# UNITED INDIA INSURANCE CO LTD

**STANDARD PROPOSAL FORM FOR *“*LIABILITY ONLY*”* POLICY**

**(For Commercial Vehicles** other than Motor Trade Internal Risks Policies)

1. Questions that are necessarily to be listed for granting the cover as per the Motor Vehicles Act1988.

# A (I). Personal Details of Proposer/Owner:

|  |  |  |  |
| --- | --- | --- | --- |
| **Personal Details** | 1 | Proposer’s (Owner’s) Full Name  (In capital letters) |  |
| 2 | Address (where the vehicle is normally kept)  (In capital letters, with pin code) | PIN:  Telephone: Fax:  Mobile No: Mail Id: |
| 3 | Occupation / Business |  |
| 4 | **Type of Cover** | **Liability Only Policy** |
| 5 | Period of Insurance | From: Hrs on / / To : Hrs on / / |

**A (II). Vehicle Details**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Vehicle Specifications** | 6 | Registration Number of the Vehicle | | | |  | | | |
| 7 | Date of Registration of the Vehicle | | | |  | | | |
| 8 | Registering Authority & Location | | | |  | | | |
| 9 | Year of Manufacture | | | |  | | | |
| 10 | Engine Number | | | |  | | | |
| 11 | Chasis Number | | | |  | | | |
| 12 | Make of the Vehicle | | | |  | | | |
| 13 | Model | | | |  | | | |
| 14 | Type of Body | | | |  | | | |
| 15 | Gross Vehicle Capacity (C.C) | Weight | (GVW) & | Cubic |  | | | |
| 16 | Max. licensed carrying capacity (No.of Passengers) in case of Passenger Carrying Vehicles? | | | |  | | | |
| 17 | Whether the vehicle is driven by non- conventional source of power / CNG / LPG /Bi- Fuel ?  If ‘YES’, please give details | | | |  | | | |
| 18 | Whether the  premises? | use of | vehicle is | limited | to | own | **YES** | **NO** |
| 19 | Whether the commercial vehicle is also used forprivate  purposes (excluding use for hire or reward)? | | | | | | **YES** | **NO** |
| 20 | Whether the vehicle is used for driving tuitions?(GR- 44) | | | | | | **YES** | **NO** |
| 21 | Details of Hire Purchase / Hypothecation / Lease **(IMT-5)**   1. Is the vehicle proposed for insurance is:    1. Under Hire Purchase? **YES / NO**    2. Under Lease Agreement? **YES / NO**    3. Under Hypothecation? **YES / NO** 2. If ‘YES”, give name and address of concerned party/parties:   **(Note: Copies of R.C Book, Permit & Fitness Certificate should besubmitted along with the proposal form)** | | | | | | | |

# A (III). LIABILITY SECTION: COVERAGE

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| --- | --- | --- |
| **BodilyThInirjdurPyarty Risks: Death/** | 22 | Coverage for liability against Third Party Risks (Death or Bodily Injury) required in respect of:   1. Owner Driver only **YES**   **/ NO**   1. Any person other than Paid Driver **YES**   **/ NO**  If ‘YES”, give details of such other persons:  1.  2.  3.  **[Note:**   1. Section146 of Motor Vehicles Act-1988 makes it mandatory for the owner of the vehicle to ensure that he or any other person authorized by him to drive a vehicle in public place has insurance against third party risks. The explanation to Section146 exemptsthe paid driver.) 2. As per Section 147 (2)(a) The liability is ‘as incurred’ in the case of death / bodily injury of a third party**]** |
| **(IMT-20)TPPD Third Party Risks:** | 23 | Do you wish to have the statutory Third Party Property Damage (TPPD) liability of Rs.6000/- only?  **YES**  **/ NO**  [For additional TPPD limits, please see **Q.No.25**] |

|  |  |  |
| --- | --- | --- |
| **to be covered by M.V Act-1988)Liability to 'Workmen' under W.C.Act-1923 (CompulsorilyThird Party Risks:** | 24 | Legal liability to persons employed in connection with operation of the vehicle who are ‘workmen’. [The liability of the Employer under the Workmens’ Compensation Act-1923 is covered under the Motor Vehicles Act-1988.   1. Drivers (No.of persons: ) 2. Employees (Workmen) (No.of persons: )   (**Note:** The Motor Vehicles Act-1988 under Sec.147(1)(ii)(i) covers liability to employees who are workmen within the meaning of the Workmen’s Compensation Act-1923.)  For additional coverage, please refer to **Q.No.26**] |

1. **Questions that provide additional covers as per IMT Endorsements**
   1. The Policy provides additional Third Party Property Damage liability limit of Rs.7,50,000/- for commercial vehicles. Do you wish to cover the additional limit?

**Addl. TPPD**

# YES / NO

**(GR-39)**

[Refer to **Q.No.23**]

* 1. Do you wish to cover wider legal liability to employees who are ‘workmen’? [This information is sought to cover in addition to liability under the Workmens Compensation Act-1923, also liability under the Fatal Accidents Act-1855 and the Common Law]

**WorkmenLiability to Additional**

**(IMT-28)**

# YES / NO

(**Note:** The additional liability under Common Law and Fatal Accidents Act in respect of employees **who are workmen** is covered under this endorsement).

[Refer to **Q.No.24**]

* 1. Do you wish to cover wider legal liability to employees who are **NOT** ‘workmen’?

**are LnioatbWilitoyrktmo enEmployees who**

# YES / NO

**(IMT-29)**

(**Note:** The liability under Common Law and Fatal Accidents Act-1855 in respectof employees **who are not workmen** can be covered under this endorsement).

* 1. Personal Accident Cover for Owner Driver is compulsory in the Liability Only Cover. Please give details of nomination:

**For OwnPeerrDsorinvaelrAccident Cover**

* + 1. Name of the Nominee & Age :
    2. Relationship :
    3. Name of the Appointee

(If Nominee is a Minor) :

* + 1. Relationship to the Nominee :

( **Note: 1.** Personal Accident cover for Owner Driver is compulsory for Sum Insured of Rs.2,00,000/- 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 )

29

Do you wish to include Personal Accident cover for named persons?

**YES / NO**

If YES, give name and Capital Sum Insured (CSI) opted for:

(**Note:** The maximum CSI available per person is Rs.2 Lakhs in case of Commercial Vehicles)

30 Do you wish to include Personal Accident cover for Un-named**)**

Passengers/hirer/pillion passengers(Two Wheelers**P**)**a**?**ge 4 / 5 ( C V / Liability Only )**

**YES / NO**

If YES, give number of persons and Capital Sum Insured (CSI) Opted:

No.of Persons:

C.S.I (Per Person):

(**Note:** The maximum CSI available per person is Rs.2 Lakhs in case of Commercial Vehicles)

31 Whether extension of geographical area to the following countries required?

(**Note:** Presently the territory covered is geographical area of India. Extension of geographical area cover can be availed by use of this endorsement

**(IMT-16)**

**(IMT-15)**

|  |  |  |  |
| --- | --- | --- | --- |
| Name | CSI Opted (Rs.) | Nominee | Relationship |
| 1) |  |  |  |
| 2) |  |  |  |
| 3) |  |  |  |

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# Questions that are elicited for information and data collection purposes

**ExtensionGeographicalOccupantsUn-Named PA CoverNfaomr ed OccupantsPA Cover for**

**(IMT-1)**

|  |  |  |  |
| --- | --- | --- | --- |
| (1) Bangladesh | **YES / NO** | (2) Bhutan | **YES / NO** |
| (3) Maldives | **YES / NO** | (4) Nepal | **YES / NO** |
| (5) Pakistan | **YES / NO** | (6) Sri Lanka | **YES / NO** |

|  |  |  |
| --- | --- | --- |
| **Previous History** | 32 | Previous History:   1. Date of purchase of the vehicle by the Proposer: / / 2. Whether the vehicle was new or second hand   at the time of purchase? : New / Second Hand   1. Will the vehicle be used exclusively for    1. Private, Social, Domestic, Pleasure &   Professional Purpose? **YES / NO**   * 1. Carriage of goods other than samples   or personal luggage? **YES / NO**   1. Is the vehicle is in good condition? **YES / NO**   If NO, please give details:   1. Name and Address of the previous insurance company: 2. Previous policy number: 3. Period of Insurance : From: To: 4. Claims lodged during the preceding 3 years:   YEAR NO.OF CLAIMS CLAIM AMOUNT (Rs.) |
| **Driver Details** | 33 | Details of the Driver:   1. Age & Date of Birth of the Owner: Age: Yrs DOB: / / 2. Age & Date of Birth of the Driver: Age: Yrs DOB: / / 3. Does the driver suffer from defective   vision or hearing or any physical infirmity? **YES / NO**  If YES, please give details of such infirmity:   1. Has the driver ever been involved / convicted   for causing any accident of loss? **YES / NO**  If YES, give details as under including the pending prosecutions:   * + Driver’s Name :   + Date of Accident:   + Loss / Cost (Rs.):   + Circumstances of Accident / Loss: |

**Declaration by the Insured**

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 the United India Insurance Company Ltd.

I/We also declare that any additions or alterations are carried out after the submission of this proposal form then the same would be conveyed to the Insurance Company immediately.

Place:

Date : Signature of the Proposer/s.

**INSURANCE ACT 1938, SECTION 41 - 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 renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the prospectuses or tables of the insurer as per Section 41 of Insurance Act 1938 – Prohibition of Rebates.

[Provided that acceptance by an insurance agent of commission in connection with a policy of life insurance taken out by himself on his own life shall not be deemed to be acceptance of a rebate of premium within the meaning of this sub-section if at the time of such acceptance the insurance agent satisfies the prescribed conditions establishing that he is a bona fide insurance agent employed by the insurer.]

(2) Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to ten lakh rupees.

**Note:** Denial of "Third Party Liability Only Cover" by Insurer, for reasons other than fraud/misrepresentation by proposer, will entail Regulatory action.