

**ANNEXURE XI**

**STANDARD PROPOSAL FORM FOR “LIABILITY ONLY” POLICY**

**(For Commercial Vehicles)**

**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:**

<b>Personal Details</b>	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 Code:					
		Telephone No:	Fax:					
		Mobile No. :	Mail Id:					
	3	Occupation / Business						
4	Type of Cover	<b>Liability Only Policy</b>						
5	Period of Insurance	From	Hrs	DATE	MONTH	YEAR		
To		Hrs	DATE	YEAR	YEAR			

**A (II). Vehicle Details**

<b>Vehicle Specifications</b>	6	Registration Number of the Vehicle	
	7	Date of Registration of the Vehicle	
	8	Registering Authority & Location	
	9	Year of Manufacture	

	10	Engine Number		
	11	Chassis Number		
	12	Make of the Vehicle		
	13	Model		
	14	Type of Body		
	15	Gross Vehicle Weight(GVW) &Cubic Capacity of the Vehicle		
	16	Max. licensed carrying capacity (No. of Passengers) in case of Passenger Carrying Vehicles?		
	17	Whether 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? (GR-44)	YES	NO.
	21	Details of Hire Purchase / Hypothecation / Lease	(IMT-5)/(IMT-7)/(IMT-6)	
		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:			
Third Party Risks: Death / Bodily Injury	22	22. Coverage for liability against Third Party Risks (Death or Bodily Injury) required in respect of:		
		(i) Owner Driver only	YES	NO.
		(ii) Any person other than Paid Driver	YES	NO.
		If 'YES', give details of such other persons		
		1		
		2		

		3		
		<p>[Note:</p> <p>1. Section 146 of Motor Vehicles Act-1988 makes it mandatory for the owner of the vehicle to ensure that he or any other person authorized by him to drive a vehicle in public place has insurance against third party risks. (The explanation to Section 146 exempts the paid driver)</p> <p>2. As per Section 147 (2) (a). The liability is 'as incurred' in the case of death / bodily injury of a third party]</p>		
Third Party Risks: TPPD (IMT -20)	23	Do you wish to have the statutory Third Party Property Damage (TPPD) liability of Rs. 6000/- only?  [For additional TPPD limits, please see Q.No. 25]	YES	NO
	24	<p>Legal liability to persons employed in connection with operation of the vehicle, who are 'workmen'. [The liability of the</p> <p>Employer under the Employees' Compensation Act-1923 is covered under the Motor Vehicles Act-1988.</p> <p>1) Drivers (No. of persons: _____)</p> <p>2) Employees (Workmen) (No. of persons: _____)</p> <p>(Note: The Motor Vehicles Act-1988 under Sec. 147 (1) (ii) (i) covers liability to employees who are Employees within the meaning of the Employees' Compensation Act-1923.)</p> <p>For additional coverage, please refer to Q.No. 26]</p>		
B. Questions that provide additional covers as per IMT Endorsements				
Addl. TPPD	25	The Policy provides additional Third Party Property Damage liability limit or Rs. 7,50,000/- for commercial vehicles. Do you wish to cover the additional limit?  [Refer to Q.No. 23]	YES	NO.
	GR 39			
Additional Liability	26	Do you wish to cover wider legal liability to employees who are 'workmen'? [This information is		

	(IMT-28)	<p>sought to cover in addition to liability under the Employees' Compensation Act-1923, also liability under the Fatal Accidents Act-1855 and the Common Law]</p> <p>Note: The additional liability under Common Law and Fatal Accidents Act in respect of employees who are workmen</p> <p>is covered under this endorsement</p> <p>[Refer to Q.No. 24]</p>	YES	NO
Liability to Employees who are not 'Employee'	27	Do you wish to cover wider legal liability to employees who are NOT 'workmen'?	YES	NO
	(IMT-29)	<p>(Note: The liability under Common Law and Fatal Accidents Act-1855 in respect of employees who are not Employees</p> <p>can be covered under this endorsement).</p>		
Personal Accident Cover of Owner Driver	28	<p><b>Personal Accident Cover for Owner Driver is compulsory in the Liability Only Cover. Please give details of nomination:</b></p>		
		(a) Name of the Nominee & Age		
		(b) Relationship		
		(c) Name of the Appointee (If Nominee is a Minor)		
		(d) Relationship to the Nominee :		
		<p>(Note:</p> <p>1. Personal Accident cover for Owner Driver is compulsory for Sum Insured of Rs. 2,00,000/- for Commercial Vehicles.</p> <p>2. Compulsory PA cover for owner driver cannot be granted where a vehicle is owned by a company, a partnership</p> <p>firm or a similar body corporate or where the owner-driver does not hold an effective driving license)</p>		


PA Cover for Named Occupants	29	Do you wish to include Personal Accident cover for named persons?				YES		NO.	
	(IMT -15)	If YES, give name and Capital Sum Insured (CSI) opted for:							
		Sl no	Name	CSI (Opted) (Rs.)		Nominee	Relationship		
		1							
		2							
		3							
		4							
		5							
		Note: (The maximum CSI available per person is Rs. 2 Lacs in case of Commercial Vehicles)							
PA Cover for Un-Named Occupants	30	Do you wish to include Personal Accident cover for Un-named Passengers/hirer/pillion passengers (Two Wheelers)?							
	(IMT -16)	If YES, give number of persons and Capital Sum Insured (CSI) Opted							
		No. of Persons: _____							
		(Note: The maximum CSI available per person is Rs. 2 Lakhs in case of Commercial Vehicles)							
Geographical Extension	31	Whether extension of geographical area to the following countries required?							
	(IMT-1)	1	Bangladesh	YES	NO.	2	Bhutan	YES	NO.
		3	Maldives	YES	NO.	4	Nepal	YES	NO.
		5	Pakistan	YES	NO.	6	Sri Lanka	YES	NO.
		(Note: Presently the territory covered is geographical area of India. Extension of geographical area cover can be availed by use of this endorsement							

### C. Questions that are elicited for information and data collection purposes

32	Previous History :										
	Date of purchase of the vehicle by the Proposer:					DD		MM		YR	
	b. Whether the vehicle was new or second hand at the time of purchase?					NEW		SECOND HAND			
	c. Will the vehicle be 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 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 lodged during the preceding 3 years										
	YEAR		NO. OF CLAIMS			CLAIM AMOUNT (Rs.)					
33	Details of Driver:										
	a.	Age and Date of Birth of the Owner			Age [ In Years]		Date of Birth				
							DD	M M	YEAR		
	b.	Age and Date of Birth of the Owner			Age [ In Years]		Date of Birth				
							DD	MM	YEAR		
c.	Does the driver suffer from defective vision or hearing or					YES		NO			

		any physical infirmity? If 'YES' , please give details of such infirmity		
	d.	Has the driver ever been involved / convicted for causing any accident of loss?  If 'YES' , give details as under including the pending prosecutions:	YES	NO
		Driver's Name :		
		Date of Accident		
		Loss/ Cost: [Rs.]		
		Circumstances of Accident:		

Payment Details					
Mode of Payment:	<input type="checkbox"/> Cheque	<input type="checkbox"/> DD	<input type="checkbox"/> Cash	<input type="checkbox"/> Others	
Cheque - Given by:	<input type="checkbox"/> Spouse	<input type="checkbox"/> Father	<input type="checkbox"/> Mother	<input type="checkbox"/> Son/Daughter	<input type="checkbox"/> Employer/Employee <input type="checkbox"/> Financier



To support our Go Green initiative, we will send policy copy link on your registered mobile number / email id. This is a digitally signed valid document. Please tick the box, if you still want to receive physical copy of your insurance policy. ☐

### 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 hereby agree that this declaration shall form the basis of the contract between me/us and Bajaj Allianz 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.

I/We hereby give voluntary consent to BAGIC/Company to share my/our personal information and data provided in this proposal form with its group companies or any other person in connection with the Insurance Policy or otherwise, including for providing products and services of group companies that may be of interest to me/us, to be used in accordance with their respective privacy policies and subject to appropriate measures being in place to safeguard my/our personal information. ☐ Yes / ☐ No

Place :

Date:

\_\_\_\_\_  
**Signature of the Proposer/s.**

## The following is the copy of section 41 of the Insurance Act 1938

### PROHIBITION OF REBATES

1. No person shall allow or offer to allow either directly 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 or renewing or continuing a policy except such rebates as may be allowed in accordance with the published prospectus or tables of the insurer.
2. Any person making default in complying with the provision of this section shall be punishable with a fine, which may extend to Ten Lakh rupees.



**DECLARATIONS – PHYSICAL PROPOSAL FORM**

- Are you or any of the proposal applicants a PEP\* or a close relative of PEP\*?

If yes, please share the 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/juridical /military officers, senior executives of state-owned corporations, important political party officials, etc.” ☐ Yes / ☐ No

- I/we hereby give my/our consent to the Company to verify and obtain my/our identity/address proof through CERSAI records or National Securities Depository Limited Portal for the purpose of undertaking KYC verification. ☐ Yes / ☐ No

- I/we hereby declare and confirm that the premium has been paid out of legally acquired sources of income and the subsequent premiums if any, will continue to be paid out of legally declared and assessed source of income. ☐ Yes / ☐ No

It is mandatory to keep your policy with updated contact (Mobile No., Email ID and PAN Card) and bank account details, to process any of your service requests faster and hassle-free in future.

You can update the same through Caringly yours App – <http://onelink.to/v9zp7c>, WhatsApp Service {Say 'Hi' on WhatsApp - +91 75072 45858}, Contact our 24-Hour Call Center at 1800-209-5858, 1800-102-5858, Give a Missed Call on – 8080945060, SMS “WORRY” to 575758, Email – [bagichelp@bajajallianz.co.in](mailto:bagichelp@bajajallianz.co.in), website – <https://www.bajajallianz.com/general-insurance.html>, contact your agent or nearest branch.