



Proposal Form for Passenger Carrying Vehicles Package Policy

Application Number: _____

Note: 1) Policy wording 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.

Is the Vehicle Made in India ☐ Yes ☐ No

Type of Cover Required: Package Policy

For Office Use Only

Policy Number: _____

Date: _____

Inspection Lead No. _____

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)

1. This proposal is for: Rollover Policy: ☐ Used Policy: ☐ Renewal: ☐

2a. Proposer's/Insured Full Name (Registered Owner of the Vehicle): _____

2b. 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: _____

Passenger Carrying Vehicle Package Policy UIN NO IRDAN141RP0010V01200910

Phone Number: _____ Mobile Number: _____

Email: _____ Fax: _____

3. Occupation of the Insured: _____ (Salaried/ Self Employed/ Profession)

4. Period of Insurance: From: / Hrs of DD / MM / YYYY To: Mid Night of DD / MM / YYYY

(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.)

5. Source of Fund: Business: ____ Profession: ____ Salary: _____ Agricultural Income: ____ Savings: _____ Others: _____

6. Monthly Income: Up to Rs 20,000 ☐ Rs 20,001- Rs 50,000 ☐ Rs 50,000- Rs 1,00,000 ☐
Rs 1,00,000 and above ☐

7. PAN No. :

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

If yes please specify _____

10. Related Party: ☐ Yes ☐ No

Details of the Vehicle

11. Registration Number: _____ 12. Date of Registration: _____

13. Registering Authority & Location: _____

14. Year & Month of Manufacture: _____

15. Engine Number: _____

16. Chassis Number: _____

17. Make of Vehicle: _____

18. Model of the vehicle: _____

19) Is the vehicle Imported Yes/ No

20. Type of Body: _____

21. Gross Vehicle Weight/ Cubic Capacity: _____

22. Seating capacity including Driver: _____

23. Fuel Type: Petrol/ Diesel/ Others _____

24. Maximum licensed carrying capacity: _____

Details of the Vehicle Type and Use

25. Whether the Vehicle is driven by Non-conventional source of power?

Yes ☐

No ☐

If yes Bi Fuel ☐

CNG ☐

LPG ☐

Important: Insured's Declared Value (IDV)			Age of the Vehicle		Depreciation
<p>The Insured's Declared Value (IDV) of the vehicle will be deemed to be the 'SUM INSURED' for the purpose of this tariff and it will be fixed at the commencement of each policy period for each insured vehicle.</p> <p>The IDV of the vehicle is to be fixed on the basis of the manufacturer's listed selling price of the brand and model as the vehicle proposed for insurance at the commencement of insurance/renewal and adjusted for depreciation (as per schedule alongside). The IDV of the side car(s) and/ or accessories, if any, fitted to the vehicle but not included in the manufacture's listed selling price of the vehicle is/ are also likewise to be fixed.</p> <p>The schedule of age-wise depreciation as shown alongside is applicable for the purpose of Total Loss/Constructive Total Loss (TL/CTL) claims only. The vehicle will be considered to be a CTL where the aggregate cost of retrieval and/or repair of the vehicle subject to terms and conditions of the policy exceeds 75% of the IDV.</p> <p>IDV of obsolete models of the vehicles (i.e. models which the manufacturers have discontinued to manufacture) and vehicles beyond 5 years of age will be determined on the basis of understanding between the Insurer and Insured.</p>			Not exceeding 6 Months		5%
			Exceeding 6 months but not exceeding 1 year		15%
			Exceeding 1 year but not exceeding 2 years		20%
			Exceeding 2 years but not exceeding 3 years		30%
			Exceeding 3 years but not exceeding 4 years		40%
			Exceeding 4 years but not exceeding 5 years		50%
Insured Declared Value (IDV) of the Vehicle	Non-Electrical Accessories fitted to the Vehicle	Electrical and Electronic Accessories fitted to the Vehicle	Side Car (Two-Wheeler)	Value of CNG/ LPG Kit	Total Value

26. Age of Owner Driver & Date of Birth:

27. Add On Covers (subject to availability & eligibility)

a) Zero Depreciation

Yes/ No

No of Claims Opted for _____

Deductible Yes/ No

b) Return to Invoice:

Yes/ No

Road Tax amount paid: INR _____

Registration Charges Paid: INR _____

Do you have invoice of vehicle: Yes/ No

Invoice Value of vehicle: INR _____

c) Consumable Expenses:

Yes/ No

d) Loss of Income

Yes/ No

Per day Benefit _____ Coverage Days _____

e) Engine Protector

Yes/ No

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f) Key Protect Cover (Applicable only for PCV)
g) Road Side Assistance Gold

Yes/ No
Yes/ No

28. Is the Vehicle fitted with any Anti-theft device approved by the ARAI?

If yes, please attach certificate of Installation in the vehicle, issued by Automobile Association of India.

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

30. Whether the Vehicle is limited to Own Premises? (Only if not licensed for general road use by RTO)
☐ Yes ☐ No

31. Whether the Vehicle is fitted with Fibre Glass Tank? Yes ☐ No ☐

32. Whether the Vehicle belongs to the Embassy/Consulate of a foreign country? Yes ☐ No ☐

If so, is the duty element included in the IDV? Yes ☐ No ☐

33. Whether the Vehicle is design for use of Blind/ Handicapped/ Mentally Challenged Person? (Attach RC Copy)

Yes ☐ No ☐

34. Date of purchase of Vehicle by the Proposer:

35. Whether the Vehicle at the time of purchase was New ☐ Second Hand ☐

36. Is there a valid PUC certificate for the said vehicle: Yes/ No; If Yes please provide expiry date of PUC _____

(Please not insurance cannot be granted if insured does not have valid PUC at the date of commencement of policy)

37. Whether the commercial vehicle is also used for private purpose? Yes/ No

Risk Inclusions

38. 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 ☐

39. Do you wish to cover Legal Liability to?

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

b. Other employees (No. of Persons _____) Yes/ No

c. Non Fare Paying Passengers (No of Persons _____) Yes/ No

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40. Do you wish to include Personal Accident (PA) cover for Paid Driver/ Cleaner/ Conductor? 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

41. Do you wish to include PA cover for Unnamed persons/ hirer? Yes/ No
If yes, give name and Capital Sum Insured opted for. The maximum CSI available per person is Rs 2 Lacs

Number of Persons	CSI Opted

42. Personal Accident cover for Owner-Driver. Please give details of nomination.

Name	Name of Nominee	Age of Nominee	Name of Appointee	Relationship	Address

(Note: 1. Personal Accident cover for owner driver is compulsory for Sum Insured of Rs. 1500000/- 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)

3. Since a General Personal Accident Policy cover against motor accidents, if an owner driver already has a 24 hours Personal Accident cover against Death and Permanent Disability (Total & Partial) for CSI of at least Rs 15 Lacs, there is no need for a separate PA cover to be taken.

43. Extension of Geographical Area:

Whether extension of Geographical Area to the following countries required?

☐ Bangladesh ☐ Bhutan ☐ Maldives ☐ Nepal ☐ Sri Lanka ☐ Pakistan

44. Please state if the vehicle is under ☐ Hire purchase ☐ Lease Agreement

☐ Hypothecation Agreement

If so, give name and address of concerned parties.

45. Full Name: _____

46. Address: _____

47. Any other material facts relevant for this insurance?

(Note: Copies of R.C. & Fitness Certificate should be submitted along with the proposal form)

Payment Details

Cheque/DD Cheque/DD Number: _____

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

Details of Previous Insurance

48. Is the vehicle in good condition? Yes/ No

If no please give full details. _____

49. Is previous insurance in proposer/insured name? Yes/ No

50. Full Name of Previous Insurer: _____

Address: _____

51. Policy Number: _____ Period of Insurance: DD/MM/YYYY to DD/M/YYYY

52. Type of Cover: _____ Package Policy _____ Liability Only. _____ Other (to be described)

53. Add On Opted: Yes/ No, If yes please name the add on covers _____

54. NO CLAIM BONUS (NCB) allowed under previous policy (%): _____

55. Claim lodged during the preceding 3 years: _____ Yes _____ No

If Yes:Year	Number	Claim Amount

56. Are you entitled to No Claim Bonus: _____ Yes _____ No

If yes, please submit / attached proof thereof

57. Has any insurance company ever

Declined Your Proposal Required an increase in premium

Cancelled or Refused your Renewal Imposed Special Conditions or Excess

I/ We hereby declare that the rate of NCB claimed by me/ us is correct and that No claim has arisen in the expiring policy period (copy of policy enclosed). I/ We undertake that if this declaration is found incorrect, all benefits under this policy in respect of Section 1 of the policy will stand forfeited.

Signature of the Proposer

58. 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 under including the pending prosecution if any.

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

d) Driving Experience _____

AML Guidelines

I/ We hereby confirm that all premiums have been/ will be paid from bonafide sources and no premium have been/ will be paid out of the proceeds of crime related to any of the offence listed in Prevention of Money Laundering Act 2002. I understand that the company has the right to call for the documents to establish 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 _____

Type of Organization

___ Corporations ___ Government ___ Non Government Organizations ___ Society ___ Trust
___ Partnership ___ International Organization ___ Cooperatives ___ Section 25
companies

I/We hereby declare that the statements, answers & particulars made by me/us in this Proposal Form are correct, complete & 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, answers and particulars 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, answers or particulars are incorrect or untrue in any respect, the company shall have no liability under this insurance.

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/Insured

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