

UNITED INDIA INSURANCE CO LTD

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:

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: _____ PIN: _____ Mobile No: _____ 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	Registering Authority & Location		
	9	Year of Manufacture		
	10	Engine Number		
	11	Chassis Number		
	12	Make of the Vehicle		
	13	Model		
	14	Type of Body		
	15	Gross Vehicle Weight (GVW) & Cubic Capacity (C.C)		
	16	Max. licensed carrying capacity (No. of Passengers) in case of Passenger Carrying Vehicles?		
	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 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 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:		
	(Note: Copies of R.C Book, Permit & Fitness Certificate should be submitted along with the proposal form)			

A (III). LIABILITY SECTION: COVERAGE

<p style="text-align: center;">Bodily Injury/Third Party Risks: Death/ Bodily Injury</p>	<p style="text-align: center;">22</p>	<p>Coverage for liability against Third Party Risks (Death or Bodily Injury) required in respect of:</p> <p style="text-align: right;">(i) Owner Driver only YES</p> <p>/ NO</p> <p style="text-align: right;">(ii) Any person other than Paid Driver YES</p> <p>/ NO</p> <p>If "YES", give details of such other persons:</p> <p style="text-align: center;">1.</p> <p style="text-align: center;">2.</p> <p style="text-align: center;">3.</p> <p>[Note:</p> <p>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.)</p> <p>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 style="text-align: center;">(IMT-20)TPPD Third Party Risks:</p>	<p style="text-align: center;">23</p>	<p>Do you wish to have the statutory Third Party Property Damage (TPPD) liability of Rs.6000/- <u>only</u>?</p> <p style="text-align: right;">YES</p> <p>/ NO</p> <p>[For additional TPPD limits, please see Q.No.25]</p>

to be covered by M.V Act-1988) Liability to 'Workmen' under W.C.Act-1923 (Compulsorily Third Party Risks:	24	<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: _____)</p> <p>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>Addl. TPPD</p>	<p>25 (GR-39)</p>	<p>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? <p style="text-align: right;">YES / NO</p> <p>[Refer to Q.No.23]</p> </p>
<p>Workmen Liability to Additional</p>	<p>26 (IMT-28)</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 Workmens Compensation Act-1923, also liability under the Fatal Accidents Act-1855 and the Common Law] <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>[Refer to Q.No.24]</p> </p></p>
<p>are liability to employees who</p>	<p>27 (IMT-29)</p>	<p>Do you wish to cover wider legal liability to employees who are NOT 'workmen'? <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> </p>
<p>For Own Driver's Personal Accident Cover</p>	<p>28</p>	<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 & Age : (b) Relationship : (c) Name of the Appointee (If Nominee is a Minor) : (d) Relationship to the Nominee :</p> <p>(Note: 1. Personal Accident cover for Owner Driver is compulsory for Sum Insured of Rs.2,00,000/- for Commercial Vehicles 2. Compulsory PA cover for 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>

Named OccupantsPA Cover for	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:															
	(IMT-15)	<table border="1"> <thead> <tr> <th>Name</th> <th>CSI Opted (Rs.)</th> <th>Nominee</th> <th>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 Commercial Vehicles)</p> <p style="text-align: right;">Page 4 / 5 (C V / Liability Only)</p>	Name	CSI Opted (Rs.)	Nominee	Relationship	1)				2)				3)		
Name	CSI Opted (Rs.)	Nominee	Relationship														
1)																	
2)																	
3)																	
OccupantsUn-Named PA Cover for	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: _____ C.S.I (Per Person):_____															
	(IMT-16)	(Note: The maximum CSI available per person is Rs.2 Lakhs in case of Commercial Vehicles)															
ExtensionGeographical	31	Whether extension of geographical area to the following countries required?															
	(IMT-1)	<table> <tr> <td>(1) Bangladesh</td> <td>YES / NO</td> <td>(2) Bhutan</td> <td>YES / NO</td> </tr> <tr> <td>(3) Maldives</td> <td>YES / NO</td> <td>(4) Nepal</td> <td>YES / NO</td> </tr> <tr> <td>(5) Pakistan</td> <td>YES / NO</td> <td>(6) Sri Lanka</td> <td>YES / NO</td> </tr> </table> <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>	(1) Bangladesh	YES / NO	(2) Bhutan	YES / NO	(3) Maldives	YES / NO	(4) Nepal	YES / NO	(5) Pakistan	YES / NO	(6) Sri Lanka	YES / NO			
(1) Bangladesh	YES / NO	(2) Bhutan	YES / NO														
(3) Maldives	YES / NO	(4) Nepal	YES / NO														
(5) Pakistan	YES / NO	(6) Sri Lanka	YES / NO														

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 style="padding-left: 40px;">(i) Private, Social, Domestic, Pleasure & Professional Purpose? YES / NO</p> <p style="padding-left: 40px;">(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 lodged during the preceding 3 years:</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center; border-bottom: 1px solid black;"><u>YEAR</u></th> <th style="text-align: center; border-bottom: 1px solid black;"><u>NO.OF CLAIMS</u></th> <th style="text-align: center; border-bottom: 1px solid black;"><u>CLAIM AMOUNT (Rs.)</u></th> </tr> </thead> <tbody> <tr> <td style="border-bottom: 1px solid black; text-align: center;">_____</td> <td style="border-bottom: 1px solid black; text-align: center;">_____</td> <td style="border-bottom: 1px solid black; text-align: center;">_____</td> </tr> <tr> <td style="border-bottom: 1px solid black; text-align: center;">_____</td> <td style="border-bottom: 1px solid black; text-align: center;">_____</td> <td style="border-bottom: 1px solid black; text-align: center;">_____</td> </tr> <tr> <td style="border-bottom: 1px solid black; text-align: center;">_____</td> <td style="border-bottom: 1px solid black; text-align: center;">_____</td> <td style="border-bottom: 1px solid black; 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 If YES, please give details of such infirmity:</p> <p>d. 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:</p> <ul style="list-style-type: none"> - Driver's Name : - Date of Accident: - Loss / Cost (Rs.): - Circumstances of Accident / Loss: 												

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 United India Insurance Company Ltd.

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.

Place:

Date :

Signature of the Proposer/s.

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 or 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.
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.

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