RAHEJA QBE GENERAL INSURANCE COMPANY LIMITED
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Corporate Identity Number: U66030MH2007PLC173129 IRDA Reg. No. 141

STANDARD PROPOSAL FORM FOR "COMPULSORY PERSONAL ACCIDENT (OWNER DRIVER) UNDER MOTOR INSURANCE POLICY

A. Questions that are necessarily to be listed for granting the cover as per the Motor Vehicles Act – 1988.

A (I) Personal Details of Proposer / Owner:

Personal Details	1	Proposer's (Owner's) Full Name (In capital letters)	
	2	Address (where the vehicle is normally kept) (In capital letters, with pin code)	Pin: Telephone: Fax: Mobile No.: Mail Id:
	3	Occupation / Business	
	4	Type of Cover	Liability Only Policy
	5	Period of Insurance	From:_____Hrs on__/ / To: _____Hrs on_/ /

A (II) Vehicle Details

Vehicle Specifications	6	Registration Number of the Vehicle		
	7	Date of Registration of the Vehicle		
	8	Registration Authority & Location		
	9	Year of Manufacture		
	10	Engine Number		
	11	Chassis Number		
	12	Make of the Vehicle		
	13	Model		
	14	Type of Body		
	15	Cubic Capacity of the Vehicle		
	16	Seating Capacity including driver		
	17	Whether the vehicle is driven by non-conventional source of power CNG/LPG/BI-Fuel If "YES", Please give details		
	18	Whether the use of vehicle is limited to own premises?	YES	NO
	19	Whether the vehicle is used for commercial purpose?	YES	NO
	20	Whether the vehicle is used for driving tuitions?	YES	NO
	21	Details of Hire Purchase / Hypothecation / Lease a) Is the vehicle proposed for insurance is: (i) Under Hire Purchase? YES / NO (ii) Under Lease Agreement? YES / NO (iii) Under Hypothecation? YES / NO b) If "YES", give name and address of concerned party / parties:		

A. Questions that provide additional covers as per IMT Endorsements

<table>
<tr><td>Personal Accident Cover For Owner Driver</td><td>22</td><td>Sum Insured: _____(Maximum limit 1500,000)
☐ I have PA cover elsewhere covering death and permanent disability. (Needs to be checked if Sum Insured opted for is less than 1500000)
Please give details of Nomination
Name of the Nominee & Date of Birth
Relationship :
Name of the Appointee : (If Nominee is a Minor)
Relationship to the Nominee :
(Note: 1. Personal Accident cover for Owner Driver is compulsory if insured does not hold PA policy covering death and permanent disability up to Rs 1500000 elsewhere.
2. Not Applicable to vehicles if not registered in the name of individual or where insured does not have a valid DL)
<table>
<tr><td>Name</td><td>CSI Opted (Rs.)</td><td>Nominee</td><td>Relationship</td></tr>
<tr><td>1)</td><td></td><td></td><td></td></tr>
<tr><td>2)</td><td></td><td></td><td></td></tr>
<tr><td>3)</td><td></td><td></td><td></td></tr>
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<tr><td></td><td></td><td></td></tr>
<tr><td>Other Vehicle Details</td><td>23</td><td>Do you own any other vehicle? If yes, provide details as below: YES / NO
<table>
<tr><td>Vehicle Details</td><td>Vehicle 2</td><td>Vehicle 3</td><td>Vehicle 4</td></tr>
<tr><td>Type of Vehicle</td><td></td><td></td><td></td></tr>
<tr><td>Registration No</td><td></td><td></td><td></td></tr>
<tr><td>Date of Registration</td><td></td><td></td><td></td></tr>
<tr><td>RTA & Location</td><td></td><td></td><td></td></tr>
<tr><td>Make</td><td></td><td></td><td></td></tr>
<tr><td>Model</td><td></td><td></td><td></td></tr>
<tr><td>CC</td><td></td><td></td><td></td></tr>
<tr><td>Seating Capacity</td><td></td><td></td><td></td></tr>
<tr><td>Gross Vehicle Weight</td><td></td><td></td><td></td></tr>
</table>
</td></tr>
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B. Questions that are elicited for information and data collection purposes

Previous history	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? New/Second Hand c. Will the vehicle by used exclusively for (i) Private, Social, Domestic, Pleasure & Professional Purpose? YES / NO (ii) Carriage of goods other than samples or personal luggage? YES / NO d. Is the vehicle is in good condition? YES / NO If NO, please give details: e. Name and Address of the previous insurance company: f. Previous policy number: _____ g. Period of Insurance : From:_____To: _____ h. Claims logged during the preceding 3 years: YEAR NO. OF CLAIMS CLAIM AMOUNT (Rs.) _____ _____ _____ _____ _____ _____ _____ _____ _____
Driver Details	25	Details of the Driver: a. Age & Date of Birth of the Owner: Age:___ Yrs DOB: __/__/____ b. Age & Date of Birth of the Driver: Age:___ Yrs DOB:__/__/____ c. Does the driver suffer from defective vision or hearing or any physical infirmity? YES / NO d. Has the driver ever been involved / convicted for causing any accident of loss? YES / NO If YES, give details as under including the pending prosecutions: - Driver's Name - Date of Accident - Loss / Cost (Rs.) - Circumstances of Accident / Loss

Declaration by the Insured

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 agree that this declaration shall form the basis of the contract between me/us and the Raheja QBE General Insurance Company Limited.

I/We also declare that any additions or alterations are carried out after the submission of this proposal form then the same would be conveyed to the Insurance Company immediately.

Place:

Date: Signature of the Proposer/s

RAHEJA QBE

PROHIBITION OF REBATES (Insurance Act – 1938, Section 41)

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 of 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 in the policy, nor shall any person taking out of renewing or continuing a policy accept any rebate except such rebate as may be allowed in accordance with the prospects 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 lakh rupees.

ADDITIONAL INFORMATION (OFFICE USE ONLY)			
Proposal Type	1	NEW POLICY ROLL-OVER RENEWAL ENDORSEMENTS	
Personal Details	2	Mother's maiden name Marital Status: Sex: PAN No: Educational Qualification:	 Single / Married / Divorced / Widowed Male / Female
	3	Communication Address (In capital letters, with pin code)	 Pin: Telephone: Fax: Mobile No.: Mail Id:
	4	Preferred Mode of Contact:	
Vehicle Specifications & usage	5	Vehicle Type	2 W / 3 Wheeler / 4 Wheeler
	6	Vehicle Colour	
	7	City where the vehicle will primarily be used:	
	8	Fuel Type:	Petrol / Diesel / CNG / LPG / Electric / Hybrid / Other
	9	Vehicle category & Use	Conveyance of passenger for Hire/reward Courier & express delivery Camper van/Motor homes Racing, Rallies, Speed Trials Amusement centre Tourist or charter operator Fast food/ Restaurant – Delivery service Special Purpose vehicle Airfield/Airside operation Vehicle specifically designed or adapted for military and law enforcement use Others
	10	Whether any modification or conversion has been done in the vehicle from the maker's standard specification? YES / NO If YES, please give details of such modifications/conversions _____	
	11	Whether the vehicle is certified as Vintage Car by Vintage & Classic car club of India? YES / NO	
	12	Is the vehicle in good state of repair? YES / NO If NO, please furnish details	
	13	What will be the Average Daily use of the vehicle? Less than 50 Kms / Between 50 & 100 Kms / Between 101 to 250 Kms / Above 251 Kms	
	14	Where will the vehicle be generally driven on? Express way / National Highway / State Highway / City Roads / Town/Village Roads / Private Road	

	15	Will the vehicle be let out on occasional Hire? YES / NO
	16	Whether the use of the vehicle will be restricted to own premises? YES / NO
	17	Does the vehicle belongs to or used by a foreign embassy / consulate? YES / NO
	18	Where the vehicle be generally parked During the Day – Roadside Public parking Roadside Outside Parking Open parking lot Covered parking lot Locked covered garage Within enclosed compound of residence/office/factory During the Night - Roadside Public parking Roadside Outside Parking Open parking lot Covered parking lot Locked covered garage Within enclosed compound of residence/office/factory
Driver Details	19	The vehicle will be driven by

Sr. No	Name	Relationship with Proposer	Date of Birth / Age	Driving Experience	License No.	Gender	Claim Year	Amt	Claim Type
1									
2									
3									
4									
5									

Place:

Date:

Signature of the Proposer/s