



UNITED INDIA INSURANCE COMPANY LIMITED
MOTOR INSURANCE PROPOSAL FORM –Commercial / Miscellaneous Type-vehicles

MOU / Development Officer's Name & Code:
Broker's/Agent's Name & Code:

| | | | | | | | |
|--|---|------------------------------------|---------------------------------------|---|--|---|------------------|
| Proposer's Name | | | | PAN Number : | | | |
| Address for Correspondence | | | | | | | |
| Telephone & Fax Number | | | | | | | |
| E-mail Address | | | | | | | |
| HPA/Hypothecation | | | | | | | |
| Type of Policy Required | | Package | | | Liability | | |
| Period of Insurance | | From | | | To | | |
| Details of Vehicle | | | | | | | |
| Regn.No. | Eng.No.& Chassis No. | Year of Make | Make& Model / Type of Body | Cubic Capacity/ HP | Seating Capacity | Gross Vehicle Weight | Fuel Used |
| | | | | | | | |
| Value of the Vehicle: | | | | | | | |
| Invoice Value | Electric/ Electronic Accessories | Non-Electrical Accessories | Trailer | LPG/CNG Kit | Total Value | IDV | |
| | | | | | | | |
| History of Vehicle: | | | | | | | |
| 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. | |
| | | | | | | | |
| Usage of the Vehicle: | | | | | | | |
| 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 | | | |
| Add-on 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 | | | | | |
| PA to unnamed hirer/driver | | | | | |
| 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 | | | |
| Whether extension of Geographical Area is required | | Yes/No If yes, State the Name of the Country Nepal Bangladesh, Bhutan, Maldives, Pakistan, Sri Lanka | | | |
| Do you wish to have a one page policy? | | Yes/No | | | |
| P * Policy terms and conditions are as per India Motor Tariff and are displayed at www.uiic.co.in | | | | | |
| Driver Details | | | | | |
| Name | Age | DL No., Date of first issue and Issuing Authority | Type of licence held, Badge number | Endorsements | Details of physical infirmities, if any |
| | | | | | |

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

VEHICLE INSPECTION REPORT

| | | | | | |
|------------------------|----------------|------------------|------------------|-------------------|--|
| INSPECTED BY | | | | | |
| DESIGNATION | | | | | |
| TIME & DATE | | | | | |
| COLOUR | REGN.NO | ENGINE NO | CHASIS NO | KM READING | |
| | | | | | |

I confirm that the vehicle is in externally good condition and recommended for acceptance of coverage for IDV as declared by the Insured.

PLACE:

DATE:

SIGNATURE OF THE INSPECTING PERSON