



ANNEXURE III

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

Insured 's details			
Proposer's Name	RAMDHANI RAM BHAGAT	Dev. Officer/Broker name & code	POLICYBAZAAR INSURANCE BROKER PVT LTD (BR00000972) POLICYBAZAAR INSURANCE BROKER PVT LTD (SI00246382)
		Agency/Broker code name	POLICYBAZAAR INSURANCE BROKER PVT LTD (BR00000972)
Address for Correspondence	H no. 212 Avinash Garden City near D P S Semariya, Raipur., MANDHAR CEMENT FACTORY ,CHHATTISGARH, 493111	Telephone No.	NA
		Fax No.	NA
		Mobile No.	/ / XXXXXX6193
		email address	NA
Driving Licence No.		Date of Issue	
Specify type of Motor vehicle(s) authorized to drive	<<specify_so>>	Date of Expiry	
Sum Insured	0	Policy Period	22/09/2025 12:00:01 AM TO 21/09/2026 11:59:59 PM
Geographical area	India		

Details of Vehicles owned by the proposer and registered in his name						
Sr. No.	Regd. No.	Make	Class of vehicle (Private/Commercial)	Year	Engine No	Chassis No.
Please attach additional sheet if Number of vehicles are more than 8						
Details of nominee						
Name of Nominee	Age of Nominee	Relationship with the Insured	Name of the Appointee (if Nominee is a minor)	Relationship to the Nominee		

DECLARATION BY THE PROPOSER FOR "STAND ALONE COMPULSORY PERSONAL ACCIDENT (CPA) FOR OWNER-DRIVER UNDER MOTOR INSURANCE POLICY

I/We hereby declare that I/We am/are willing to take Add-on Cover(s) under Private Car Package Policy and I/We hereby am/are ready to pay the additional premium for the same. I also declare that my Vehicle No. _____ is under my /our ownership only.

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 of the vehicle during the currency of the policy, furnished/forming part of this proposal form, shall be intimated in writing to the Insurer immediately.

Signature of the Insured <<datetimeinspection>>

Date and Place <<placeinspection>>

Section 491 in The Insurance Act, 1938
41. Prohibition of rebates.-
(1) No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to 1[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 2[or continuing] a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectuses or tables of the insurer: 2[Provided that acceptance by an insurance agent of commission in connection with a policy of life insurance taken out by himself on his own life shall not be deemed to be acceptance of a rebate of premium within the meaning of this sub-section if at the time of such acceptance the insurance agent satisfies the prescribed conditions establishing that he is a bona fide insurance agent employed by the insurer.]



(2) Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to Ten Lakh Rupees.

We hereby declare that though our aggregate turnover in any preceding financial year from 2017-18 onwards is more than the aggregate turnover notified under sub-rule (4) of rule 48, we are not required to prepare an invoice in terms of the provisions of the said sub-rule.

Tax Invoice No : 31030025P0233611

IRDA Registration Number: 190
NIA PAN NUMBER: AAACN4165C