

## Declaration by Proposer

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 RELIANCE General Insurance Company Limited. 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 insurers 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/We agree to accept a policy subject to the condition prescribed by the company. ► I/We declare that the rate of NCB stated above by me/us is correct and that no claim has arisen in the expiring policy (copy of the policy enclosed). I/We further undertake that, if this declaration is found to be incorrect, all benefits under the policy in respect of section I of the policy will stand forfeited. ► I/We further understand and agree that RELIANCE General Insurance will seek confirmation of above stated details from my/our previous insurers. Pending receipt of necessary confirmation, I/We agree that, though coverage under the policy will be available to me/us, RELIANCE General Insurance will be liable to release the payment towards any claims under section I of the policy only after a confirmation in this regard is received. In the event this declaration is found to be incorrect, any and all coverage available under section I of the policy from the date of commencement of the policy shall stand automatically forfeited. Further, any survey arranged/allowed by RELIANCE General Insurance of the motor vehicle, pending confirmation of the declaration from my/our previous insurers, shall be without prejudice to any of the rights and remedies available to RELIANCE General Insurance as contained herein and under the relevant laws and regulations. ► I/We acknowledge and agree that, Pending receipt of confirmation of the declaration from my/our previous insurers, the "cash-less repair facility" provided by RELIANCE General Insurance shall stand suspended. ► I/We also shall endeavour to procure the renewal notice and pass on the same to RELIANCE General Insurance immediately upon the receipt of such renewal notice. Mode of Payment: Secure your payment by cheque/DD favouring Reliance General Insurance CO.Ltd. This policy shall be voidable at the option of the Company in the event of mis-representation, mis-description of non-disclosure of any material particulars by the Proposer. Any person who, knowingly and with intent to defraud the Insurance Company or other persons, files a proposal for insurance containing any false information, or conceals for the purpose of misleading, information, information concerning any fact material thereto, commits a fraudulent act which will render the policy voidable at the company's sole discretion and result in a denial of insurance benefits.

Place \_\_\_\_\_

Date | d | d | m | m | y | y | y | y |

Signature of Proposer: \_\_\_\_\_

## Prohibition of rebates - Section 41 of The Insurance Act 1938

- 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 or 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.
- Any person making default in complying with the provisions of this Section shall be punishable with fine which may extend to Rs. 500/-

Note: Denial of "Third Party Liability Only Cover" by Insurer, for reasons other than fraud/misrepresentation by Proposer, will entail Regulatory action.

### IMPORTANT NOTICE

- In the event of a claim, please immediately call our 24 hour call centre only. Improper intimation or delay in intimating claim to call centre can lead to delay in settlement/denial of claim.
- For preferred cashless garage list, please logon to our website or speak to customer care executive. RGICL cannot provide cashless claim settlement at garages other than those in our network list\*.
- Please intimate us your mobile number and we shall keep you updated of the status of the claim by way of SMS periodically. You can download our claim form and claim procedure. Also view claim status on our website. Insurance is the subject matter of solicitation.

\* conditions apply

# RELIANCE

## General Insurance

Helpline **1800 3002 8282** (toll free)  
**022 3989 8282** (charges apply)  
Claims **1800 103 1999** (toll free)  
**022 4111 2600** (charges apply)  
[www.reliancegeneral.co.in](http://www.reliancegeneral.co.in)

## Proposal Form for Liability Only Policy for Commercial Vehicles other than Motor Trade Internal Risks Policies

PCV  GCV  MISC D  Trailer

### For Office Use Only

Policy Number \_\_\_\_\_ Date | d | d | m | m | y | y | y | y |

### Intermediary Details (To be filled in BLOCK CAPITALS)

Intermediary Name \_\_\_\_\_ Code \_\_\_\_\_

Branch Name \_\_\_\_\_ Code \_\_\_\_\_

Sales Manager Name \_\_\_\_\_ Code \_\_\_\_\_

### Proposer's/Owner Details (To be filled in BLOCK CAPITALS)

1. Proposer/Owner's Full Name  Mr.  Mrs. \_\_\_\_\_

2. Address (where the Vehicle is normally kept)

Flat Building \_\_\_\_\_ Road/Street/Sector \_\_\_\_\_

Area \_\_\_\_\_ City \_\_\_\_\_

Pin Code \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_

Phone \_\_\_\_\_ Mobile \_\_\_\_\_

Email \_\_\_\_\_ Fax \_\_\_\_\_

3. Occupation / Business \_\_\_\_\_

4. Type of Cover Liability Only Policy

5. Period of Insurance From \_\_\_\_\_ hrs on | d | d | m | m | y | y | y | y | To \_\_\_\_\_ hrs on | d | d | m | m | y | y | y | y |

### Details of the Vehicle

6. Registration Number \_\_\_\_\_ 7. Date of Registration \_\_\_\_\_

8. Registering Authority & Location \_\_\_\_\_

9. Year & Month of Manufacture \_\_\_\_\_ 10. Engine Number \_\_\_\_\_

11. Chassis Number \_\_\_\_\_ 12. Make of Vehicle \_\_\_\_\_

13. Type of Body/Model \_\_\_\_\_

14. Gross Vehicle Weight (GVW) \_\_\_\_\_ 15. Cubic Capacity \_\_\_\_\_

16. Max. licensed carrying capacity (No. of passengers) in case of Passenger Carrying Vehicles \_\_\_\_\_

17. Seating capacity including Driver \_\_\_\_\_

### Details of the Vehicle Type and Use

18. Whether the Vehicle is driven by Non-conventional source of power?  Yes  No  
If Yes, please give details  Bi Fuel  CNG  LPG

19. Whether the use of vehicle is limited to own premises?  Yes  No

20. Whether the Commercial Vehicle is also used for private purposes (excluding use for hire or reward)?  Yes  No

21. Whether the Vehicle is used for Driving Tuitions?  Yes  No

## Liability Coverage

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

a. \_\_\_\_\_  
 b. \_\_\_\_\_  
 c. \_\_\_\_\_

Note:

1. Section 146 of Motor Vehicle 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

23. Do you wish to have the statutory Third Party Property Damage (TPPD) liability of Rs.6000/- only?  Yes  No  
 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  Yes  No

- a. Drivers No. of persons: \_\_\_\_\_  
 b. 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

25. 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. Do you wish to cover the additional limit?  Yes  No  
 26. 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 in respect of employees who are workmen is covered under this endorsement

27. Do you wish to cover wider legal liability to employees who are NOT 'workmen'?  Yes  No

Note: The additional liability under Common Law and Fatal Accidents Act 1855 in respect of employees who are NOT workmen is covered under this endorsement

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

Name of the Nominee	Age	Relationship	Name of the Appointee	Relationship to the Nominee

Note:

- i) Personal Accident Cover for Owner Driver is compulsory for Sum Insured of Rs.2,00,000/- for Commercial Vehicles  
 ii) 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

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

Note: The maximum CSI available per person is Rs.2,00,000/- in case of Commercial Vehicles

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 Sum Insured (CSI) opted:

No. of persons: \_\_\_\_\_ CSI (per person): \_\_\_\_\_

Note: The maximum CSI available per person is Rs.2,00,000/- in case of Commercial Vehicles

31. Do you wish the Geographical Area of the coverage by the policy to be extended to the following countries ?

Please tick relevant boxes.  Bangladesh  Bhutan  Nepal  Pakistan  Sri Lanka  Maldives

Note: Presently the territory covered is geographical area of India. Extension of geographical area cover can be availed by use of this endorsement

## Details of Previous History

22. Date of purchase of the vehicle by the Proposer:  d | d | m | m | y | y | y | y |  
 23. Whether the vehicle was new or second hand at the time of purchase  New  Second Hand  
 24. 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 language?  Yes  No  
 25. Is the vehicle is in good condition?  Yes  No  
 If 'No' please give details \_\_\_\_\_

36. Name of previous insurer M/s. \_\_\_\_\_

37. Address of previous insurer  
 Flat Building \_\_\_\_\_ Road/Street/Sector \_\_\_\_\_  
 Area \_\_\_\_\_ City \_\_\_\_\_  
 Pin Code \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_  
 Phone \_\_\_\_\_ Mobile \_\_\_\_\_  
 Email \_\_\_\_\_ Fax \_\_\_\_\_

38. Previous Policy Number \_\_\_\_\_

39. Period of Insurance From  d | d | m | m | y | y | y | y | To  d | d | m | m | y | y | y | y |

40. Claim lodged during the preceding 3 years

Year	No. of claims	Claim Amount (Rs.)

## Driver Details

41. Date of Birth of the Owner:  d | d | m | m | y | y | y | y | Age: \_\_\_\_\_  
 42. Date of Birth of the Driver:  d | d | m | m | y | y | y | y | Age: \_\_\_\_\_  
 43. Does the driver suffer from defective vision or hearing or any physical infirmity?  Yes  No  
 If 'Yes', please give details of such infirmity \_\_\_\_\_  
 44. Has the Driver ever been involved/convicted for causing any accident of loss?  Yes  No  
 If 'Yes', give details as under including the pending prosecutions:  
 Driver's Name: \_\_\_\_\_  
 Date of Accident:  d | d | m | m | y | y | y | y | Loss / Cost (Rs.) \_\_\_\_\_  
 Circumstances of Accident / Loss: \_\_\_\_\_

## Details of Hire Purchase / Hypothecation / Lease

45. Please state if the vehicle is under  Hire purchase  Lease Agreement  Hypothecation Agreement

If so, give name and address of concerned party/parties.

Full Name M/s \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ Pin Code \_\_\_\_\_

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

## Payment Details

- Cheque  DD  
 Cheque or DD Amount \_\_\_\_\_/- Amount in words ( \_\_\_\_\_ )  
 Bank Name \_\_\_\_\_  
 Cheque/DD No. \_\_\_\_\_ Cheque/DD Date  d | d | m | m | y | y | y | y |