

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:

| | | | |
|-------------------------|---|---|---|
| Personal Details | 1 | Proposer's (Owner's) Full Name (In capital letters) | |
| | 2 | Address (where the vehicle is normally kept) (In capital letters, with pin code) | Telephone: _____ Mobile No.: _____ Pin: _____ Fax: _____ Mail Id: _____ |
| | 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 | | |
| | 7 | Date of Registration of the Vehicle | | |
| | 8 | Registration Authority & Location | | |
| | 9 | Year of Manufacture | | |
| | 10 | Engine Number | | |
| | 11 | Chassis Number | | |
| | 12 | Make of the Vehicle | | |
| | 13 | Model | | |
| | 14 | Type of Body | | |
| | 15 | Cubic Capacity of the Vehicle | | |
| | 16 | Seating Capacity including driver | | |
| | 17 | Whether the vehicle is driven by non-conventional source of power CNG/LPG/BI-Fuel If "YES", Please give details | | |
| | 18 | Whether the use of vehicle is limited to own premises? | YES | NO |
| | 19 | Whether the vehicle is used for commercial purpose? | YES | NO |
| | 20 | Whether the vehicle is used for driving tuitions? | YES | NO |
| | 21 | Details of Hire Purchase / Hypothecation / Lease a) Is the vehicle proposed for insurance is: (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

| | | |
|---|-----------|---|
| <p>Third Party Risks: Death / Bodily Injury</p> | <p>22</p> | <p>Coverage for liability against Third Party Risks (Death or Bodily Injury) required in respect of:</p> <p>(i) Owner Driver only YES / NO (ii) Any person other than Paid Driver YES / NO</p> <p>If, "YES", give details of such other persons:</p> <p>1. 2. 3.</p> <p>(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)</p> |
| <p>Third Party Risks: TPPD</p> | <p>23</p> | <p>Do you wish to have the statutory Third Party Property Damage (TPPD) liability of Rs. 6,000/- only?</p> <p style="text-align: right;">YES / NO</p> <p>[For additional TPPD limits, please see Q. No. 25]</p> |
| <p>Third Party Risks: Liability to 'Workmen' under W.C. Act-1923 (Compulsorily to be covered by M.V. Act-1988)</p> | <p>24</p> | <p>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].</p> <p>1) Drivers (No. of persons: _____) 2) Employees (Workmen) (No. of persons: _____)</p> <p>(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.)</p> <p>[For additional coverage, please refer to Q. No. 26]</p> |

B. Questions that provide additional covers as per IMT Endorsements

| | | |
|---|-----------|---|
| <p>Additional TPPD</p> | <p>25</p> | <p>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.</p> <p>Do you wish to cover the additional limit? YES / NO</p> <p>[Refer to Q. No. 23]</p> |
| <p>Additional Liability to Workmen</p> | <p>26</p> | <p>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]</p> <p style="text-align: right;">YES / NO</p> <p>(Note: The additional liability under Common Law and Fatal Accidents Act in respect of employees who are workmen is covered under this endorsement)</p> <p>[Refer to Q. No. 24]</p> |

| Liability to Employees who are not Workmen | 27 | <p>Do you wish to cover wider legal liability to employees who are NOT 'workmen'?</p> <p style="text-align: right;">YES / NO</p> <p>(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).</p> | | | | | | | | | | | | | | | | |
|---|-----------------|---|--------------|-----------------|---------|--------------|----|--|--|--|----|--|--|--|----|--|--|--|
| Personal Accident Cover For Owner Driver | 28 | <p>Personal Accident Cover for Owner Driver is compulsory in the Liability Only Cover. Please give details of nomination:</p> <p>(a) Name of the Nominee & Date of Birth : _____</p> <p>(b) Relationship : _____</p> <p>(c) Name of the Appointee : _____ (If Nominee is a Minor)</p> <p>(d) Relationship to the Nominee : _____</p> <p>(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.)</p> | | | | | | | | | | | | | | | | |
| PA Cover for Named Occupants | 29 | <p>Do you wish to include Personal Accident cover for named persons? YES / NO</p> <p>If YES, give name and Capital Sum Insured (CSI) opted for:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;">Name</th> <th style="width: 25%;">CSI Opted (Rs.)</th> <th style="width: 25%;">Nominee</th> <th style="width: 25%;">Relationship</th> </tr> </thead> <tbody> <tr> <td>1)</td> <td></td> <td></td> <td></td> </tr> <tr> <td>2)</td> <td></td> <td></td> <td></td> </tr> <tr> <td>3)</td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p>(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)</p> | Name | CSI Opted (Rs.) | Nominee | Relationship | 1) | | | | 2) | | | | 3) | | | |
| Name | CSI Opted (Rs.) | Nominee | Relationship | | | | | | | | | | | | | | | |
| 1) | | | | | | | | | | | | | | | | | | |
| 2) | | | | | | | | | | | | | | | | | | |
| 3) | | | | | | | | | | | | | | | | | | |
| PA Cover for Un-Named Occupants | 30 | <p>Do you wish to include Personal Accident cover for Un-named Passengers/hirer/pillion passengers (Two Wheelers)?</p> <p style="text-align: right;">YES / NO</p> <p>If YES, give number of persons and Capital Sum Insured (CSI) Opted:</p> <p>No. of Persons: _____ C.S.I (Per Person): _____</p> <p>(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 Wheelers)</p> | | | | | | | | | | | | | | | | |
| Geographical extension | 31 | <p>Whether extension of geographical area to the following countries required?</p> <p>(1) Bangladesh YES / NO (2) Bhutan YES / NO</p> <p>(3) Maldives YES / NO (4) Nepal YES / NO</p> <p>(5) Pakistan YES / NO (6) Sri Lanka YES / NO</p> <p>(Note: Presently the territory covered is geographical area of India. Extension of geographical area cover can be availed by use of this endorsement)</p> | | | | | | | | | | | | | | | | |

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

| Previous history | 32 | <p>Previous History:</p> <p>a. Date of purchase of the vehicle by the proposer: _____ / _____ / _____</p> <p>b. Whether the vehicle was new or second hand at the time of purchase? New/Second Hand</p> <p>c. Will the vehicle be used exclusively for</p> <p>(i) Private, Social, Domestic, Pleasure & Professional Purpose? YES / NO</p> <p>(ii) Carriage of goods other than samples or personal luggage? YES / NO</p> <p>d. Is the vehicle is in good condition? YES / NO If NO, please give details:</p> <p>e. Name and Address of the previous insurance company:</p> <p>f. Previous policy number: _____</p> <p>g. Period of Insurance : From: _____ To: _____</p> <p>h. Claims logged during the preceding 3 years:</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;"><u>YEAR</u></th> <th style="text-align: center;"><u>NO. OF CLAIMS</u></th> <th style="text-align: center;"><u>CLAIM AMOUNT (Rs.)</u></th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> </tbody> </table> | <u>YEAR</u> | <u>NO. OF CLAIMS</u> | <u>CLAIM AMOUNT (Rs.)</u> | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
|--|----------------------|---|-------------|----------------------|---------------------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| <u>YEAR</u> | <u>NO. OF CLAIMS</u> | <u>CLAIM AMOUNT (Rs.)</u> | | | | | | | | | | | | |
| _____ | _____ | _____ | | | | | | | | | | | | |
| _____ | _____ | _____ | | | | | | | | | | | | |
| _____ | _____ | _____ | | | | | | | | | | | | |
| Driver Details | 33 | <p>Details of the Driver:</p> <p>a. Age & Date of Birth of the Owner: Age: ___ Yrs DOB: ___/___/___</p> <p>b. Age & Date of Birth of the Driver: Age: ___ Yrs DOB: ___/___/___</p> <p>c. Does the driver suffer from defective vision or hearing or any physical infirmity? YES / NO</p> <p>d. Has the driver ever been involved / convicted for causing any accident of loss? YES / NO</p> <p>If YES, give details as under including the pending prosecutions:</p> <ul style="list-style-type: none"> - Driver's Name - Date of Accident - Loss / Cost (Rs.) - Circumstances of Accident / Loss | | | | | | | | | | | | |
| <u>Declaration by the Insured</u> | | | | | | | | | | | | | | |
| <p>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 agree that this declaration shall form the basis of the contract between me/us and the SBI General Insurance Company Limited.</p> <p>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.</p> <p>Place: _____</p> <p>Date: _____ Signature of the Proposer/s</p> | | | | | | | | | | | | | | |

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 of renewing or continuing a policy accept any rebate except such rebate as may be allowed in accordance with the prospects or tables of the Insurer.
2. Any person making default in complying with the provisions of this section shall be punishable with fine which may extend to five hundred rupees.

ADDITIONAL INFORMATION (OFFICE USE ONLY)

| | | | |
|---|-------------------------|---|---|
| Proposal Type | 1 | NEW POLICY ROLL-OVER RENEWAL ENDORSEMENTS | |
| | Personal Details | 2 | Mother's maiden name Marital Status: Sex: PAN No: Educational Qualification: |
| 3 | | Communication Address (In capital letters, with pin code) | Telephone: Pin: Mobile No.: Fax: Mail Id: |
| 4 | | Preferred Mode of Contact: | |
| Vehicle Specifications & usage | | 5 | Vehicle Type |
| | 6 | Vehicle Colour | |
| | 7 | City where the vehicle will primarily be used: | |
| | 8 | Fuel Type: | Petrol / Diesel / CNG / LPG / Electric / Hybrid / Other |
| | 9 | Vehicle category & Use | Conveyance of passenger for Hire/reward Courier & express delivery Camper van/Motor homes Racing, Rallies, Speed Trials Amusement centre Tourist or charter operator Fast food/ Restaurant – Delivery service Special Purpose vehicle Airfield/Airside operation Vehicle specifically designed or adapted for military and law enforcement use Others |
| | 10 | Whether any modification or conversion has been done in the vehicle from the maker's standard specification? YES / NO If YES, please give details of such modifications/conversions _____ | |
| | 11 | Whether the vehicle is certified as Vintage Car by Vintage & Classic car club of India? YES / NO | |
| | 12 | Is the vehicle in good state of repair? If NO, please furnish details YES / NO | |
| | 13 | What will be the Average Daily use of the vehicle? Less than 50 Kms / Between 50 & 100 Kms / Between 101 to 250 Kms / Above 251 Kms | |
| | 14 | Where will the vehicle be generally driven on? Express way / National Highway / State Highway / City Roads / Town/Village Roads / Private Road | |

| | | | | | | | | | | | | |
|-----------------------|----|--|----------|----------------------------|---------------------|--------------------|-------------|--------|------------|-----|------------|--|
| | 15 | Will the vehicle be let out on occasional Hire? | YES / NO | | | | | | | | | |
| | 16 | Whether the use of the vehicle will be restricted to own premises? | YES / NO | | | | | | | | | |
| | 17 | Does the vehicle belongs to or used by a foreign embassy / consulate? | YES / NO | | | | | | | | | |
| | 18 | Where the vehicle be generally parked | | | | | | | | | | |
| | | During the Day – Roadside Public parking Roadside Outside Parking Open parking lot Covered parking lot Locked covered garage Within enclosed compound of residence/office/factory During the Night - Roadside Public parking Roadside Outside Parking Open parking lot Covered parking lot Locked covered garage Within enclosed compound of residence/office/factory | | | | | | | | | | |
| Driver Details | 19 | The vehicle will be driven by | | | | | | | | | | |
| | | Sr. No | Name | Relationship with Proposer | Date of Birth / Age | Driving Experience | License No. | Gender | Claim Year | Amt | Claim Type | |
| | | 1 | | | | | | | | | | |
| | | 2 | | | | | | | | | | |
| | | 3 | | | | | | | | | | |
| | | 4 | | | | | | | | | | |
| | | 5 | | | | | | | | | | |

Place:

Date:

Signature of the Proposer/s