



## PROPOSAL FORM FOR GOODS 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 [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: \_\_\_\_\_

**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](mailto:customercare@rahejaqbe.com) | Website: [www.rahejaqbe.com](http://www.rahejaqbe.com)

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

	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 of the Insured: \_\_\_\_\_ (Salaried/ Self Employed/ Profession)

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. Source of Fund:

Business: \_\_\_\_\_ Profession: \_\_\_\_\_ Salary: \_\_\_\_\_

Agricultural Income: \_\_\_\_\_ Savings: \_\_\_\_\_ Others: \_\_\_\_\_

6. Monthly Income:

Up to ₹ 20,000 ☐ ₹ 20,001 - ₹ 50,000 ☐₹ 50,000 - ₹ 1,00,000 ☐ ₹ 1,00,000 and above ☐7. Do you have a GST registration number: ☐ Yes ☐ No

If yes, please specify \_\_\_\_\_

8. Related Party: ☐ Yes ☐ No



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Insurance Account (eIA)*	
<p><b>If you already have an eIA, provide details:</b></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><b>If you do not have an eIA, would you like to open an account?</b></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**

9. Registration Number:		10. Date of Registration:	
11. Registering Authority & Location:		12. Year & Month of Manufacture:	
13. Engine Number		14. Chassis Number:	
15. Make of Vehicle:		16. Model of the vehicle:	
17. Is the vehicle Imported? Yes/ No		18. Type of Body:	
19. Cubic Capacity:		20. Seating 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? ☐ Yes ☐ No

If yes Bi Fuel ☐ CNG ☐ LPG ☐

Important: Insured's Declared Value (IDV)	Age of the Vehicle	Depreciation
<p>The <b>Insured's Declared Value (IDV)</b> 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 manufacturer'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 &amp; 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

23. Age of Owner Driver & Date of Birth: \_\_\_\_\_ years, DD/MM/YYYY.

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

a. Zero Depreciation

☐ Yes ☐ No

No of Claims Opted for \_\_\_\_\_

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 allowance \_\_\_\_\_

Coverage Days \_\_\_\_\_

Franchise Days \_\_\_\_\_

No. of Claims Opted for \_\_\_\_\_

e. Engine Protector

☐ Yes ☐ No

f. Roadside Assistance Gold

☐ Yes ☐ No

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

☐ Yes ☐ No

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

26. Will the Vehicle be exclusively used for?

a. Private, social, domestic, pleasure and professional purposes?

☐ Yes ☐ No

If no, then state the purpose of actual use \_\_\_\_\_

b. Carriage of goods other than samples or personal luggage or commercial purpose?

☐ Yes ☐ No

27. Whether the Vehicle is used for Driving Tuitions?

☐ Yes ☐ No

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

☐ Yes ☐ No

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

☐ Yes ☐ No  
☐ Yes ☐ No



30. Whether the Vehicle belongs to the Embassy/Consulate of a foreign country?

If so, is the duty element included in the IDV?

☐ Yes ☐ No

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

☐ Yes ☐ No

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

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

34. 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)

35. Whether the vehicle is used for commercial purpose? ☐ Yes ☐ No

## Risk Inclusions

36. 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

37. 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

38. 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 ₹. 1 Lac

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

**a. Bank account details of the nominee**

	1 <sup>st</sup> Nominee	2 <sup>nd</sup> Nominee	3 <sup>rd</sup> Nominee	4 <sup>th</sup> 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 %.

39. 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 ₹. 1 Lac

Number of Persons	CSI Opted

**40. 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 Two Wheeler.

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.

**41. Extension of Geographical Area:**

Whether extension of Geographical Area to the following countries required?

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

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

If so, give name and address of concerned parties.

43. Full Name: \_\_\_\_\_



44. Address: \_\_\_\_\_

45. Any other material facts relevant for this insurance?

\_\_\_\_\_

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

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

## Payment Details

Cheque/DD Cheque/DD Number: \_\_\_\_\_

Cheque Date: DD/MM/YYY Cash: \_\_\_\_\_ Credit Card: \_\_\_\_\_ Others: \_\_\_\_\_

47. Bank Details of the Customer:

Full Name of the Account Holder: \_\_\_\_\_ Bank Name: \_\_\_\_\_

Account Number: \_\_\_\_\_ IFSC Code: \_\_\_\_\_

## 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**

57. 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 statutes, 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 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: \_\_\_\_\_



## **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**