



PF000747978

Bajaj Allianz General Insurance Company Limited

Regd. & Head Office : Bajaj Allianz House, Airport Road, Yerawada, Pune - 411006.

CIN: U66010PN2000PLC015329 UIN : IRDAN113RP0027V01200102

Proposer's PAN No.

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Bajaj Allianz Employee code, if Proposer is an Employee

IMD Code	
Sub IMD Code	
IMD Name & Contact No.	
LG / Emp. Code	

PROPOSAL FORM FOR COMMERCIAL VEHICLE PACKAGE POLICY

- Please answer all questions in BLOCK letters
- The Liability of the Company does not commence until this Proposal has been accepted by the Company and premium has been paid
- This Proposal will be the basis of any subsequent policy that the Company will issue to you. It is therefore essential that you provide all the information in this Proposal FULLY AND ACCURATELY and that you provide the Company with any and all additional information relevant to risk to be insured or the Company's decision as to acceptance of the risk or the terms upon which it should be accepted

Proposer Details

1) Full Name : Title	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																					First Name	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																				
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Is your name mentioned above as per your Aadhaar Card? : ☐ YES ☐ No If No, Please mention the Name as per Aadhaar Card

2) Are you an existing Bajaj Allianz Customer: Yes / No If yes, please mention the Policy No: OG _____

3) Gender : Male ☐ Female ☐ Other ☐

4) Date of Birth :

D	D	M	M	Y	Y	Y	Y
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5) PAN No :

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6) Aadhar ID

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7) Bajaj Allianz Employee Code, if Proposer is BAGIC/BALIC Employee:

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8) Marital Status : ☐ Married ☐ Single

9) No. of Children

Sons ☐Daughters ☐

10) Occupation:

☐ Business☐ Salaried☐ Professional☐ Student☐ Housewife☐ Retired☐ Others

11a) Permanent / Residential Address:

House No & Name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Landmark/Locality

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Road/Area Name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

City:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

State:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Pin Code:

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11b) Correspondence / Office Address: (All the communications will be sent to the below address)

House No & Name

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Landmark/Locality

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Road/Area Name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

City:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

State:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Pin Code:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Telephone (Res.)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Telephone (Office)

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--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Mobile Number

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E-Mail

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12) Educational Qualification: ☐ Matriculate ☐ Under Graduate ☐ Graduate ☐ Post Graduate ☐ Professionally Qualified

13) Family Monthly Income:

☐ Up to ₹ 20,000☐ ₹ 20,001 to ₹ 50,000☐ ₹ 50,001 to ₹ 1 lakh☐ Above ₹ 1 lakh

14) In case of any Offer, you would prefer to be contacted by:

☐ Phone☐ Email

15) Are you a member of any Passenger/Goods Carrying Vehicle Association?

Yes ☐No ☐

If Yes, please give the name of the Association _____

Vehicle Details1) Period of Insurance: From

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 To

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2) Renewal of the Policy will not be allowed without availability of a valid PUC Certificate* of the Vehicle (*Not Applicable till One Year from the date of first registration of the Vehicle)

Do you have valid PUC Certificate? Yes ☐No ☐

3) Renewal of the Policy will not be allowed without availability of a valid Fitness Certificate** of the Vehicle (**Not Applicable till Two Years from the date of first registration of the Vehicle)

Do you have valid Fitness Certificate? Yes ☐No ☐

[illegible]

Previous Insurance Details

1) Name and address of the previous insurer:

2) Previous Policy No: Policy Expiry Date:

3) Claims taken in previous policy: Yes ☐ / No ☐ If Yes, No. Of Claims Claim Amount:

4) NCB earned on previous policy* (if applicable): % (Please attach a copy of renewal notice from the previous insurer)

5) Please select the coverage opted in previous policy, if any: IMT 23 ☐ IMT 47 (Over Turning) ☐

Driver Details

1) The vehicle would be driven by: You (Owner-Driver)/ other person named below (In case of additional drivers, kindly attach a separate sheet)

Name: _____ Date of Birth

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 Occupation: _____ Relation with proposer: _____

Liability to Third Parties

1) Do you wish to restrict the above limits to the statutory TPPD Liability Limit of ₹ 6000/- only? Yes ☐ No ☐ If Yes, No. of Persons: ☐ ☐

2) Do you wish to cover Legal Liability to:

a) Paid Driver / Cleaner / Conductor? Yes ☐ No ☐ If Yes, No. of Persons: ☐ ☐

b) Other Employees? Yes ☐ No ☐ If Yes, No. of Persons: ☐ ☐

c) Non-fare Paying Passengers? Yes ☐ No ☐ If Yes, No. of Persons: ☐ ☐

3) Do you wish to include Personal Accident (P.A.) Cover* for Paid Drivers, Cleaners and Conductors? Yes ☐ No ☐

If Yes, No. of Persons: _____ and CSI per Person: _____

4) Do you wish to include P.A. Cover* for Unnamed Persons / Hirer / Pillion Passengers (Two-wheelers) Yes ☐ No ☐

If Yes, No. of Persons: _____ and CSI per Person: _____

Details Pertaining To Use of Vehicle

- 1) Whether use of the vehicle is limited to own premises Yes ☐ No ☐
 - 2) Whether the vehicle is used for driving tuitions? Yes ☐ No ☐
 - 3) Whether the vehicle will be used for both commercial and private purposes? Yes ☐ No ☐
 - 4) Whether the vehicle belongs to foreign embassy / consulate/ government bodies? Yes ☐ No ☐
 - 5) Whether the vehicle is designed for use of Blind / Handicapped / Mentally challenged persons and duly endorsed as such by RTA? Yes ☐ No ☐
 - 6) Whether the vehicle is fitted with fiber glass tank? Yes ☐ No ☐
 - 7) Whether the vehicle is fitted with any Anti-theft device, approved by the, ARAI Pune? Yes ☐ No ☐
 - 8) Whether extension of geographical area to the following countries is required? Yes ☐ No ☐
- ☐ Bangladesh, ☐ Bhutan, ☐ Maldives, ☐ Nepal, ☐ Pakistan, ☐ Srilanka (please tick whichever applicable)

PA Owner Driver: Nomination Details

- 1) Personal Accident Cover for Owner – Driver is compulsory under Commercial Vehicle Package Policy. Pls give the details of Nominations.

- a) Name of the Nominee:
- b) Age of the Nominee: c) Relationship of the Nominee to the Owner-Driver:
- d) Name of the Appointee (required only if the Nominee is minor)
- e) Relationship of the Appointee to the Nominee:

(Note: 1) Personal Accident cover for Owner-Driver is compulsory for Sum Insured of ₹ 2 lakhs for Commercial Vehicles. 2) Compulsory PA cover to Owner-Driver cannot be granted where a vehicle is owned by a company, a partnership firm or a small body corporate or where the Owner-Driver does not hold an effective driving license.)

Premium Calculation Table

(A) Insured Declared Value (IDV) of the vehicle		(D) Value of Electrical accessories fitted to the vehicle	
(B) Value of CNG/LPG kit		(E) Value of Non-Electrical accessories fitted to the vehicle	
(C) IDV of the Side Car (Two-wheelers)/ Trailer (Others)		TOTAL IDV in Rs. (A+B+C+D+E)	
Own Damage Premium	Amount	Liability Premium	Amount
Own Damage @ _____%		Basic TP Cover	
Premium for GVW in excess of 12,000 kg		(-) TPPD Restriction (Statutory limit of Rs. 6000)	
CNG/LPG Kit		CNG/LPG Kit	
Electrical/Non-Electrical Accessories		Compulsory P.A. for Owner-Driver	
Commercial vehicle used for Private Purpose Also		P.A. to paid Drivers / Cleaners / Conductors for _____ persons	
		Sum Insured per person	
IMT 47(overturning) - 0.5% of IDV Minimum of 100/- Yes <input type="checkbox"/> No <input type="checkbox"/>		P.A. to Unnamed Hirer/Pillion Passengers (Two Wheeler) for _____ persons	
IMT 23 Cover: Yes <input type="checkbox"/> No <input type="checkbox"/>		Sum Insured per person	
(-) NCB @ _____ %		Legal Liability to Paid Driver/Cleaners/Conductors for _____ persons	
(-) Commercial Discount @ _____ %		Legal Liability to NFPP for _____ persons	
(-) Driving in own premises		Legal Liability to other employees for _____ employees	
TOTAL		Attached Side Car (Two-wheelers)/ Trailer (others)	
Net Premium (Own Damage + Liability)		TOTAL	
GST @ _____ %			
Gross Premium			

Payment Details



Declaration

“(Please tick in case same is agreed by you)”

I/We have read and understood the Privacy Policy of your Company at www.bajajallianz.com and I hereby unconditionally agree and bind myself to all terms and conditions of your Private Policy, as amended, from time to time.

ADDITIONAL DECLARATION TO BE GIVEN BY PROPOSER SEEKING REFUND/CLAIM AMOUNT:

I hereby agree to receive all monies due from insurance company by way of refund of premium, claims etc into my bank account as specified in the instrument tendered towards insurance premium and such electronic transfer will constitute full and final discharge of the aforesaid obligation.

***ADDITIONAL DECLARATION TO BE GIVEN BY PROPOSER SEEKING NO CLAIM BONUS:**

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. I/We further undertake that if this declaration is found to be incorrect, all benefits under the policy will stand forfeited with no refund of premium.

[illegible]

Signature of Agent/SP of Corp Agent

Signature of Proposer

[illegible]

Name and Designation

(In case of Corporate)

ADDITIONAL DECLARATION TO BE GIVEN BY PROPOSER SEEKING REFUND/CLAIM AMOUNT:

I hereby agree to receive all monies due from insurance company by way of refund of premium, claims etc. into my bank account as specified in the instrument tendered towards insurance premium and such electronic transfer will constitute full and final discharge of the aforesaid obligation.

[illegible]

Signature of Proposer

[illegible]

Name and Designation

(In case of Corporate)

Section 41 of Insurance Act, 1938

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 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 prospectus or tables of the insurer. Any person making default in complying with the provisions of this section shall be liable for penalty which may extend to ten lakhs rupees.

Certified that the contents of the Proposal Form and documents have been fully explained to the Proposer and that he/they have fully understood the significance of the proposed contract****

[illegible]

Signature (On behalf of Proposer)

[illegible]

Name

*** This is required only where, for any reason, the Proposal Form and other connected papers are not filled by the Prospect/Proposer.

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
- 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