

STANDARD PROPOSAL FORM FOR LIABILITY ONLY POLICY

(For Commercial Vehicles other than Motor Trade Internal Risks Policies)

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.	Gross Vehicle Weight (GVW) and Cubic Capacity (CC)		
	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 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	
	(Note: Copies of RC Book, Permit and fitness Certificate should be submitted along with the proposal form)			

CVPF

A(III) Liability Section Coverage

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 If "Yes", give details of such persons: 1. _____ 2. _____ 3. _____ Note: 1. Section 146 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.	

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

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: 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) <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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) _____																										
29. (IMT 15)	PA cover for Named Occupants																									
Do you wish to include Personal Accident Cover for Named persons? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give name and Capital Sum Insured (CSI) opted for.																										
	<table border="1"> <thead> <tr> <th></th> <th>Name</th> <th>CSI Opted for</th> <th>Nominee</th> <th>Relationship</th> </tr> </thead> <tbody> <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> </tbody> </table>		Name	CSI Opted for	Nominee	Relationship	1					2					3					4				
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If yes, give name and Capital Sum Insured (CSI) opted for.																										
30. (IMT 16)	PA Cover for Unnamed Occupants																									
Do you wish to include Personal Accident Cover for unnamed passengers/hirer/pillion passengers (two wheelers)? <input type="checkbox"/> Yes <input type="checkbox"/> 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 ₹2 Lakhs in the case of Commercial Vehicles)																										
31. (IMT 1)	Geographical Extension																									
Whether extension of geographical area to the following countries required? (1) Bangladesh <input type="checkbox"/> Yes <input type="checkbox"/> No (2) Bhutan <input type="checkbox"/> Yes <input type="checkbox"/> No (3) Maldives <input type="checkbox"/> Yes <input type="checkbox"/> No (4) Nepal <input type="checkbox"/> Yes <input type="checkbox"/> No (5) Pakistan <input type="checkbox"/> Yes <input type="checkbox"/> No (6) Sri Lanka <input type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>													
(b) Whether the vehicle was New or Second Hand at the time of Purchase: <input type="checkbox"/> New/ <input type="checkbox"/> Second Hand													
(c) Will the vehicle be used exclusively for i. Private, Social, Domestic, Pleasure and Business Purposes <input type="checkbox"/> Yes <input type="checkbox"/> No ii. Carriage of Goods other than samples or personal luggage <input type="checkbox"/> Yes <input type="checkbox"/> No													
(d) Is the vehicle in good condition? <input type="checkbox"/> Yes <input type="checkbox"/> 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 border="1"> <thead> <tr> <th>Year</th> <th>Number of Claims</th> <th>Claim Amount (₹)</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </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 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>									
(b) Age and Date of Birth of the Driver: Age _____ years Date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>									
(c) Does the driver suffer from defective vision or hearing or any physical infirmity <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" please give details. _____									
(d) Has the driver ever been involved/convicted for causing any accident or loss? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", please give details as under including the pending prosecutions:									
	<table border="1"> <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</td> <td></td> </tr> </table>	Driver's Name		Date of Accident		Loss/Cost Rs.		Circumstances of	
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Loss/Cost Rs.									
Circumstances of									

DECLARATION BY 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 the "HDFC ERGO General Insurance Company Limited"

I/We also hereby declare that if 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 understand, declare, consent and authorize the Company to use personal health details and financial information, as provided to the Company for underwriting the risk. I/We hereby also understand, declare, consent and authorize the Company that the Company shall have right to retain the aforementioned information and disseminate the same to its service provider(s) for providing services related to insurance.

Place

Date

Signature

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

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