



## Liability Only Policy- Commercial Vehicles (Miscellaneous Class of Vehicle)

### Proposal Form

Application Number: \_\_\_\_\_

Note: 1) Policy wording are available on request. 2) Please complete all sections in capitals & tick boxes wherever applicable. 3) Failure to disclose facts material to assessment of the risk or providing misleading information shall render the contract void. 4) Geographical Area of operation: INDIA.

Type of Cover Required: Liability Only Policy

For Office Use Only

Policy Number: \_\_\_\_\_

Date: \_\_\_\_\_

Inspection Lead No. \_\_\_\_\_

Intermediary Details (To be filled in BLOCK CAPITALS)

Intermediary Name: \_\_\_\_\_

Code: \_\_\_\_\_

Branch Name: \_\_\_\_\_

Code: \_\_\_\_\_

Sales Manager Name: \_\_\_\_\_

Code: \_\_\_\_\_

Details (To be filled in BLOCK CAPITALS)

1a. Proposer's Full Name (Registered Owner of the Vehicle): \_\_\_\_\_

1b. Address

	Address of Communication	Address at which the vehicle is registered
Flat/Building/Door/Block No.		
Road/Street/Sector		
Nearest Landmark		
Area		
City		
Pin Code		
State		
Country		

City where vehicle is primarily used: \_\_\_\_\_



Phone Number: \_\_\_\_\_ Mobile Number: \_\_\_\_\_

Email: \_\_\_\_\_ Fax: \_\_\_\_\_

2. Occupation/ Business of the Insured: \_\_\_\_\_

3. Period of Insurance: From: .... / .... Hrs of DD / MM / YYYY To: Mid Night of DD / MM / YYYY (Note:

(Cover will commence not earlier than the date & time of acceptance of risk and subsequent to the payment of premium by the insured to the company and realization thereof by the Company.)

4. Do you have a GST registration number:  Yes  No

If yes please specify \_\_\_\_\_

5. Related Party:  Yes  No

#### Details of the Vehicle

6. Registration Number:

7. Date of Registration:

8. Registering Authority & Location:

9. Year & Month of Manufacture:

10. Engine Number:

11. Chassis Number:

12. Make of Vehicle:

13. Model of the vehicle:

14. Type of Body:

15. Gross Vehicle Weight (GVW):

16. Cubic Capacity:

17. Maximum Licensed Carrying Capacity including Driver:

#### Details of the Vehicle Type and Use

18. Whether the Vehicle is driven by Non-conventional source of power?

Yes  No  If yes Bi Fuel  CNG  LPG

19. Whether the Vehicle is used for Driving Tutorials? Yes  No

20. Whether the Vehicle is limited to Own Premises? (Only if not licensed for general road use by RTO)  
 Yes  No

21. Whether the Vehicle is fitted with Fibre Glass Tank? Yes  No



22 Whether the Vehicle is design for use of Blind/ Handicapped/ Mentally Challenged Person? (Attach RC Copy)

Yes  No

23. Date of purchase of Vehicle by the Proposer:

24. Whether the vehicle New or Second hand at the time of purchase\_\_\_\_\_

25. Is there a valid PUC certificate for the said vehicle: Yes/ No; If Yes please provide expiry date of PUC\_\_\_\_\_

(Please not insurance cannot be granted if insured does not have valid PUC at the date of commencement of policy)

26. Whether the commercial vehicle is also used for Private Purpose (excluding use for hire & reward). Yes/ No

### Risk Inclusions

27. Liability to third parties: The policy provides Third Party Property Damage (TPPD) of Rs 7.5 lakh (Commercial Vehicles)

Do you wish to restrict the above limits to statutory TPPD Liability limit of Rs 6000/- only?

Yes  No

28. Do you wish to cover Legal Liability to?

a. Driver/ Conductor/ Cleaner (No. of Persons\_\_\_\_) Yes/ No

b. Other employees (No. of Persons\_\_\_\_) Yes/ No

c. Non Fare Paying Passenger (No of Persons\_\_\_\_) Yes/ No

29. Do you wish to include Personal Accident (PA) cover for paid drivers, cleaners and conductors? Yes/ No

If yes, give name and Capital Sum Insured opted for. The maximum CSI available per person is Rs 2 Lacs

Name	CSI Opted	Name of Nominee	Age of Nominee	Name of Appointee	Relationship	Address

30. Do you wish to include PA cover for Unnamed persons/ hirer? Yes/ No

If yes, give name and Capital Sum Insured opted for. The maximum CSI available per person is Rs 2 Lacs

Number of Persons	CSI Opted

31. Personal Accident cover for Owner-Driver. Please give details of nomination.

Name	Name of Nominee	Age of Nominee	Name of Appointee	Relationship	Address

(Note: 1. Personal Accident cover for owner driver is compulsory for Sum Insured of Rs. 1,500,000/- for Commercial Vehicle.)

2. Compulsory PA cover for 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)

3. Since a General Personal Accident Policy cover against motor accidents, if an owner driver already has a 24 hours Personal Accident cover against Death and Permanent Disability (Total & Partial) for CSI of at least Rs 15 Lacs, there is no need for a separate PA cover to be taken.

32. Extension of Geographical Area:

Whether extension of Geographical Area to the following countries required?

Bangladesh  Bhutan  Maldives  Nepal  Sri Lanka  Pakistan

33. Please state if the vehicle is under  Hire purchase  Lease Agreement

Hypothecation Agreement

If so, give name and address of concerned parties.

34. Full Name: \_\_\_\_\_

35. Address: \_\_\_\_\_

36. Any other material facts relevant for this insurance?

\_\_\_\_\_

(Note: Copies of R.C. & Fitness Certificate should be submitted along with the proposal form)

### Payment Details

Cheque/DD Cheque/DD Number: \_\_\_\_\_

Cheque Date: DD/MM/YYYY Cash: \_\_\_\_\_ Credit Card: \_\_\_\_\_ Others: \_\_\_\_\_

### Details of Previous Insurance

37. Is the vehicle in good condition? Yes/ No

If no please give full details. \_\_\_\_\_

38. Full Name of Previous Insurer: \_\_\_\_\_

Address: \_\_\_\_\_

39. Policy Number: \_\_\_\_\_ Period of Insurance: DD/MM/YYYY to DD/M/YYYY

40. Type of Cover: \_\_\_\_\_ Package Policy \_\_\_\_\_ Liability Only. \_\_\_\_\_ Other (to be described)

41. Claim lodged during the preceding 3 years: \_\_\_\_\_ Yes \_\_\_\_\_ No

If Yes:Year	Number	Claim Amount





with the cover as may be granted. I/ We hereby states that the above mentioned address shall be taken as address on record for the purpose of GST.

This proposal form was completed by

Name: \_\_\_\_\_

Place: \_\_\_\_\_

Date: DD/MM/YYYY

\_\_\_\_\_

Signature of Proposer

### Prohibition of rebates - Section 41 of The 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 or 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 prospectuses 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 Rs. 10 Lacs

INSURANCE IS THE SUBJECT MATTER OF SOLICITATION