

IMD Code :	
IMD Name :	
Sub IMD Code :	
Mobile No. :	

**STANDARD PROPOSAL FORM FOR "LIABILITY ONLY" POLICY**

**(For Private Cars/ Two Wheelers)**

**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:**

1. Proposer's (Owner's) Full Name (In capital letters)

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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

Aadhaar Card No 



 PAN Number:

Date of Birth 



 Gender: Male  Female  Other

2. Address (where the vehicle is normally kept) (In capital letters with pin code)

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	City	
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State 



 Pin 



 Mobile

Telephone 



 Fax

Email \_\_\_\_\_

3. Occupation / Business : \_\_\_\_\_

4. Types of Cover : Liability Only Policy

5. Period of Insurance : From : \_\_\_\_\_ Hrs. on \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ To : \_\_\_\_\_ Hrs. on \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

6. 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

**A (II) Vehicle Specifications**

7. Registration Number of the Vehicle \_\_\_\_\_

8. Date of Registration of the Vehicle \_\_\_\_\_

9. Registering Authority & Location \_\_\_\_\_

10. Year of Manufacture \_\_\_\_\_

11. Engine Number \_\_\_\_\_

12. Chasis Number \_\_\_\_\_

13. Make of the Vehicle \_\_\_\_\_

14. Model \_\_\_\_\_

15. Type of Body \_\_\_\_\_

16. Cubic Capacity of the Vehicle \_\_\_\_\_

17. Seating Capacity including driver \_\_\_\_\_

18. Whether the vehicle is driven by non-conventional source of power/ CNG/ LPG/ Bi-Fuel? Yes  No

If 'Yes', please give details \_\_\_\_\_

19. Whether the use of vehicle is limited to own premises? Yes  No

20. Whether the vehicle is used for commercial purpose? Yes  No

21. Whether the vehicle is used for driving tuitions? (GR-44) Yes  No

22. Details of Hire Purchase / Hypothecation / Lease (IMT-5)

a) Is the vehicle proposed for insurance:

(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(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)

Yes  No

(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**)

#### Liability to Employees who are not Workmen

28. Do you wish to cover wider legal liability to employees who are NOT 'workmen'? (IMT-29)

Yes  No

(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)

#### 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) Yes  No   
 If YES, give name and Capital Sum Insured (CSI) opted for:

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)? Yes  No   
 (IMT-16)  
 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:

<u>YEAR</u>	<u>NO. OF CLAIMS</u>	<u>CLAIM AMOUNT (Rs.)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**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   
 If YES, please give details of such infirmity \_\_\_\_\_

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 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.