



RAHEJA QBE

Raheja QBE General Insurance Company Limited

5th Floor, A Wing, Fulcrum, IA Project Road, Sahar, Andheri East, Mumbai-400059, India.

Contact No: 022 69155050, Toll Free: 1800 102 77 23

Email: customercare@rahejaqbe.com | Website: www.rahejaqbe.com

CIN: U66030MH2007PLC173129, IRDAI Registration Number: 141 (Category - Non-Life)

PROPOSAL FORM FOR LIABILITY ONLY POLICY-COMMERCIAL VEHICLES (PASSENGER CARRYING VEHICLE)

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: Liability Only Policy

For Office Use Only

Policy Number: _____

Date [DD/MM/YYYY]: _____

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: _____

2c. Proposer's/Insured NEFT details:

Full Name of the Account Holder: _____

Bank Name: _____

Account Number: _____ IFSC Code: _____

Liability Only Policy- Passenger Carrying Vehicle- IRDAN141RP0005V01201920

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	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 No.: _____

Email: _____ Fax: _____

3. Occupation/Business of the Insured: _____

4. Period of Insurance: From: ____ / ____ Hours of DD/MM/YYYY to: Midnight 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. Do you have a GST registration number: ☐ Yes ☐ No

If yes, please specify _____

6. Related Party: ☐ Yes ☐ No



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Insurance Account (eIA)*	
<p>If you already have an eIA, provide details:</p> <p>a) Name of Insurance Repository</p> <p>b) eIA No:</p> <p>c) Name as appearing in eIA</p>	<div style="border: 1px solid black; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; height: 20px;"></div>
<p>If you do not have an eIA, would you like to open an account?</p> <p>If Yes, choose any one Insurance Repository:</p>	<div style="display: flex; justify-content: space-around; align-items: flex-start;"> <div> <input type="checkbox"/> Yes </div> <div> <input type="checkbox"/> No </div> </div> <div style="margin-top: 10px;"> <input type="checkbox"/> CAMS Repository Services Limited <input type="checkbox"/> NSDL Data Management Limited <input type="checkbox"/> Karvy Insurance Repository Limited <input type="checkbox"/> Central Insurance Repository Limited </div>

Details of the Vehicle

7. Registration Number:		8. Date of Registration:	
9. Registering Authority & Location:		10. Year & Month of Manufacture:	
11. Engine Number		12. Chassis Number:	
13. Make of Vehicle:		14. Model of the vehicle:	
15. Type of Body		16. Gross Vehicle Weight (GVW):	
19. Cubic Capacity:		20. Maximum Licensed Carrying Capacity including Driver:	
21. Fuel Type: Petrol/ Diesel/ Others			

Details of the Vehicle – Type and Use

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

If yes Bi Fuel ☐ CNG ☐ LPG ☐

☐ Yes ☐ No

23. Whether the Vehicle is used for Driving Tuitions?

☐ Yes ☐ No

24. Whether the Vehicle is limited to Own Premises? (Only if not licensed for general road use by RTO)

☐ Yes ☐ No

25. Whether the Vehicle is fitted with Fibre Glass Tank?

☐ Yes ☐ No

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

☐ Yes ☐ No

27. Date of purchase of Vehicle by the Proposer: DD/MM/YYYY

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

29. Is there a valid PUC certificate for the said vehicle?

☐ Yes ☐ No

If Yes, please provide expiry date of PUC: DD/MM/YYYY

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



30. Whether the vehicle is used for commercial purpose?

☐

Yes

☐

No

Risk Inclusions

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

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

☐

Yes

☐

No

34. Do you wish to cover Legal Liability to?

a. Driver (No. of Persons____)

☐

Yes

☐

No

b. Other employees (No. of Persons____)

☐

Yes

☐

No

c. Unnamed Passengers (No of Persons____)

☐

Yes

☐

No

35. Do you wish to include Personal Accident (PA) cover for named persons?

☐

Yes

☐

No

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

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

a. Bank account details of the nominee

	1 st Nominee	2 nd Nominee	3 rd Nominee	4 th Nominee
Account no.:				
Account Type- Savings/Current:				
Name of the Bank & Branch:				
MICR code(9 digit)				
IFSC code(11 character code):				

Note: In case of more than 1 nominee, please attach a separate annexure mentioning all the detail of the nominees with their share in %:

36. 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 ₹. 2 Lacs

Number of Persons	CSI Opted



37. 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 ₹.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 ₹.15 Lacs, there is no need for a separate PA cover to be taken.

38. Extension of Geographical Area:

Whether extension of Geographical Area to the following countries required?

☐ Bangladesh ☐ Bhutan ☐ Maldives ☐ Nepal ☐ SriLanka ☐ Pakistan

39. Please state if the vehicle is under: ☐ Hire purchase ☐ Lease Agreement ☐ Hypothecation Agreement

If so, give name and address of concerned parties.

40. Full Name: _____

41. Address: _____

42. Any other material facts relevant for this insurance?

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

43. Do you need physical copy of the policy? ☐ Yes ☐ No

Payment Details

Cheque/DD Cheque/DD Number: _____

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

44. Bank Details of the Customer:

Full Name of the Account Holder: _____ Bank Name: _____

Account Number: _____ IFSC Code: _____



Details of Previous Insurance

45. Have you been previously insured in respect this vehicle? ☐ Yes ☐ No

46. Is the vehicle in good condition? ☐ Yes ☐ No

If no, please give full details. _____

47. Full Name of Previous Insurer: _____

Address: _____

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

49. Type of Cover: ___ Package Policy ___ Liability Only. ___ Other (to be described)

50. Claim lodged during the preceding 3 years: ☐ Yes ☐ No

If Yes: Year	Number	Claim Amount

51. Are you entitled to No Claim Bonus: ☐ Yes ☐ No

If yes, please submit / attached proof thereof

52. 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

53. Details of Drivers:

a) Age - Owner Driver: DD/MM/YYYY Other: DD/MM/YYYY

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? ☐ Yes ☐ No

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 ₹.

d) Driving Experience _____

AML Guidelines

Are you or any of the proposed applicants/beneficial owner a PEP* or a close relative of a PEP*? ☐ Yes ☐ No

If yes, please provide details: _____

* *Politically Exposed Persons (PEPs) are individuals who are or have been entrusted with prominent public functions in a foreign country, e.g., Heads of States/ Governments, senior politicians, senior government/judicial/military officers, senior executives of state-owned corporations, important political party officials, etc.*

I/ We hereby confirm that all premiums have been/ will be paid from bonafide sources and no premium has 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 ☐ NGO ☐ Society ☐ Trust
☐ Partnership ☐ International Organization ☐ Cooperatives ☐ Section 8 companies

Declaration

I/We hereby give my/our consent to Raheja QBE General Insurance Company Limited ('the Company') to verify and obtain my/our identity/address proof as well as the identity /address proof of the insured through Central KYC Registry or UIDAI or through any other modes for the purpose of undertaking KYC.

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 & 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 & 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: _____

Declaration when the proposal form is filled by a person other than the proposer/ the proposer signs in a vernacular language/ proposer is illiterate

I hereby declare that I have read out and explained the content of this proposal form and all other connected documents incidental to availing the insurance policy from Raheja QBE General Insurance Company Ltd. to the proposer and that he/ she confirmed that he/ she has understood the same and that he/ she agrees to abide by all the terms & conditions of the same.

I hereby declare that I have fully explained to the proposer the answers to the questions that form the basis of the contract of insurance have also explained the contents in this form to the proposer in _____ **language**, that I have truly and correctly recorded the answers given by the proposer and that the proposer has affixed his/ her thumb impression on the proposal form in my presence, after fully understanding the contents thereof. Further, this declaration does not confirm issuance of policy or assumption of risk thereof.

Name of the Witness	
Name of the Proposer	
Signature of Witness	
Date [DD/MM/YYYY]	
Place	
Address of Witness	
Relationship with Proposer	

**Signature of the 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