the basis of the contract between me / us and "The New India Assurance Co. Ltd." and shall form part of the insurance contract.

I / We further declare that any addition(s) or deletion(s) of the vehicle (s) during the currency of the policy furnished/forming part of this proposal form shall be intimated in writing to the insurer immediately.

I/We hereby declare that the vehicle proposed for insurance has a valid PUC & Fitness Certificate (in case of transport vehicles) on the date of fresh issuance/renewal of the policy

I / We hereby also declare that I / we am / are willing to accept a policy of insurance in this company's usual Form.

<b>Place:</b>	<b>Left Thumb Impression / Signature of Proposer:</b>
<b>Date &amp; Time</b>	<b>Name of the Witness with Signature:</b>
N. B.: I / We am / are putting my / our signature(s) after understanding the above contents, incorporated in this Proposal Form , read over to me / us, are true and in accordance with my / our version	
<b><u>INSURANCE ACT 1938, SECTION 41 - PROHIBITION OF REBATES</u></b>	
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 the 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 published prospectus or tables of the Insurer.	
2. Any person making default in complying with the provisions of this section shall be punishable with fine, which may extend to ten lakh rupees.	