



COMMERCIAL VEHICLES LIBILITY ONLY (other than Motor Trade Internal Risks Policies) - Proposal Form

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	
	2.	Address (where the vehicle is normally kept)	Pin Code: Tel No.: Mobile No.: Fax No.: E-mail address:
	3.	Occupation / Business	
	4.	Type of Cover	Liability Only Policy
	5.	Period of Insurance	From Hrs on To Hrs on

A(ii) Vehicle Details/Vehicle specification	6.	Registration No. of the vehicle	
	7.	Date of Registration of the vehicle	
	8.	Registration Authority and Location	
	9.	Year of Manufacture	
	10.	Engine No	
	11.	Chassis No	
	12.	Make of the Vehicle	
	13.	Model	
	14.	Type of Body	
	15.	Cubic Capacity of the Vehicle	
	16.	Seating Capacity including driver	
	17.	Whether vehicle is driven by non conventional source of power / CNG / LPG / Bi Fuel? If yes, please give details.	
	18.	Whether use of vehicle is limited to own premises?	Yes /No
	19.	Whether the commercial vehicle is also used for Private purposes (excluding use for hire or reward)?	Yes /No
	20.	Whether the vehicle is used for driving tuitions? (GR 44)	Yes /No
	21.	Details of Hire Purchase / Hypothecation / Lease (IMT 5) a) Is the vehicle proposed for insurance: (i) Under Hire Purchase (ii) Under Lease Agreement (iii) Under Hypothecation Agreement b) If yes, give name and address of concerned party/parties	Yes /No Yes /No Yes /No
	22.	Third Party Risks: Death / Bodily Injury 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 1. 2. 3. Note: 1. Section146 of Motor Vehicle Act 1988 makes it mandatory for the owner of the vehicle to ensure that he or any 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 as third party.	If "Yes", give details of such persons:

23.	Third Party Risks: TPPD (IMT – 20)
Do you wish to have the statutory Third Party Property Damage (TPPD) Liability of Rs.6000/- only? Yes / No [For additional TPPD limits, please see Q.No. 25]	

24.	Third Party Risk : Liability to 'Workmen' under W.C Act - 1923 (Compulsorily to be covered by M.V Act - 1988)
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. Drivers: (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 Q. No. 26)	

B. Questions that provide additional cover as per IMT Endorsements

25. (GR 39)	Additional TPPD
The policy provides additional Third Party Property Damage Liability Limits of ₹7,50,000/- for commercial vehicles. Do you wish to cover the additional limit: [Refer to Q.No. 23] Yes /No	

26. (IMT 28)	Additional Liability to Workmen
Do you wish to cover Wider Legal Liability to employees who are workmen? (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) ☐ Yes ☐ No (Note: The additional liability under common law and Fatal Accidents Act 1855 in respect of employees who are workmen can be covered under this endorsement) Refer Q No. 24	

27. (IMT 29)	Liability to Employees who are not Workmen
Do you wish to cover Wider Legal Liability to employees who are NOT workmen? ☐ Yes ☐ No	
(Note: The liability under common law and Fatal Accidents Act 1855 in respect of employees who are not workmen can be covered	

28.	Personal Accident Cover for Owner Driver
Personal Accident Cover for Owner Driver is compulsory in the Liability Only Cover. Please give details of nomination: (a) Name of Nominee and Age _____ (b) Relationship _____ (c) Name of 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.15,00,000/- for all classes of Motor Vehicle. 2. Compulsory Personal Accident (PA) Cover for owner-driver (PA Cover for Owner –Driver is compulsory for individual vehicle owners) I hereby declare that the Owner Driver does not require Compulsory Personal Accident Cover as ☐ Owner Driver has a separate existing Personal Accident cover against Death and Permanent Disability (Total and Partial) for Sum Insured of at least 15lacs. ☐ Owner Driver has a separate Standalone Compulsory Personal Accident policy for Sum Insured of Rs 15 lacs ☐ The Vehicle to be insured is not owned by an individual. ☐ The Owner Driver does not have an effective driving license. (Note: Where the owner driver owns more than one vehicle, Compulsory Personal Accident cover can be granted for any one vehicle as opted by him/her.) Personal Accident cover for owner driver is compulsory for Sum Insured of 15 lakhs for Private Car. Compulsory Personal Accident Cover for Owner Drivers cannot be granted where the Vehicle is owned by a company, a partnership firm or a similar body corporate.	

29. (IMT 15)	PA cover for Named Occupants																														
Do you wish to include Personal Accident Cover for Named persons? ☐ Yes ☐ No																															
If yes, give name and Capital Sum Insured (CSI) opted for.																															
	<table><tr><th></th><th>Name</th><th>CSI Opted for</th><th>Nominee</th><th>Relationship</th></tr><tr><td>1</td><td></td><td></td><td></td><td></td></tr><tr><td>2</td><td></td><td></td><td></td><td></td></tr><tr><td>3</td><td></td><td></td><td></td><td></td></tr><tr><td>4</td><td></td><td></td><td></td><td></td></tr><tr><td>5</td><td></td><td></td><td></td><td></td></tr></table>		Name	CSI Opted for	Nominee	Relationship	1					2					3					4					5				
	Name	CSI Opted for	Nominee	Relationship																											
1																															
2																															
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(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)																															

30. (IMT 16)	PA Cover for Unnamed Occupants
Do you wish to include Personal Accident Cover for unnamed passengers/hirer/pillion passengers (two wheelers)? ☐ Yes ☐ No	
If yes, give number of persons and Capital Sum Insured (CSI) opted for. Number of persons _____ CSI opted (₹) _____	
(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)	

31. (IMT 1)	Geographical Extension
Whether extension of geographical area to the following countries required? (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 can be availed by use of this endorsement	

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

32.	Previous History												
(a) Date of Purchase of the vehicle by the Proposer: <table><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>		D	D	M	M	Y	Y	Y	Y				
D	D	M	M	Y	Y	Y	Y						
(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 and Business Purposes ☐ 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 full 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													
<table><tr><th>Year</th><th>Number of Claims</th><th>Claim Amount (₹)</th></tr><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr></table>		Year	Number of Claims	Claim Amount (₹)									
Year	Number of Claims	Claim Amount (₹)											

33.	Driver Details								
Details of the Driver: (a) Age and Date of Birth of the Owner: Age _____ years Date <table><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>		D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y		
(b) Age and Date of Birth of the Driver: Age _____ years Date <table><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>		D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y		
(c) Does the driver suffer from defective vision or hearing or any physical infirmity ☐ Yes ☐ No If "Yes" please give details. _____									
(d) 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 prosecutions:									
<table><tr><td>Driver's Name</td><td></td></tr><tr><td>Date of Accident</td><td></td></tr><tr><td>Loss/Cost Rs.</td><td></td></tr><tr><td>Circumstances of Accident:</td><td></td></tr></table>		Driver's Name		Date of Accident		Loss/Cost Rs.		Circumstances of Accident:	
Driver's Name									
Date of Accident									
Loss/Cost Rs.									
Circumstances of Accident:									

TERMS AND CONDITIONS

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 here by agree that this declaration shall form the basis of the contract between me/us and HDFC ERGO 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 declare that the contents of the form and documents have been fully explained to me/us and that I/We have fully understood the significance of the proposed contract.

I hereby grant consent to Agent/Broker/Corporate Agent or any other licensed intermediary to share my KYC (Know your Customer) and customer due diligence information with HDFC ERGO General Insurance Company Limited for the purpose of my insurance proposal.

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

Prohibition of Rebates (Section 41 of Insurance Act, 1938 as amended):

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 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: provided that acceptance by an insurance agent of commission in connection with a policy of life insurance taken out by himself on his own life shall not be deemed to be acceptance of a rebate of premium within the meaning of this sub-section if at the time of such acceptance the insurance agent satisfies the prescribed conditions establishing that he is a bona fide insurance agent employed by the insurer.
2.

Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to ₹10 Lakhs.

- ☐ I agree to receive a one pager policy document.
- ☐ I hereby declare that I do not hold an effective driving license.

Place

Date

D

D

M

M

Y

Y

Y

Y

Signature of Proposer