

COMMERCIAL VEHICLE
(GOODS CARRYING, MISCELLANEOUS & SPECIAL TYPES OF VEHICLES)
PROPOSAL FORM



Name of Intermediary: Sonia Mahal .	AG Code: AG045016	Proposal No. PF09723381
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IMPORTANT

* The liability of the Company does not commence until the Company has accepted the Proposal Form dully filled in all respects and the full premium is paid. For any clarification on the cover, terms, etc., please log on to www.royalsundaram.in or you may write to us at customer_services@royalsundaram.in

ABOUT YOURSELF

Title	M/s.		
Name	THM HUADE HYDRAULICS PRIVATE LIMITED		
Are you Married	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Permanent Address	F-127, Focal Point, Phase-VIII Ludhiana Punjab India 141010		
Communication Address	THM HUADE HYDRAULICS PRIVATE LIMITED F-127, PHASE-VIII, FOCAL POINT		
City	LUDHIANA		
State	PUNJAB	Pincode	141007
Daytime Phone(s)		Mobile Number	88xxxxxx00
Email	soc*****@gmail.com		
KYC Documents (Mandatory)	<input checked="" type="checkbox"/> PAN <input type="checkbox"/> Form 60 <input type="checkbox"/> Form 49A PAN No.AACCT7798M DOB:01/07/2017		
CKYC Number			
Occupation: Please tick <input checked="" type="checkbox"/> against the applicable description, if you fall under any of the below listed categories. If you fall under more than one of the listed titles below, please tick against all the applicable heads. <input type="checkbox"/> Pvt.Sector <input type="checkbox"/> Govt.Employee <input type="checkbox"/> Self Employed <input type="checkbox"/> RS Employee <input type="checkbox"/> Film Industry <input type="checkbox"/> Real Estate <input type="checkbox"/> Employee - IT and ITES <input type="checkbox"/> Heads of States or of Governments <input type="checkbox"/> Sports Person <input type="checkbox"/> Senior Government/Judicial/Military Officer <input type="checkbox"/> Senior Executives of State - Owned Corporations <input type="checkbox"/> Student <input type="checkbox"/> Senior Politician <input type="checkbox"/> Important Political Party Official <input type="checkbox"/> House wife <input type="checkbox"/> Retired Employee <input type="checkbox"/> Company Owned			

AADHAR NUMBER

a) For Individual Customer:				
Name as per Aadhar				
Aadhar Number		Date of birth of Insured	01/07/2017	Gender
b) For Corporate Customer:				
Principal Officer Name as per Aadhar				
Aadhar Number		Date of birth of Insured		Gender

GST NUMBER

Name as per GST Certificate	
Registered GST Number	03AACCT7798M1ZN
Address as per GST Certificate	
District and State as per GST Certificate	

ELECTRONIC INSURANCE ACCOUNT(EIA) NUMBER

Do you have Electronic Insurance Account <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If yes please provide)			
Account No			
Repository Name			
Nominee Name			
	Nominee Age		Nominee Relationship

ABOUT YOUR BANK DETAILS Please attach a copy of cancelled cheque for verification of details, remittance of claim payment/refund if any

Bank Name	Branch
Type of Account: Saving Current	Account No:
IFSC Code:	MICR Code:
Customers are requested to remit the premium by way of cheque or demand draft or credit card. Cash remittance to be avoided.	

ABOUT YOUR VEHICLE Please give full details:

Address as per Registration Certificate	F-127, PHASE-VIII, FOCAL POINT		
City	LUDHIANA		
State	PUNJAB	Pin Code	141007
Registration No.		Type of body	open
Engine No.	AMER306K1931	Seating capacity	1
Chassis No.	MAREK207L23J01931	Type of Permit	
Make & Model	AVON & 207 E KART	Date of Registration	25/11/2023
Registering Authority	PB10-LUDHIANA	Current ownership	<input checked="" type="checkbox"/> New Vehicle <input type="checkbox"/> Used Vehicle
Year of Manufacture	2023	Type of Fuel	Electric
Cubic Capacity	1.5	Others _____(please specify)	
Gross Vehicle Weight	600.0		
Period of Insurance	From 25/11/2023 19:17:02 To 24/11/2024 23:59:59		

USAGE OF THE VEHICLE**State clearly the purpose(s) for which the vehicle will be used:**

1) The Vehicle will be used solely for carrying your own goods other similar explosive.

☒ Yes ☐ No

2) The Vehicle is not licensed for road use and will be used solely at your premises or only on sites to which the public has no right of access

☐ Yes ☐ No

3) Area of usage of vehicle

4) Will the vehicle be used to transport:

i) Explosives such as nitro glycerine, dynamite, fireworks or any

ii) Liquefied petroleum or gasoline.

iii) Chemicals. iv) Gases in liquid, compressed or gaseous form

v) Other goods of a hazardous nature

☐ Yes ☒ No

If 'Yes' state the nature of the goods carried and frequency for this use

INSURED DECLARED VALUE OF THE VEHICLE & ANY ACCESSORIES

Vehicle*	Non-electrical accessories fitted to the vehicle	Electrical & Electronic accessories fitted to the vehicle	Value of CNG/LPG Kit	Total
Rs.140600	Rs. 0	Rs. 0	Rs.0	Rs.140600

Note :

The Insured's Declared Value (IDV) of the vehicle will be deemed to be the 'SUM INSURED' for the purpose of this Policy which is fixed at the commencement of each Period of Insurance for the insured vehicle.

The IDV of the vehicle (and side car/accessories, if any, fitted to the vehicle) is to be fixed on the basis of the manufacturer's listed selling price of the brand and model as the insured vehicle at the commencement of insurance/renewal and adjusted for depreciation (as per schedule below).

The insured vehicle shall be treated as CTL if the aggregate cost of retrieval and/or repair of the vehicle, subject to Terms and Conditions of the Policy, exceeds 75% of the IDV of the vehicle.

Age of Vehicle	% of Depreciation for fixing IDV not exceeding 6 months
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%

(Please tick appropriate)

1. Is the Vehicle financed? ☐ Yes ☒ No

☐ Hire Purchase ☐ Hypothecation ☐ Lease Name and Address of finance company:

2. Is the car fitted with an anti-theft device approved by Automobile Research Association of India(ARAI), Pune and the installation certified by a recognized Automobile Association? ☐ Yes ☒ No

If Yes attach full details, including copies of by purchase & installation and Automobile Association approval documents.

3. Is there any other Safety features installed in your car? ☐ ABS ☐ Airbags ☐ Others (Please Specify) _____

4. Whether the vehicle is driven by non-conventional source of power? ☐ Yes ☐ No

If Yes please give details _____

5. Whether the vehicle is used for driving tuitions? ☐ Yes ☒ No

If Yes please give details _____

6. Whether extension of geographical area to the following countries required? ☐ Yes ☒ No
Bangladesh, Bhutan, Maldives, Nepal, Pakistan and Sri Lanka.
If Yes state the name of the countries 1) _____ 2) _____ 3) _____

7. Whether use of vehicle is limited to own premises? ☒ Yes ☐ No

8. Whether vehicle is used for Commercial purposes ? ☒ Yes ☐ No

9. Whether vehicle belongs to foreign embassy / consulate ? ☐ Yes ☒ No

10. Whether vehicle is designed for use of Blind/ Handicapped/ mentally challenged persons and duly endorsed as such by RTA ? ☒ Yes ☐ No

11. Whether the vehicle is fitted with fibre glass tank ? ☐ Yes ☒ No

BENEFITS UNDER OUR POLICY:

Additional Towing charges of

(a) Rs.1000 or multiples of Rs.1000 upto Rs.20000 opted for over and above the limit prescribed in the policy.

(b) Rs.250 or multiples of Rs.250 upto Rs.1500 opted for over and above the limit prescribed in the policy (for three wheeled vehicles).

If you wish to include this cover, state the limits required. Rs. _____

ADD-ON COVERS

Cover Name	Cover Code	Description									
Depreciation Waiver Clause	RSMOAC001	Would you like the Depreciation applicable on parts to be waived, in case of a partial loss claim.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No								
Windshield Glass Clause	RSMOAC002	In the event of Breakage of Windshield Glass, would you like to avail replacement without affecting your No Claim Bonus.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No								
Enhanced PA Cover		Would you like to opt for Enhanced PA Cover? What limit would you like to opt for PA to Owner-Driver (Rs.) <u>0</u> (In lakhs) What limit would you like to opt for PA to Paid Driver / Conductor/Cleaner (Rs.) <u>0</u> (In lakhs)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No								
EMI Protector Clause		Would you like to opt for EMI Protection cover for your vehicle in case of partial claims? If yes, what limit you would like to opt for EMI Protector cover Rs. _____ Would you like to opt for EMI Protection cover during Total loss/Theft also? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No								
Loss of Income Clause		Would you like to opt for Loss of Income cover for your vehicle in case of partial claims? If yes, please enter the following details <table><tr><th>Limit Opted (In Rs.)</th><th colspan="3">Time Duration opted</th></tr><tr><td></td><td>0</td><td></td><td></td></tr></table> Would you like to opt for Loss of Income cover during Total loss/Theft also? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Limit Opted (In Rs.)	Time Duration opted				0			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Limit Opted (In Rs.)	Time Duration opted										
	0										

LIABILITY TO THIRD PARTIES

The policy provides Third Party Property Damage (TPPD) of Rs.6000. Do you wish to opt for statutory TPPD liability coverage of Rs.6000/- only? ☒ Yes ☐ No

Do you wish to cover legal liability to a) Paid Driver/Conductor/Cleaner ☐ Yes ☒ No

If Yes number of persons _____ (Maximum restricted to seating capacity)

b) Non-fare paying passenger ☐ Yes ☐ No if yes number of persons _____

PERSONAL ACCIDENT (PA) COVER

Registered owner has valid driving license ☐ Yes ☐ No

Compulsory Personal Accident (CPA) Cover For Owner Driver ☐ Yes ☒ No

Nomination for PA Cover	Age	Relationship	Name of the Appointee (if Nominee is a minor)

If No, Tick any of the three options

- ☐ Registered owner does not have valid driving license
☐ Registered owner having CPA cover with other motor policies
☐ Registered owner having PA cover of Rs.15 lakhs and above

Do you wish to include PA cover for Paid Driver/Conductor/Cleaner? ☐ Yes ☒ No

If yes, give the number of persons and Capital Sum Insured (CSI) opted. The maximum CSI available per person is Rs.2,00,000/-

Number of Persons	CSI Opted (Rs)

PREVIOUS HISTORY

1. Is the car in a roadworthy condition and free from damage? ☒ Yes ☐ No If No please give details

If No please give full details: _____

2. Will the vehicle be used exclusively for:

- a. Private, social, domestic, pleasure & professional purposes ☐ Yes ☐ No _____
b. Carriage of goods other than samples or personal baggage ☐ Yes ☐ No _____

3. Name and address of the previous insurer UNKNOWN

4. Previous Policy No. _____ Policy period: _____

5. Add on covers in previous policy :

6. Type of cover ☐ Liability only cover ☐ Package cover ☐ Others (specify) _____

7. Has any insurance company ever:

a) Declined the proposal ☐ Yes ☐ No

b) Cancelled & refused to renew ☐ Yes ☐ No

(If Yes reasons there of _____)

c) Imposed special condition or excess ☐ Yes ☐ No
(If Yes reasons and details there of) _____

DECLARATION - NO CLAIM BONUS

Are you entitled to No Claim Bonus ☐ Yes ☒ No (If Yes please submit proof from your previous insurer.)

I hereby declare that I have not made claim ☐ (or) I have made claim ☒ under my previous Policy No. issued by UNKNOWN. I/We declare that the rate of NCB of 0% claimed by me/us is correct (copy of the policy enclosed). I/We further undertake that if this declaration is found to be incorrect, all benefits under the policy in respect of Section I of the Policy will stand forfeited.

Does the vehicle have valid Pollution Under Control (PUC) Certificate? ☐ Yes ☒ No

Pollution Certificate Number (PUC) : _____ PUC expiry date : _____

***In line with the Central Motor Vehicle Act, 1989 and as per the directive of Hon'ble Supreme Court of India, it is mandated that insured must produce a valid "Pollution Under control" Certificate as and when asked by the insurer and it is the responsibility of the insured to renew the same before expiry of the validity of the PUC certificate. Absence of Valid certificate may lead to cancellation of insurance**

PAYMENT DETAILS: Please tick ☒ payment option

☐ Cheque/DD Number _____ ☐ Credit Card ☐ Debit Card ☐ Payzaap ☐ Paytm ☐ Bill Desk

Bank _____

☐ NEFT RS Account No _____ ☐ Transaction Ref No _____

Date _____ Amount _____ ☐ Cash Cash Amount _____

***Payment must be made favouring Royal Sundaram General Insurance Co. Limited**

Authorization for electronic policy fulfilment and service communications (Please read carefully and put a check mark against each before signing)

☐ I hereby consent that the proposal status, policy details and renewal reminders may be sent to me by email and SMS .

☐ I hereby consent to and authorize Royal Sundaram General Insurance Co. Limited (Company) to make welcome calls, service calls or any other communication (electronic or otherwise) with respect to the proposed or existing policy of Company from time to time.

☐ I/We hereby authorize you to share my/our personal data furnished here to any or all your group companies for the purpose of introducing me to the new products/services offered by them. I confirm that this can be treated as my explicit consent to share my personal data to any or all your group companies.

PREMIUM COMPUTATION SUMMARY

Total IDV	140,600	TP Basic	3,139.00
OD Discount %		Other TP Covers	-200.00
OD Premium	691.75		
Other OD Covers	427.00		
		Total TP	2,939.00
NCB 0%	0.00	Total OD + TP	4,058.00
Add on Premium		GST	201.00
Total OD Premium	1,119.00	Premium inclusive of GST	4,612.10

DECLARATION

Before signing the Declaration check your answers carefully, particularly if this Proposal Form was completed by another person on your behalf.

I/we declare that to the best of my/our knowledge and belief the answers given are true and all material information has been disclosed.

I/we agree that if any answers have been completed by any other person such person shall for that purpose be regarded as my/our agent and acting on my/our behalf and not the agent of Royal Sundaram General Insurance Co. Limited.

I/we declare that this Proposal Form is for insurance in the normal terms and conditions of the Insurer's Policy and shall be incorporated in and form part of the insurance contract.

* If any additions or alterations are carried out after the submission of this proposal form then the same would be conveyed to the Insurers immediately

* It is an offence under the Motor Vehicles Act 1988 to make a false statement or withhold any material information for the purpose of obtaining a Certificate of Motor Insurance

* Attach any other information material to the risk proposed

Place :

Date : 25/11/2023

Signature of the proposer (Vehicle Owner)

Section - 41 of Insurance Act, 1938 Prohibition of Rebates

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 of 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 continuing the policy accept any rebate except such rebate as may be allowed in accordance with the published prospectus or tables of the Insurer.

2. If any person fails to comply with sub-regulation (1) above, he shall be liable to payment of a fine which may extend to Ten Lakh Rupees.



Royal Sundaram

General Insurance

Royal Sundaram General Insurance Co. Limited

(Formerly known as Royal Sundaram Alliance Insurance Company Limited)

Corporate Office: Vishranthi Melaram Towers, No. 2 / 319, Rajiv Gandhi Salai (OMR), Karapakkam, Chennai - 600097. Registered Office: 21, Patullos Road, Chennai - 600 002.

Royal Sundaram IRDAI Registration No.102 | CIN:U67200TN2000PLC045611

Call: 1860 425 0000, 1860 258 0000 | Mail: customer.services@royalsundaram.in | Website: www.royalsundaram.in

Passenger Carrying UIN:IRDAN102P0007V02201617 | Goods Carrying UIN:IRDAN102P0005V02201617 | Miscellaneous Vehicle UIN:IRDAN102P0006V02201617 PR18325/FEB19P

UIN - IRDAN102P0005V02201617/IRDAN102P0006V02201617

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Commercial Vehicle Proposal Form