# RAHEJA QBE GENERAL INSURANCE COMPANY LIMITED Ground Floor P & G Plaza Cardinal Gracious Road Chakala Andheri (East), Mumbai - 400 099, India Tel: +91 22 41715050 Fax: +91 22 41714920 Website: www.rahejaqbe.com Email: info@rahejaqbe.com Corporate Identity Number: U66030MH2007PLC173129 IRDA Reg. No. 141



### **Liability Only Policy- Two Wheeler**

## **Proposal Form**

Application Number:
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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 0	CAPITALS)				
1a. Proposer's Full Name (Registered Owner of the Vehicle):					
1b. Address					
	Address of Communication	Address at which the vehicle registered			
Flat/Building/Door/Block No.					
Road/Street/Sector					
Nearest Landmark					
Area					
City					
Pin Code					
State					
Country					
City where vehicle is primarily used	d:				

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Phone Number:	Mobile Number:					
Email:	Fax:					
2. Period of Insurance: From:/ Hrs of DD / MM / Y	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.)						
3. Do you have a GST registration number: Yes	☐ No					
If yes please specify						
4. Related Party:	□No					
Details of the Vehicle						
5. Registration Number:	6. Date of Registration:					
7. Registering Authority & Location:						
8. Year & Month of Manufacture:	9. Engine Number:					
10. Chassis Number:	11. Make of Vehicle:					
12. Model of the vehicle:						
13. Type of Body:						
14. Cubic Capacity:	15. Seating capacity including Driver:					
Details of the Vehicle Type and Use						
16. Whether the Vehicle is driven by Non-conventional source of power?						
Yes No If yes Bi Fuel	CNG LPG					
17. Will the Vehicle be exclusively used for						
a. Private, social, domestic, pleasure and professional p	ourposes? Yes No No					
<ul><li>b. Carriage of goods other than samples or personal luggage or commercial purpose?</li><li>Yes</li><li>No</li></ul>						

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18. Whether th	8. Whether the Vehicle is used for Driving Tuitions?					No 🗔		
19. Whether th	19. Whether the Vehicle is limited to Own Premises? (Only if not licensed for general road use by RTO)  Yes No							
20. Whether th	20. Whether the Vehicle is fitted with Fibre Glass Tank?  Yes  No						No 🔲	
21 Whether th RC Copy)	21 Whether the Vehicle is design for use of Blind/ Handicapped/ Mentally Challenged Person? (Attach RC Copy)							
Yes No  22. Date of purchase of Vehicle by the Proposer:  23. Whether the vehicle New or Second hand at the time of purchase  24. 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)  25. Whether vehicle is used for commercial purposes? Yes/ No								
Risk Inclusion	IS							
26. Liability to third parties: The policy provides Third Party Property Damage (TPPD) of Rs 1 lakh (Two Wheeler)								
Do you wish to restrict the above limits to statutory TPPD Liability limit of Rs 6000/- only?								
Yes No								
27. Do you wish to cover Legal Liability to? a. Driver (No. of Persons) Yes/ No b. Other employees (No. of Persons) Yes/ No c. Unnamed Passengers (No of Persons)Yes/ No  28. Do you wish to include Personal Accident (PA) cover for named persons? Yes/ No								
If yes, give name and Capital Sum Insured opted for. The maximum CSI available per person is Rs 1  Lacs								
Name	CSI Opted	Name of Nominee	Age of Nominee		Name of Appointee	Relationship	Address	
				29. 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 1 Lacs				
If yes, give nar	me and Capi			The			son is Rs 1	



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

Name	Name of Nominee	Age of	Name of	Relationship	Address	
	Nominee	Nominee	Appointee			
(Note: 1. Personal Accident cover for owner driver is compulsory for Sum Insured of Rs. 1,500,000/- for Two Wheeler.)  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.  31. Extension of Geographical Area:  Whether extension of Geographical Area to the following countries required?  Bangladesh Bhutan Maldives Nepal Sri Lanka Pakistan						
32. Please state i	f the vehicle is und	der Hire	purchase [	Lease Agreem	ent	
Hypothecation Agreement  If so, give name and address of concerned parties.  33. Full Name:  34. Address:						
34. Address:						
35. 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 C	Cheque/DD Numbe	er:				
Cheque Date: DD	<u>)/MM/YYY</u> Ca	sh:	Credit Card: _		Others:	
Details of Previous Insurance						
36. Is the vehicle in good condition? Yes/ No						
If no please give full details.						
37. Full Name of Previous Insurer:						

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Address:					
38. Policy Number:		Period of Insurance: DD/MM/YYYY to DD/M/YYYY			
39. Type of Cover: Package Policy		Liability Only	'	_ Other (to be d	escribed)
40. Claim lodged during th	e preceding 3 years:	Yes		No	
If Yes:Year	Number		Claim Ar	 mount	
41. Has any insurance con Declined Your Proposal		ase in premium			
Cancelled or Refused your	Renewal Imposed S	Special Conditions or	r Excess		
42. Details of Drivers: a) Age Owner Dri Other b) Does the driver suffer fri if "Yes" Please give details c) Has the driver ever beer details as under including the	om defective vision or he	causing any accider			
Driver's Name	Date of Accident	Circumstances o Accident/ Claim	f	Loss/ Cost Rs.	
AML Guidelines I/ We herby confirm that all been/ will be paid out of th Laundering Act 2002. I un source of funds. The insurabeen found guilty by any coprevention of Money Laund	e proceeds of crime related derstand that the compance company has the risompetent court of law un	ated to any of the off any has the right to ight to cancel the ins	ence liste call for th surance co	ed in Prevention ne documents to ontract in case I	of Money establish am/ have
Nationality Indian No	on- Indian, If Non Indian	please specify the co	ountry		
Type of Organization					
Corporations Partnership companies	_Government Non Go International Organization			Society Sectio	Trust on 25



#### **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 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 with the cover and/or modify/alter with additional terms and conditions as may be granted. I/ We herby 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/YYY	
	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 SUBJECT MATTER OF SOLICITATION