

A(III). Liability Section: Coverage

Third Party Risks: Death/ Bodily Injury

23. 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. _____

Note: 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.
2. As per Section 147 (2)(a) The liability is 'as incurred' in the case of death/ bodily injury of a third party.

Third Party Risks: TPPD (IMT-20)

24. 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 ☐

Third Party Risks: Liability to "Workmen" under W.C. Act-1923 (Compulsorily to be covered by M.V. Act-1988)

25. Legal liability to persons employed in connection with operation of the vehicle who are 'workmen'. (The liability of the Employer under the Workmen's Compensation Act-1923 is covered under the Motor Vehicles Act-1988.)

1) Driver (No. of persons: _____)

2) Employees (Workmen) (No. of persons: _____)

(Note: The Motor Vehicles Act-1988 under Sec. 147 (1)(ii)(i) covers liability to employees who are workmen within the meaning of the Workmen's Compensation Act-1923.)

(For additional coverage, please refer to **Q. No. 26**)

B. Questions that provide additional covers as per IMT Endorsements

Addl. TPPD

26. The Policy provides additional Third Party Property Damage liability limits of Rs. 1, 00,000/- for Two Wheelers and Rs. 7,50,000/- for other classes of vehicles. (GR-39) Do you wish to cover the additional limit?
(Refer to **Q. No. 23**)

Yes ☐ No ☐

Additional Liability to Workmen

27. Do you wish to cover wider legal liability to employees who are 'workmen'? (IMT - 28)
(This information is sought to cover in addition to liability under the Workmen's Compensation Act-1923, also liability under the Fatal Accidents Act-1855 and the Common Law)
(Note: The additional liability under Common Law and Fatal Accidents Act in respect of employees **who are workmen** is covered under this endorsement).
(Refer to **Q. No. 24**)

Yes ☐ No ☐

Liability to Employees who are not Workmen

28. Do you wish to cover wider legal liability to employees who are NOT 'workmen'? (IMT-29)
(Note: The liability under Common Law and Fatal Accidents Act-1855 in respect of employees **who are not workmen** can be covered under this endorsement)

Yes ☐ No ☐

Personal Accident Cover for Owner Driver

29. Personal Accident Cover for Owner Driver is compulsory in the Liability Only Cover. Please give details for nomination:

- (a) Name of the Nominee & Age: _____
- (b) Relationship: _____
- (c) Name of the Appointee: (If Nominee is a Minor) _____
- (d) Relationship to the Nominee : _____

(Note: 1. Personal Accident cover for Owner Driver is compulsory for Sum Insured of Rs. 1,00,000/- for Two Wheelers and Rs. 2,00,000/- for Private Cars.
2. Compulsory PA cover to 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)

PA Cover for Named Occupants

30. Do you wish to include Personal Accident cover for named persons? (IMT-15)
If YES, give name and Capital Sum Insured (CSI) opted for:

Yes ☐ No ☐

Name	CSI Opted (Rs.)	Nominee	Relationship
1)			
2)			
3)			

(Note: The maximum CSI available per person is Rs. 2 Lakhs in case of Private Cars and Rs. 1 Lakh in the case of Motorized Two Wheelers)

PA Cover for Un-Named occupants

31. Do you wish to include Personal Accident cover for Un-named Passengers/hirer/pillion passengers (Two Wheelers)? (IMT-16) Yes ☐ No ☐

If YES, give the number of persons and Capital Sum Insured (CSI) Opted:

No. of Persons : _____ CSI (Per Person): _____

(Note: The maximum CSI available per person is Rs. 2 Lakhs in case of Private Cars and Rs. 1 lakh in case of Motorized Two Wheelers)

Geographical Extension

32. Whether extension of geographical area to the following countries is 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

Previous History

33. 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 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.)
_____	_____	_____
_____	_____	_____
_____	_____	_____

Driver Details

34. 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 ☐

Yes ☐ No ☐

If YES, please give details of such infirmity _____

d. Has the driver ever been involved/ convicted for causing any accident of loss? Yes ☐ No ☐

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 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.

Place:

Date:

Signature of the Proposer/s

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 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. Any person making default in complying with the provisions of this section shall be punishable with fine which may extend to ten lac rupees.

Note: Denial of "Third Party Liability Only Cover" by Insurer, for reasons other than fraud/ misrepresentation by proposer, will entail Regulatory action.

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

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, website – <https://www.bajajallianz.com/general-insurance.html>, contact your agent or nearest branch.