

**UNITED INDIA INSURANCE COMPANY LIMITED**  
**MOTOR INSURANCE PROPOSAL FORM**  
**Commercial / Miscellaneous Type - PACKAGE POLICY**

Development Officer's Name &  
Code :

Broker's / Agent's Name & Code  
:

Proposer's Name							
Address for Correspondence							
Telephone & Fax Number		Mobile No:					
E-mail Address							
Bank Account No. (SB/Current Account)		PAN No:					
HPA/Hypothecation							
Type of Policy Required		<b>Package Policy</b>					
Period of Insurance		From Time ----- Date :				To	
<b>Details of Vehicle</b>							
Regn.No.	Eng.No.& Chassis No.	Year of Make	Make& Model / Type of Body	Cubic Capacity/ HP	Seating Capacity	Gross Vehicle Weight	Fuel Used
<b>Value of the Vehicle:</b>							
Invoice-Value	Electric/Electronic Accessories	NonElectrical Accessories	Trailer	LPG/CNG Kit	Total Value	<b>IDV</b>	
<b>History of Vehicle:</b>							
Previous Policy No	Type of cover	Name of Insurer & Place	Entitlement of No Claim Bonus	Date of Expiry	Claim Experience for last 3 years	Date of first Purchase & Regn.	
<b>Usage of the Vehicle:</b>							
Nature of Permit	National/Zone/State		Details of Driver		Self/Paid		
Private Carrier			Name & Age				

Public Carrier		Driving License No & Type	
Stage/Contract Carriage	Bus/Taxi/Auto Maxicab	Date of Expiry	
Miscellaneous types of vehicle		No. of accidents involved	
Has any Insurance Company declined your proposal or cancelled your Motor Policy			
Discounts & Loading:			
Is the vehicle fitted with the any Anti-Theft Device approved by ARAI	Yes/No If yes, attach certificate of installation issued by AASI		
Whether the vehicle is driven by non-conventional source	Yes/No If yes, please specify the details		
Whether the vehicle is driven by Bi-fuel kit / Fibre Glass Tank Fitted	Yes/No If yes, please specify the details		
Do you wish to restrict TPPD cover to Statutory limit of Rs.6000/-only	Yes/No		
Extra Covers required			
Legal Liability to Driver, Cleaner, Conductor			
Legal Liability to Other Workmen			
Legal Liability to Non Fare Paying Passengers			
Legal Liability to Passengers			
PA cover to Driver/Cleaner/Conductor			
<b>Compulsory Personal Accident Cover for Owner Driver</b>			
Personal Accident Cover for Owner Driver is compulsory. Please give details of 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 Rs.2,00,000/- for Commercial Vehicles. 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)			
P A Cover for Named Persons			
Named Occupants PA Cover for	(IMT-15)	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 Private of Commercial Vehicles )	
PA to unnamed hirer/driver			

Do you wish to have Nil Depreciation Add –on Cover?					
Other Details					
Whether use of vehicle is confined to sites		Yes/No			
Whether the vehicle is designed for use of blind/handicapped/mentally challenged persons		Yes/No If yes, please specify the details of Endorsement by RTA			
Whether the vehicle is used for Driving Tuitions		Yes/No			
Do you wish to cover overturning risk? (applicable to cranes, mechanical navies, shovels, grabs, rippers, excavators, dragline excavators, mobile drilling rigs and mobile plant)		Yes/No			
Whether extension of Geographical Area is required		Yes/No If yes, State the Name of the Country Nepal Bangladesh, Bhutan, Maldives, Pakistan, SriLanka			
<b><u>Driver Details</u></b>					
Name	Age	DL No., Date of first issue and Issuing Authority	Type of licence held, Badge number	Endorsements	Details of physical infirmities, if any

‘Do you wish to have a One Page Policy :            Yes / No  
(Policy terms and conditions can be viewed at our website : [www.uiic.co.in](http://www.uiic.co.in))

**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 his declaration shall form the basis of the contract between me/us and the UNITED INDIA INSURANCE CO. LTD.

I/We also hereby declare that any additions or alterations carried out after the submission of this Proposal Form then the same would be conveyed to the Insurers immediately.

I/we wish to confirm that there has been no accident to my/our vehicle since the last Policy Expiry Date till now. I/We confirm that I/We have remitted the premium at..... on..... For the insurance of the above vehicle with you. It is understood and agreed that you have no liability or whatsoever nature for any Loss/Damage/Liability arising out of any accident earlier to .....(time).

I/We declare that the vehicle is in perfect state and roadworthy condition..

Place :  
Date :

**SIGNATURE OF THE PROPOSER**