



## PROPOSAL FORM

### MISCELLANEOUS VEHICLE PACKAGE POLICY

Proposer's (Owner's) Full Name: \_\_\_\_\_

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

\_\_\_\_\_ Pin Code \_\_\_\_\_

Address where vehicle is normally kept and used: \_\_\_\_\_

\_\_\_\_\_ Pin Code \_\_\_\_\_

Tel. No: \_\_\_\_\_ Fax No: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Occupation / Business: \_\_\_\_\_

Period of Insurance: From \_\_\_\_\_ hrs of \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_\_ hrs of \_\_\_\_/\_\_\_\_/\_\_\_\_

1. Registration No. and Date of Registration of the vehicle \_\_\_\_\_

2. Registering Authority & Location \_\_\_\_\_

3. Year of Manufacture \_\_\_\_\_

5. Chassis No. \_\_\_\_\_

4. Engine No. \_\_\_\_\_

6. Make of Vehicle \_\_\_\_\_

7. Type of (a) Body \_\_\_\_\_

(b) Model \_\_\_\_\_

8. Gross Vehicle Weight( GVW)/Cubic Capacity(C.C.) \_\_\_\_\_

9. Maximum licensed carrying capacity (Please mention number of passengers in case of passenger carrying vehicles): \_\_\_\_\_

10. Whether extension of geographical area to the following countries required?  Yes  No

If yes, please put a tick mark against the name of the countries for which extension is desired:

Bangladesh  Bhutan  Maldives  Nepal  Pakistan  Sri Lanka.

11. Whether the vehicle is driven by non-conventional source of power?  Yes  No

If yes, please give details. \_\_\_\_\_

12. Whether the use of the vehicle is limited to own premises?  Yes  No

13. Whether vehicle is used for driving tuitions?  Yes  No

14. Whether the vehicle is also used for Private purposes (Excluding use for hire or reward)?  Yes  No

15. Whether vehicle belongs to foreign embassy/ consulate?  Yes  No

16. Whether the vehicle is designed for use of Blind/Handicapped/ Mentally challenged persons and duly endorsed as such by the RTA?  Yes  No

17. Are you entitled to No Claim Bonus? ?  Yes  No

If yes, what is the percentage NCB? \_\_\_\_\_ Please submit proof thereof.

18. Is the vehicle fitted with the any Anti-theft Device approved by the AARI, Pune?  Yes  No

If yes, attach Certificate of Installation in the vehicle issued by Automobile Association of India.

19. Liability to Third Parties: The policy provides Third Party Property Damage (TPPD) of Rs.7.5 lakhs.

Do you wish to restrict the above limits to the statutory TPPD Liability limit of Rs.6000/- only?  Yes  No

20. 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

21. Do you wish to include Personal Accident (P.A.) Cover for Owner Driver?  Yes  No

If yes, give name and Capital Sum Insured (CSI) opted for. The maximum CSI available is Rs 15 Lakhs.

Name	CSI opted (Rs.)
1.	
2.	
3.	

22. Do you wish to include P.A. Cover for unnamed persons/hirer?  Yes  No

If yes, give the number of persons and Capital Sum Insured (CSI) opted. **Number of persons** \_\_\_\_\_

The maximum CSI available per person is Rs.2 lakhs. **CSI opted (Rs.)** \_\_\_\_\_

23. Insured's Declared Value

Insured's Declared Value of vehicle	Non - electrical accessories fitted to the vehicle	Electrical & electronic accessories fitted to the vehicle	Value of CNG / LPG Kit	Total Value
Rs.	Rs.	Rs.	Rs.	Rs.

**Note:**

The **Insured's Declared Value (IDV)** of the vehicle will be deemed to be the 'SUM INSURED' for the purpose of this tariff and it will be fixed at the commencement of each policy period for each insured vehicle.

The IDV of the vehicle is to be fixed on the basis of manufacturers' listed selling price of the brand and model as the vehicle proposed for insurance at the commencement of insurance /renewal, and adjusted for depreciation (as per schedule specified below). The IDV of the accessories, if any, fitted to the vehicle but not included in the manufacturer's listed selling price of the vehicle is / are also likewise to be fixed.

The schedule of age-wise depreciation as shown below is applicable for the purpose of Total Loss/ Constructive Total Loss (**TL/ CTL**) claims only. A vehicle will be considered to be a CTL where the aggregate cost of retrieval and / or repair of the vehicle subject to terms and conditions of the policy exceeds 75% of the IDV.

**SCHEDULE OF DEPRECIATION FOR ARRIVING AT IDV**

AGE OF THE VEHICLE	% OF DEPRECIATION FOR FIXING IDV
Not exceeding 6 months	5%
Exceeding 6 months but not exceeding 1 year	15%
Exceeding 1 year but not exceeding 2 years	20%
Exceeding 2 years but not exceeding 3 years	30%
Exceeding 3 years but not exceeding 4 years	40%
Exceeding 4 years but not exceeding 5 years	50%

**Note.** IDV of obsolete models of vehicles (i.e. models which the manufacturers have discontinued to manufacture) and vehicles beyond 5 years of age will be determined on the basis of an understanding between the insurer and the insured.

24. Previous History

- a. Date of Purchase of the vehicle by the proposer. \_\_\_\_\_
- b. Whether the vehicle was New or Second Hand at the time of Purchase. \_\_\_\_\_
- c. Is the vehicle in good condition?  Yes  No

If "No" please give full details. \_\_\_\_\_  
\_\_\_\_\_

- d. Name and address of the previous insurer:
- e. Previous Policy Number \_\_\_\_\_ Period of Insurance from \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_
- f. Type of cover Liability Only Cover / Package Cover /Others( specify)
- g. Claims lodged during the preceding 3 years:

	Year	Number	Amount (Rs.)
1.			
2.			
3.			

- h. Has any insurance company ever :
- i. declined the proposal  Yes  No
- ii. cancelled & refused to renew  Yes  No
- If yes, reasons therefor. \_\_\_\_\_
- iii. imposed special condition or excess  Yes  No
- If yes, reasons and details thereof. \_\_\_\_\_

25. Details of Hire Purchase / Hypothecation / Lease

- a. Is the vehicle proposed for insurance :-
- Under Hire Purchase  Yes  No
- Under Lease Agreement  Yes  No
- Under Hypothecation Agreement  Yes  No
- b. If yes, give name and address of concerned parties. \_\_\_\_\_  
\_\_\_\_\_

26. Details of Driver :

- a. Age: Owner Driver \_\_\_\_\_ Others \_\_\_\_\_
- 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?  Yes  No



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.

**27.Premium Details:**

Premium Amount (Including service tax)      Cash /Cheque /Demand Draft /Credit Card  
 Cheque/DD No.----- Cheque/DD Date -----Bank Name-----  
 Insured Bank Name & Address: (In case of any dues from the company, the amount will be credited to this bank account) -----  
 Account No.----- IFSC Code-----

**28. Any other relevant information:** \_\_\_\_\_

**29. Declaration for compliance with Anti-Money Laundering**

I/We hereby confirm that all premiums have been/will be paid from bonafide sources and no premiums have been/will be paid out of 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 sourced of funds. The Insurance company has right to cancel the Insurance contract in case I am/We have been found guilty by any competent Court of law under any of the statutes, 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  Governments  NonGovernment Organization  Society  Trust  Partnership   
 International Organization  Cooperatives  Section 25 Company

**Declaration by Insured**

I/We hereby declare that the statements, answers given by Me/Us in this proposal form are true to the best of my knowledge and belief. I/We hereby agreed that this declaration shall form the basis of contract between Me/Us and Raheja QBE General Insurance Company Limited. It is hereby understood and agreed that the statements, answers and particulars provided herein above are the basis on which this insurance is being granted and that if, after the insurance is affected, it is found that any of the statements, answers or particular are incorrect or untrue in any respect, the company shall have no liability under this insurance.

I/We agree and undertake to convey to Raheja QBE General Insurance Company Limited any change/alterations carried out in the risk proposed for insurance after submission of this proposal form.

I/We hereby declare that all the damages observed at the time of inspection of the vehicle shall not be claimed by Me/Us from Raheja QBE General Insurance Co. Ltd.

I/We declare that the rate of NCB claimed by Me/Us is correct and that no claim has arisen in the expiring policy period (copy of the policy enclosed). I/We further undertake that if this declaration is found to be incorrect, all benefits under the policy in respect of Section I of the policy will stand forfeited. I have read, understood and agree with the terms and conditions mentioned on this proposal form.

I/We hereby confirm that the contents of the proposal form and connected documents have been fully explained to me/us and I/We have fully understood the significance of the proposed contract  
This proposal form was completed by

**Place:**  
**Date:** \_\_\_\_\_ **Signature of Proposer**

**INSURANCE ACT 1938, SECTION 41 - PROHIBITION OF REBATES**

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 prospectus 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 ten lakhs.