

Digitally signed by: DS LIBERTY
GENERAL INSURANCE LIMITED
Date: 2025-11-12 11:49:39 IST
Location: Mumbai



PROPOSAL FORM MISCELLANEOUS VEHICLE PACKAGE POLICY

Proposal for : ☒ New Vehicle ☐ Rollover ☐ Endorsement ☐ Renewal **(LGI Policy No.)**

Note: 1)Please Complete the proposal form in BLOCK LETTERS and tick boxes whichever applicable
2)Attach additional sheets if space given is insufficient
3)The queries made/details stated below are the minimum requirements to be furnished by a proposer.(The Company may seek any other information as desired for underwriting purpose.)

Intermediary Details

IMD Name	SPARKSHIELD INSURANCE BROKER PRIVATE LIMITED	IMD Code	IMD1270246
Branch Name	PUNE	Branch Code	400301
SM Name :	SACHIN JADHAV	SM Code :	N1660644
Contact No.:			
POSP Name :		POSP Code :	
PAN Card Number :		Aadhar Card No.	

(Mandatory to provide PAN Card No. or Aadhar Card No. in case of POSP)

Type of Cover : ☒ Package (Comprehensive) Policy ☐ Package (Act & Theft) Policy ☐ Package(Act,Theft and Fire) Policy ☐ Package(Fire & Theft) Policy ☐ Act only policy
Purpose for which vehicle will be used: ☐ Goods Carrying (Private Carrier) ☐ Goods Carrying (Public Carrier) ☐ Passenger Carrying ☒ Misc. D
Type of Vehicle: ☒ Four Wheeler ☐ Three Wheeler ☐ Other (Please Specify)

Vehicle Details

Vehicle Make	Model	Variant	Year of Manufacture/ Invoice Date	CC/HP/KW	Gross Vehicle Weight (GVW) For Miscellaneous Vehicle	Seating Capacity/LCC (Including Driver/Cleaner)	Body Type
SWARAJ	733 FE TRACTOR		2025/12-11-2025	34.00	0	1	OPEN

Insured Declared Value

IDV of the Vehicle	Electrical Accessories	Non Electrical Accessories	Trailer	Value of CNG/LPG kit	Total IDV
598500.00	0.00	0.00	0.00	0	598500.00

“Add On Covers” Selected:	☐	Depreciation Cover	☐	Consumable Cover	☐	Road Side Assistance Cover	☐	Engine Safe Cover	☐	Gap Value (Incl Taxes & Regn.)
	☐	Gap Value Cover	☐	Additional Towing Expenses Cover				☐	EMI Protection Cover	
	☐									

UIN Code of Add On covers selected :

Whether you have opted for any Add on Coverage's last year. ☐ Yes ☐ No

If yes, please specify the Add on Coverage's

Vehicle Registration No.	New	Colour of Vehicle							
Engine No.	CA2009SHL08348	Chassis No	MBNBZ49NESTL21200						
Place of Registration	AKLUJ	Date of Registration	12/11/2025						
Trailer Chassis No. (if any)	NA	Vehicle type	☒ Indigenous	☐ Importe	☐	Zone A	☐ Zone B	☒ Zone C	

Is the vehicle attached with any of the Fleet?	☐ Yes ☐ No	No. of vehicles attached with fleet		CC/HP:	34.00
Is the vehicle made in India?	☒ Yes ☐ No				
Financier Details :	☒ Hypothecation Agreement ☐ Hire Purchase ☐ Lease Agreement	Body Type :	OPEN		
Name of Financier & Address :	MAHINDRA AND MAHINDRA FINANCIAL SERVICES LTD.,				
Name of Insured: (Mr/Mrs/Ms/Dr)	UTTARESHWAR SHIVAJI NETAKE				
e-Insurance Accout Number		I would like to open e-Insurance account with		Insurance Repository	
(Mandatory to provide PAN card No.in case customer wishes to open E-Insurance Account.)					
Name of Contact Person : (For Corporate)					
Communication Address :	413203 AT POST PHISARE TAL KARMALA, PHISARE, DIST: SOLAPUR, MAHARASHTRA - 413203				
Area/Landmark:	413203 at post phisare tal karmala, Phisare, DIST: Solapur, Maharashtra - 413203	State :	MAHARASHTRA	City / District :	SOLAPUR
				Pin Code :	413203
Contact Details: Mobile No. :	8459658609	Residence:			
Office :		Email ID:	SPARKPOLICY@GMAIL.COM	PAN No. :	DDZPN5291K

Date of Birth : 25/06/1995 Business/Occupation (For Individual Customer)

Registration Address: 413203 AT POST PHISARE TAL KARMALA, PHISARE, DIST: SOLAPUR, MAHARASHTRA - 413203

Aadhar No.:

Any other details : VIHAL

Period of Insurance From Time: 11:30 Hrs of Date: 12/11/2025 To the Midnight of Date: 11/11/2026

Personal accident Cover for Owner Driver is compulsory in liability only Cover. Please give details of nomination:

Particulars	Name of Passenger	Name of Nominee/ Existing Nominee	Name of New Nominee (In case of change of existing Nominee)	Age	Relationship	Name of Appointee (If Nominee is a minor)	Relationship with the nominee
For PA to owner Driver	NA		NA	NA			
For PA to Named Passenger							

(In case of more than 1 named passengers, please provide details in the above format on a separate sheet)

Note: • Personal Accident Cover for Owner Driver is compulsory for Sum Insured of Rs 15,00,000/- for Miscellaneous Vehicles • Compulsory PA cover to Owner Driver cannot be granted

where a vehicle is owned by a company, a partnership firm or a similar body corporate or where the owner driver does not hold an effective driving license.

Persons or classes of Person entitled to drive: Please refer overleaf. Any Limitations as to use of Motor vehicle: Please refer overleaf.

In the event of dishonor of Cheque(s), insurance cover provided under this document automatically stands cancelled from inception irrespective of whether a separate communication is sent or not.

Premium Payment Details ☐ Cash ☐ Cheque ☐ Demand Draft ☐ Credit Card Insured Bank Details: _____
 ☐ NEFT/RTGS

Premium Amount (including service tax):_____ Bank Name and Branch: _____
Cheque / DD No.: _____ Bank A/C No.: _____
Cheue / DD Date: _____ IFSC Code: _____

In case the annualized premium is more than Rs. 25000/-, the proposer is requested to provide a cancelled cheque of his/her bank account if the premium is not paid from the same.

Electrical Accessories:

Item Details: _____ Make & Model: _____ Year of Manf.: _____ IDV _____

Details of Non-Electrical Accessories:

Item Details: _____ Make & Model: _____ Year of Manf.: 2025 IDV _____

Trailer IDV:

Item Details: _____ Trailer Towed: _____ Trailer IDV _____

