

**PROPOSAL FORM FOR GOODS CARRYING VEHICLES PACKAGE POLICY**

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.

Is the Vehicle Made in India?  Yes  No

Type of Cover Required: Package Policy

**For Office Use Only**

Policy Number: \_\_\_\_\_ Date [DD/MM/YYYY]: \_\_\_\_\_

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)

1. This proposal is for: Rollover Policy:  Used Policy:  Renewal: 

2a. Proposer's/Insured Full Name (Registered Owner of the Vehicle): \_\_\_\_\_

2b. Address: \_\_\_\_\_

2c. Proposer's/Insured NEFT details:

Full Name of the Account Holder: \_\_\_\_\_

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

Account Number: \_\_\_\_\_ IFSC Code: \_\_\_\_\_

	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 No.: \_\_\_\_\_

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

3. Occupation of the Insured: \_\_\_\_\_ (Salaried/ Self Employed/ Profession)

 4. Period of Insurance: From: \_\_\_ / \_\_\_ Hours of DD/MM/YYYY to: Midnight 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.)*

5. Source of Fund:

Business: \_\_\_\_\_ Profession: \_\_\_\_\_ Salary: \_\_\_\_\_

Agricultural Income: \_\_\_\_\_ Savings: \_\_\_\_\_ Others: \_\_\_\_\_

6. Monthly Income:

 Up to ₹ 20,000  ₹ 20,001 - ₹ 50,000 

 ₹ 50,000 - ₹ 1,00,000  ₹ 1,00,000 and above 

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

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

 8. Related Party:  Yes  No



### Details of the Vehicle

9. Registration Number:		10. Date of Registration:	
11. Registering Authority & Location:		12. Year & Month of Manufacture:	
13. Engine Number		14. Chassis Number:	
15. Make of Vehicle:		16. Model of the vehicle:	
17. Is the vehicle Imported? Yes/ No		18. Type of Body:	
19. Cubic Capacity:		20. Seating capacity including Driver:	
21. Fuel Type: Petrol/ Diesel/ Others			

### Details of the Vehicle – Type and Use

22. Whether the Vehicle is driven by Non-conventional source of power?  Yes  No

If yes Bi Fuel  CNG  LPG

Important: Insured's Declared Value (IDV)	Age of the Vehicle	Depreciation
<p>The <b>Insured's Declared Value (IDV)</b> 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.</p> <p>The IDV of the vehicle is to be fixed on the basis of the manufacturer's 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 alongside). The IDV of the side car(s) and/ or 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.</p> <p>The schedule of age-wise depreciation as shown alongside is applicable for the purpose of Total Loss/Constructive Total Loss (TL/CTL) claims only. The vehicle will be considered to be a CTL where the aggregate cost of retrieval and/or repair of the vehicle subject to terms &amp; conditions of the policy exceeds 75% of the IDV.</p> <p>IDV of obsolete models of the 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 understanding between the Insurer and Insured.</p>	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%

Insured Declared Value (IDV) of the Vehicle	Non-Electrical Accessories fitted to the Vehicle	Electrical and Electronic Accessories fitted to the Vehicle	Side Car (Two-Wheeler)	Value of CNG/ LPG Kit	Total Value

23. Age of Owner Driver & Date of Birth: \_\_\_\_\_ years, DD/MM/YYYY.

24. Add On Covers (subject to availability & eligibility)

- a. Zero Depreciation  Yes  No  
 No of Claims Opted for \_\_\_\_\_
- b. Return to Invoice  Yes  No  
 Road Tax amount paid: INR \_\_\_\_\_  
 Registration Charges Paid: INR \_\_\_\_\_  
 Do you have invoice of vehicle:  Yes  No  
 Invoice Value of vehicle: INR \_\_\_\_\_
- c. Consumable Expenses  Yes  No
- d. Loss of Income  Yes  No  
 Per day allowance \_\_\_\_\_ Coverage Days \_\_\_\_\_  
 Franchise Days \_\_\_\_\_ No. of Claims Opted for \_\_\_\_\_
- e. Engine Protector  Yes  No
- f. Roadside Assistance Gold  Yes  No
- g. Emergency Medical Expenses  Yes  No  
 Sum Insured: \_\_\_\_\_

25. Is the Vehicle fitted with any Anti-theft device approved by the ARAI?  Yes  No

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

26. Will the Vehicle be exclusively used for?

- a. Private, social, domestic, pleasure and professional purposes?  Yes  No  
 If no, then state the purpose of actual use \_\_\_\_\_
- b. Carriage of goods other than samples or personal luggage or commercial purpose?  Yes  No

27. Whether the Vehicle is used for Driving Tuitions?  Yes  No

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

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

30. Whether the Vehicle belongs to the Embassy/Consulate of a foreign country?

If so, is the duty element included in the IDV?

Yes  No

31. Whether the Vehicle is designed for use of Blind/ Handicapped/ Mentally Challenged Person? (Attach RC Copy)

Yes  No

32. Date of purchase of Vehicle by the Proposer: DD/MM/YYYY

33. Whether the Vehicle at the time of purchase was  New  Second Hand

34. Is there a valid PUC certificate for the said vehicle?

Yes  No

If Yes, please provide expiry date of PUC: DD/MM/YYYY

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

35. Whether the vehicle is used for commercial purpose?

Yes  No

### Risk Inclusions

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

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

Yes  No

37. 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

38. 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 ₹. 1 Lac

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

**a. Bank account details of the nominee**

	1 <sup>st</sup> Nominee	2 <sup>nd</sup> Nominee	3 <sup>rd</sup> Nominee	4 <sup>th</sup> Nominee
Account no.:				
Account Type- Savings/Current:				
Name of the Bank & Branch:				
MICR code( 9 digit)				
IFSC code( 11 character code):				

Note: In case of more than 1 nominee, please attach a separate annexure mentioning all the detail of the nominees with their share in %.

39. 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 ₹. 1 Lac

Number of Persons	CSI Opted

**40. 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 ₹.1500000/- 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 ₹.15 Lacs, there is no need for a separate PA cover to be taken.

**41. Extension of Geographical Area:**

Whether extension of Geographical Area to the following countries required?

Bangladesh  Bhutan  Maldives  Nepal  SriLanka  Pakistan

42. Please state if the vehicle is under:  Hire purchase  Lease Agreement  Hypothecation Agreement

If so, give name and address of concerned parties.

43. Full Name: \_\_\_\_\_



44. Address: \_\_\_\_\_

45. Any other material facts relevant for this insurance?  
\_\_\_\_\_

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

46. Do you need physical copy of the policy?  Yes  No

### Payment Details

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

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

47. Bank Details of the Customer:

Full Name of the Account Holder: \_\_\_\_\_ Bank Name: \_\_\_\_\_

Account Number: \_\_\_\_\_ IFSC Code: \_\_\_\_\_

### Details of Previous Insurance

48. Is the vehicle in good condition?  Yes  No  
If no, please give full details. \_\_\_\_\_

49. Is previous insurance in proposer/insured name?  Yes  No

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

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

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

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

53. Add On Opted?  Yes  No  
If yes, please name the add on covers \_\_\_\_\_

54. NO CLAIM BONUS (NCB) allowed under previous policy (%) \_\_\_\_\_

55. Claim lodged during the preceding 3 years:  Yes  No

If Yes: Year	Number	Claim Amount

56. Are you entitled to No Claim Bonus:  Yes  No  
 If yes, please submit / attached proof thereof

57. Has any insurance company ever?  Declined Your Proposal  Required an increase in premium  
 Cancelled or Refused your Renewal  Imposed Special Conditions or Excess

I/ We hereby 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 policy enclosed). I/ We undertake that if this declaration is found incorrect, all benefits under this policy in respect of Section 1 of the policy will stand forfeited.

**Signature of the Proposer**

57. Details of Drivers:

a) Age - Owner Driver: DD/MM/YYYY Other: DD/MM/YYYY

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 ₹.

d) Driving Experience \_\_\_\_\_

### AML Guidelines

Are you or any of the proposed applicants/beneficial owner a PEP\* or a close relative of a PEP\*?  Yes  No  
 If yes, please provide details: \_\_\_\_\_

\* *Politically Exposed Persons (PEPs) are individuals who are or have been entrusted with prominent public functions in a foreign country, e.g., Heads of States/ Governments, senior politicians, senior government/judicial/military officers, senior executives of state-owned corporations, important political party officials, etc.*

I/ We hereby confirm that all premiums have been/ will be paid from bonafide sources and no premium has 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  Non-Indian \_\_\_\_\_ If, Non-Indian please specify the country

Type of Organization:

Corporations  Government  NGO  Society  Trust  
 Partnership  International Organization  Cooperatives  Section 8 companies

## Declaration

I/We hereby give my/our consent to Raheja QBE General Insurance Company Limited ('the Company') to verify and obtain my/our identity/address proof as well as the identity /address proof of the insured through Central KYC Registry or UIDAI or through any other modes for the purpose of undertaking KYC.

I/We hereby declare that the statements, answers & particulars made by me/us in this Proposal Form are correct, complete & 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, answers and particulars 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, answers or particulars are incorrect or untrue in any respect, the company shall have no liability under this insurance.

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: \_\_\_\_\_

**Declaration when the proposal form is filled by a person other than the proposer/ the proposer signs in a vernacular language/ proposer is illiterate**

I hereby declare that I have read out and explained the content of this proposal form and all other connected documents incidental to availing the insurance policy from Raheja QBE General Insurance Company Ltd. to the proposer and that he/ she confirmed that he/ she has understood the same and that he/ she agrees to abide by all the terms & conditions of the same.

I hereby declare that I have fully explained to the proposer the answers to the questions that form the basis of the contract of insurance have also explained the contents in this form to the proposer in \_\_\_\_\_ **language**, that I have truly and correctly recorded the answers given by the proposer and that the proposer has affixed his/ her thumb impression on the proposal form in my presence, after fully understanding the contents thereof. Further, this declaration does not confirm issuance of policy or assumption of risk thereof.

Name of the Witness	
Name of the Proposer	
Signature of Witness	
Date [DD/MM/YYYY]	
Place	
Address of Witness	
Relationship with Proposer	

**Signature of the Proposer/Insured****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**