

'Liability Only' Policy

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

Proposal Form



WITH YOU ALWAYS

Proposal No.

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 (In capital letters)

Personal details

1a. Proposer's (Owner's) full name

1b. Insured's PAN card number

In the absence of PAN Card, please give details of any other authorized photo identification card.

Card Type

Number :

Sources of funds
(please ✓ where applicable)

Salary

Business

Other (Please specify)

2. Address
(where the vehicles is normally kept)

City

State

PIN:

Phone

Fax:

Mobile

Email:

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 Specifications

6. Registration number of the vehicle	<input type="text"/>
7. Date of registration of the vehicle	<input type="text"/>
8. Registering authority & location	<input type="text"/>
9. Year of manufacture	<input type="text"/>
10. Engine number	<input type="text"/>
11. Chasis number	<input type="text"/>
12. Make of the vehicle	<input type="text"/>
13. Model	<input type="text"/>
14. Type of body	<input type="text"/>
15. Gross Vehicle Weight (GVW) & Cubic Capacity (C.C.)	<input type="text"/>
16. Max. Licensed carrying capacity (No. of Passengers) In case of passenger carrying vehicles ?	<input type="text"/>
17. Whether the vehicle is driven by non-conventional source of power If yes, please give details	<input type="checkbox"/> Bi-Fuel <input type="checkbox"/> CNG <input type="checkbox"/> LPG
18. Whether the use of vehicle is limited to own premises ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
19. Whether the commercial vehicle is also used for private purposes (excluding use for hire or reward) ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
20. Whether the vehicle is used for driving tuitions ? (GR-44)	<input type="checkbox"/> Yes <input type="checkbox"/> No
21. Details of Hire Purchase / Hypothecation / Lease	(IMT-5)
a) Is the vehicle proposed for insurance is :	
(i) Under Hire Purchase ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(ii) Under Lease Agreement ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(iii) Under Hypothecation ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b) If yes, give name and address of concerned party / parties :	

(Note: Copies of R.C. Book, Permit & Fitness Certificate should be submitted along with the proposal form)

A(III). Liability Section : Coverage

Third Party Risks: Death / Bodily Injury

22. 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)

23. 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**)

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

24. 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 to **Q. No. 26**)

B. Questions that provide additional covers as per IMT Endorsements

Additional TPPD (GR-39)

25. The Policy provides additional Third Party Property Damage liability limit of Rs. 7,50,000/- for commercial vehicles. Do you wish to cover the additional limit ? Yes No
(Refer to **Q. No. 23**)

Additional Liability to Workmen (IMT-28)

26. Do you wish to cover wider legal liability to employees who are 'Workmen' ? 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 (IMT-29)

27. 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 under this endorsement).

Personal Accidental Cover for Owner Driver

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

- a. Name of the Nominee & Age : _____ Yrs
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. 2,00,000/- for commercial vehicles.
2. Compulsory Personal Accident 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.

Personal Accident Cover for Named Occupants (IMT-15)

29. Do you wish to include Personal Accident cover for named persons ? 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 Commercial Vehicles)

Personal Accident Cover for Un-Named Occupants (IMT-16)

30. Do you wish to include Personal Accident cover for un-named passengers/hirer/ pillion passengers (Two Wheelers) Yes No

If yes, give number of persons and Capital Insured (CSI) Opted :

No. of persons: _____ C.S.I. (per person): _____

(Note: The maximum CSI available per person Rs. 2 lakhs in case of Commercial Vehicles)

Geographical Extension (IMT-1)

31. 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 cover can be availed by use of this endorsement)

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

Previous History

32. 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 Claim(s)	Claim(s) Amount (Rs.)
_____	_____	_____
_____	_____	_____
_____	_____	_____

Driver Details

33. 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 or 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 : _____

Premium paid by cash / Cheque No. _____ Date Amount (Rs.) _____

Bank _____ Branch _____

Producer Name _____ Producer Code _____

AML Guidelines

- I/we hereby confirm that all premiums have been/will be paid from bonafide sources and no premiums have been/will be paid out of proceeds of crime related to any of the offence listed in Prevention of Money Laundering Act, 2002.
- I understand that the Company has the right to call for documents to establish sources of funds.
- The insurance company has right to cancel the insurance contract in case I am/ have been found guilty by any competent court of law under any of the statutes, directly or indirectly governing the prevention of money laundering in India.

● **Nationality :** Indian Non-Indian If Non-Indian, please specify Country : _____

● **Type of Organization**

Corporations Governments Non Governmental Organizations Society
Trust Partnership International Organization Cooperatives Section 25 Company

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 the Tata AIG General Insurance Company Ltd.

I / We also 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.

Place : _____

Date :

Signature of the Proposer

PROHIBITION OF REBATES (Insurance Act, 1938, Section 41)

- 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 of 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 five hundred rupees.

Note: Denial of 'Third Party Liability Only Cover' by insurer, for reasons other than fraud / misrepresentation by proposer, will entail regulatory action.

Insurance is the subject matter of the solicitation. For more details on risk factors, terms and conditions, please read sales brochure carefully, before concluding a sale.

Tata AIG General Insurance Company Limited

Registered Office : Peninsula Business Park, Tower A, 15th Floor, G. K. Marg, Lower Parel, Mumbai - 400 013.

Toll Free Nos. 1800 266 7780 Visit us at www.tataaiginsurance.in