



MOTOR PASSENGER INJURY INSURANCE PROPOSAL FORM

(All questions must be answered fully, delete YES or NO and give details where required)

Direct/Sub-off/Salesperson/Agent/Broker

Name & Code: MPII Policy No :

Motor Policy No:

Name :

Postal Address/ Postal Code :

Business/Occupation :

Period of Insurance : From To

Capital Sum insured per seat : Rs..... Medical Expenses per seat : Rs.....

Total Capital Sum insured for all seats : Rs..... (including driver)

Private Car Commercial Vehicle

Particulars of Motor Vehicle:

Make & Model :

Engine Capacity :

Registration No. :

Use/Purpose :

Seating/Carrying Capacity :
(including driver)

No. of Seats Insured :

I/We hereby note and agree

- The Insurance by this Proposal and Declaration shall be the basis of the Contract subject to the terms, exceptions and conditions contained in the policy
- The Insurance by the policy will not apply to cases where the accidents/incidents are not declared/reported to Police.
- This Insurance does not apply to accidents where the person driving is not permitted/disqualified by any reason in accordance with the licensing or other laws or regulations to drive the Motor Vehicle.
- Children under the age of 6 are considered to be half-seated passengers.
- If in the event of an accident, the number of persons travelling in the Motor Vehicle exceeds the number of seats insured, the indemnity provided will be apportioned between the number of seats declared and the number of persons travelling.
- This proposal does not bind the Insurer who reserves the rights to accept or decline it.
- This Policy is subject to an excess of Rs..... on Medical Expenses.

I/We hereby consent for the use, processing, disclosure and retention of my/our personal information, as applicable, for the purpose of insurance administration, communication, market research, surveys, loss assessment, promotional and marketing initiatives, police/private investigation, fraud prevention, law enforcement and compliance with regulatory requirements.

***Note: Maximum Cover available is Rs 100,000/- per seat**

Date:.....

Signature:.....

Name:.....

FOR OFFICE USE ONLY

Premium for seat(s) : Rs.....

Document Fee : Rs.....

FSC Variable Annual Fee (0.35%) : Rs.....

Total Premium : Rs.....