



RAHEJA QBE GENERAL INSURANCE COMPANY LIMITED
Ground Floor P & G Plaza Cardinal Gracious Road Chakala Andheri (East), Mumbai - 400 099, India
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Corporate Identity Number: U66030MH2007PLC173129 IRDA Reg. No. 141

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		

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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

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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

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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

42. Has any insurance company ever

Declined Your Proposal Required an increase in premium

Cancelled or Refused your Renewal Imposed Special Conditions or Excess

43. Details of Drivers:

a) Age Owner Driver
 Other

b) Does the driver suffer from defective vision or hearing or any physical infirmity? Yes/ No
 if "Yes" Please give details _____

c) Has the driver ever been involved/ convicted for causing any accident or loss? If yes please give details as under including the pending prosecution if any.

Driver's Name	Date of Accident	Circumstances of Accident/ Claim	Loss/ Cost Rs.

AML Guidelines

I/ We hereby confirm that all premiums have been/ will be paid from bonafide sources and no premium have been/ will be paid out of the proceeds of crime related to any of the offence listed in Prevention of Money Laundering Act 2002. I understand that the company has the right to call for the documents to establish source of funds. The insurance company has the right to cancel the insurance contract in case I am/ have been found guilty by any competent court of law under any of the statues, directly/ indirectly governing the prevention of Money Laundering in India.

Nationality Indian Non- Indian, If Non Indian please specify the country _____

Type of Organization

Corporations Government Non Government Organizations Society Trust
 Partnership International Organization Cooperatives Section 25
 companies

DECLARATION:

I/We hereby declare that the statements made by me/us in this Proposal Form are true to the best of my/our knowledge and belief and I/We hereby agree that this declaration shall form the basis of the contract between me/us and Raheja QBE General Insurance Company Limited. It is hereby understood that the statements provided herein above, are the basis on which this insurance is being granted and that if, after Liability Only Policy- Commercial Vehicles (Miscellaneous Class of Vehicle) UIN No IRDAN141RP0006V01201920



the insurance is effected, it is found that any of the statements are incorrect or untrue in any respect, the company shall have no liability under this insurance. **I/We hereby declare that there is no other information which is relevant to my application for Insurance under this Proposal which is not disclosed to the Company.**

I/We also declare that, if any additions or alterations are carried out after the submission of this proposal form, would be conveyed to the Insurance Company immediately and in such event it shall be at the discretion of the Company as to whether to continue and/or modify/alter with additional terms and conditions 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