

Third Party Liability Only (Motor Trade Road Transit Risk) -Proposal Form

Application Number: _____

Note: 1) Policy wordings are available on request. 2) Please complete all sections in capitals & tick boxes wherever applicable. 3) Failure to disclose facts material to assessment of the risk or providing misleading information shall render the contract void. 4) Geographical Area of operation: INDIA.

Type of Cover Required: Liability Only Policy

For Office Use Only

Policy Number: _____

Date: _____

Intermediary Details (To be filled in BLOCK CAPITALS)

Intermediary Name: _____

Code: _____

Branch Name: _____

Code: _____

Sales Manager Name: _____

Code: _____

Details (To be filled in BLOCK CAPITALS)

1a. Proposer's Full Name (Registered Owner of the Vehicle): _____

1b. Address

	Address of Communication	Address at which the vehicle is registered
Flat/Building/Door/Block No.		
Road/Street/Sector		
Nearest Landmark		
Area		
City		
Pin Code		
State		
Country		

City where vehicle is primarily used: _____

Phone Number: _____

Mobile Number: _____

Email: _____

Fax: _____

2. Period of Insurance: From: / Hrs of DD / MM / YYYY To: End of Transit

(Note: Cover will commence not earlier than the date & time of acceptance of risk and subsequent to the payment of premium by the insured to the company and realization thereof by the Company.)

3. Do you have a GST registration number: ☐ Yes ☐ No

If yes, please specify. _____

5. Related Party: ☐ Yes ☐ No

Details of the Vehicle

- | | |
|----------------------------------|---------------------|
| 6. Make: | 7. Location From: |
| 8. Model: | 9. Location To: |
| 10. Year & Month of Manufacture: | 11. Distance : |
| 12. Chassis Number: | 13. Engine Number: |
| 14. Type of Body: | 15. Cubic capacity: |
| 16. Carrying Capacity: | 17. Distance: |

Details of the Vehicle Type and Use

18. Whether the Vehicle is driven by non-conventional source of power?

Yes ☐ No ☐ If yes Bi Fuel ☐ CNG ☐ LPG ☐

Risk Inclusions

23. Liability to third parties: The policy provides Third Party Property Damage (TPPD) of Rs 7.5 lakh (Commercial Vehicles)

Do you wish to restrict the above limits to statutory TPPD Liability limit of Rs 6000/- only?

Yes ☐ No ☐

24. Do you wish to cover Legal Liability to?

a. Driver (No. of Persons _____) Yes/ No

25. Do you wish to include Personal Accident (PA) cover for paid drivers ? Yes/No

If yes, give name and Capital Sum Insured opted for. The maximum CSI available per person is Rs 2 Lacs

Name	CSI Opted	Name of Nominee	Age of Nominee	Name of Appointee	Relationship	Address

26. Any other material facts relevant for this insurance?

Payment Details

Cheque/DD Cheque/DD Number: _____

Cheque Date: DD/MM/YYYY Cash: _____ Credit Card: _____ Others: _____

27. Have you been previously insured in respect this vehicle? Yes/ No

28. Details of Drivers:

a) Age Owner Driver
Other

b) Does the driver suffer from defective vision or hearing or any physical infirmity? Yes/ No
if "Yes" Please give details _____

c) Has the driver ever been involved/ convicted for causing any accident or loss? If yes, please give details as below including the pending prosecution if any.

Driver's Name	Date of Accident	Circumstances of Accident/ Claim	Loss/ Cost Rs.

AML Guidelines

I/ We hereby confirm that all premiums have been/ will be paid from Bonafede sources and no premium have been/ will be paid out of the proceeds of crime related to any of the offences listed in Prevention of Money

Liability Only Policy- Road Risk Transit policy UIN - IRDAN141RP0001V01202425

Laundering Act 2002. I understand that the company has the right to call for the documents to establish a source of funds. The insurance company has the right to cancel the insurance contract in case I am/ have been found guilty by any competent court of law under any of the statues, directly/ indirectly governing the prevention of Money Laundering in India.

Nationality___Indian___Non- Indian, If Non-Indian please specify the country _____

DECLARATION:

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 Raheja QBE General Insurance Company Limited. It is hereby understood that the statements provided herein above, are the basis on which this insurance is being granted and that if, after the insurance is effected, it is found that any of the statements are incorrect or untrue in any respect, the company shall have no liability under this insurance. **I/We hereby declare that there is no other information which is relevant to my application for Insurance under this Proposal which is not disclosed to the Company.**

I/We also declare that, if any additions or alterations are carried out after the submission of this proposal form, would be conveyed to the Insurance Company immediately and in such event it shall be at the discretion of the Company as to whether to continue and/or modify/alter with additional terms and conditions with the cover as may be granted. I/ We hereby states that the above mentioned address shall be taken as address on record for the purpose of GST.

This proposal form was completed by

Name: _____

Place: _____

Date: DD/MM/YYYY

Signature of Proposer

Prohibition of rebates - Section 41 of The Insurance Act 1938

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 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.
2. Any person making default in complying with the provisions of this Section shall be punishable with fine which may extend to Rs. 10 Lacs

INSURANCE IS THE SUBJECT MATTER OF SOLICITATION