

Commercial Motor Goods Carrying Vehicle - Quote**Motor Quote No : 0000000047531199**

Date :

To,

RANISATI TRANSPORT COMPANY PVT LTD
C/O-ASHOK KUMAR AGRAWAL, AT PURUNAKATAK,
Boudh,
Odisha-762013
India
+91-9090270565

URN NO:

Contact ID No : 0000000035586093**Intermediary Code :0006242****Intermediary Name :Sbi Purunakatak 3839****Commercial Motor Insurance Quote No: 0000000047531199**

Dear Sir / Madam,

We hereby extend our gratitude of having given us an opportunity to participate in quoting for the captioned risk.

Appended hereunder is a brief summation of the Terms we propose:-

Cover : **Package**Policy Period : **Annual****Proposed**

Registration No.	Year of Mfg	Make & Model of the Vehicle & Variant	Engine No	Chassis No.	Seating Capacity	GVW
OD 15 K 6671	2017	Ashok Leyland & 3718	HAHZ420836	MBINACHD5HRWU 5240	3	42000

Proposed

IDV of the Vehicle	Trailer Value	Non Electrical Accessories	Electrical/Electronic Accessories	CNG/LPG Kit Value	EMI Protector	Total Sum Insured
1,950,000.00	0.00	0.00	0.00	0.00		1950000

Premium Particulars**Amount(Rs)**

Premium	49,344.65
Taxes as applicable	6,388.38
Education Cess/ Kerala Flood Cess @1%	0.00
Total Premium	55,733.00

Please note that this quote is valid for a period of 30 days from issue date.

Clauses Applicable	Add on Covers Opted
Special Exclusion & Compulsory Deductible Hypothecation Agreement Inclusion of IMT 23 Legal Liability to Driver Legal Liability to Employees	Legal Liability to Third Party Own Damage

Endorsement Applicable
IMT21,IMT7,IMT23,IMT28,IMT-39,

Exclusions	Subjectivities (if any)
For detail list of exclusions, refer policy wordings	NA

Hope you find our submission competitive enough and give us an opportunity of underwriting this business. Should you at any time require any assistance, please do feel free to contact your relationship manager or write to us, customer.care@sbigeneral.in or Toll free number for MTNL/BSNL users-**1800-22-1111**, Toll free number for other users-**1800-102-1111**.

Assuring you of our best services at all times....

Yours Sincerely,



Authorized Signatory

Date : 19 November 2020

Place : Berhampur

PROPOSAL FORM FOR COMMERCIAL MOTOR GOODS CARRYING VEHICLES LIABILITY

Name of Proposer : RANISATI TRANSPORT COMPANY PVT LTD	Contact ID : 0000000035586093
IMD Name: Sbi Purunakatak 3839	Code : 0006242 Branch ID: 00037

The Liability of the Company does not commence until the proposal/questionnaire has been accepted by the Company and the premium paid.

Proposal For : **Rollover**

Period of Insurance : From : **21/11/2020 00:00** To midnight of : **20/11/2021**

Proposer's Details: (Registered Owner of the Vehicle)

Proposer Name: **RANISATI TRANSPORT COMPANY PVT LTD**

Registered Address Of the Vehicle :

Door/Bldg No:		Building Name:	C/O-ASHOK KUMAR AGRAWAL
Road Name:	AT PURUNAKATAK	Area :	Purunakatak
City :	Boudh	District:	Boudh
State :	Odisha	Pin Code:	762013

City where the vehicle will primarily be used : **Boudh**

Have you been previously insured in respect of this vehicle ? **Yes**

If so, are you entitled to No Claim Discount (NCB) from your previous Insurer ? **Yes**

If Yes, Kindly indicate the percentage **20 (%)**

Please provide the name and address of your previous Insurer,

Name of the Insurer	Address	Policy Type	Previous Policy No	Previous Policy End date
ICICI Lombard General Insurance Co. Ltd	DHARMA NAGAR BERHAMPUR GANJAM	Comprehensive	3003/1596427002/01/ 000	20/11/2020

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 further undertake that if this declaration is found incorrect, all benefits under the Policy in respect of Section1 of the Policy will stand forfeited

Signature of Proposer.

About The Motor Vehicle to be Insured

Vehicle Type	>3 wheeler Public carrier	Vehicle is	Used		
Make of the vehicle	Ashok Leyland	Model of the vehicle	3718	Variant	BS IV - 42000 GVW
Type of Body	BOX-TRUCKS	GVW	42000	Colour	
Year of Manufacture of the vehicle	2017	Maximum Licenced Carrying Capacity (No of Passenger Including Driver)	3		
Engine No of the vehicle	HAHZ420836	Chassis No of the vehicle	MBINACHD5HRWU5240		

Registration No. of the vehicle	OD 15 K 6671	RTO where the vehicle is / will be registered	Sambalpur
Date of Registration/New Purchase	29/11/2017	Number of Wheels	14
Vehicle category (specific usage)		Is the vehicle fitted with Fibre Glass Fuel Tank ?	No
Fuel Used	Diesel	Nos of Trailers	
Trailer Registration Number		Trailer Chassis Nos:	
Is the vehicle fitted with anti-theft device ?	No		
If Yes, please provide a) Name of Manufacturer and type of device			
b) Whether approved by ARAI , Pune. Yes/No			
Whether Vehicle belongs to foreign embassy/consulate:	Yes/No		
Whether any modification or conversion has been done in the vehicle from the maker's standard specification ?	NA.		
If Yes, please give details of such modifications/conversions:			
Is the vehicle in good stage of repair? Yes / No . If No, please furnish details _____			
Insured's Declared Value (IDV) of the Vehicle :			
<i>The IDV of the vehicle will be deemed to be the Sum-Insured for the purpose of the Policy and will 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 time of commencement of insurance / renewal and adjusted for depreciation as per the schedule specified below.</i>			
Age of the Vehicle	% Depreciation		
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%		
For vehicles more than 5 years of age, please contact the Company for fixing the IDV.			
Vehicle Value	1,950,000.00		
Non Electrical Accessories (other than factory fitted)	0.00		
Electrical Accessories (Other than factory fitted)	0.00		
Bi-fuel/CNG/LPG Kit	0.00		
Trailer(s)(Pvt Car)/ Side Car (Two Wheelers) Value	0.00		
TOTAL IDV	1950000		
About The Usage Of the Motor Vehicle			
What will be the vehicle used for?	NA		
What will be the Average Daily use of the vehicle ?:	>5001		
What is the Vehicle Permit Type?	State		
Will the vehicle be used for Private purpose too?	No		
What would be the Usage of the Vehicle?	NA		

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Registered and Corporate office: "Natraj" 301, Junction of Western Express Highway & Andheri Kurla – Road, Andheri (East),
Mumbai – 400 069

Whether the use of the vehicle will be restricted to own premises ?

NA

If Yes. Please give address

Will the vehicle be used for driving tuitions ?

No

Whether extension of Geographical Area to the following countries Required ?

No

If Yes, Pls tick the countries to which the extension is required

What type of goods will the vehicle carry?

☐ Hazardous ☐ Non Hazardous

Proposed Usage of the Vehicle? (Applicable only to Passenger Carrying Vehicles with seating capacity not exceeding 6)

Is the vehicle Company Maintained ?

☐ Yes ☐ No

Where will the vehicle be generally parked

a) During the Day-

b) During the Night

About the Drivers

The vehicle will be driven by

S.No	Full Name	Relational with Proposer	Age/Date of Birth	Driving Experience	Driving License No	Gender
1	AMULYA NAYAK	Self	44	1 year to < 3 years		Male

About The Coverage Required

1) Type of Cover Required : : **Package Policy**

2) Do you wish to limit the Third Party Property Damage Cover to the statutory limit of Rs 6000/- ? **No**

(The Policy otherwise provides Third Party Property Damage cover of Rs 1 lakh for 2 wheelers and Rs 7.5 lakhs for other class of Vehicle)

3) Do You wish to cover Compulsory Personal Accident Cover for you (Owner Driver)?

No

If yes,

a) Name of the Nominee & Age: ,

b) Relationship:

c) Name of the Appointee (If Nominee is Minor):

d) Relationship to the Nominee:

(Note: Compulsory PA cover to 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).

4) Do you want to opt for wider legal liability to

Paid Driver **Yes**

Nos of Persons: **1**

Other Employee **No**

Nos of Persons: **NA**

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Cleaner Conductor
 Coolies

Yes

 Nos of Persons: **2**

5) Do you want to Cover Legal Liability for Non Fare Paying Passenger?

NA

If Yes, Nos of Persons to be covered :

6) Do you want to cover Legal Liability for passengers? (Ambulance/ Hearses)

No

If yes, number of persons to be covered :

7) Do you wish to cover Personal Accident for Paid driver / cleaner / conductors?

No

(Max Rs 1 lakh for two-wheelers and Rs 2 Lakh for other class of vehicles)

If yes, Please state :

 Number of persons: **NA**

 SumInsured for each person: **NA**

 8) Is there any Hypothecation / Hire Purchase / Lease Interest to be noted in the Policy ? **Yes**

If Yes, Kindly provide the details for the same :

Financier Name:
Branch Name
Branch Address

STATE BANK OF INDIA,

STATE BANK OF INDIA,

Hypothecation

9) Do You wish to Opt for any of the below mentioned Add-On's by paying additional Premium ?

- Cover for Overturning of Mobile Cranes, Mechanical Navies, Shovels, Grabs, Rippers and Excavators, Dragline Excavators, Mobile Drilling Rigs and Mobile Plants?
- Do you wish to cover for loss or damage to lamps, tyres, tubes, mudguard, bonnet side parts, bumper and paint work? (Not applicable for taxis) **Yes**
- Do you want to cover for Additional Towing Charges? **0**
- Return to Invoice in case the vehicle meets with total loss within the first 3 years of manufacture **No**
- Do you want to protect your No Claim Bonus in case of a single accident in the Policy period? **No**
- Do you wish to have an enhanced Personal accident cover for Yourself/ Your Driver / unnamed occupants of the vehicle?,

If yes, Provide Sum Insured:

No

Owner Driver:

Paid Driver:

- Do you wish to cover Hospital Cash for hospitalisation arising out of accident for Yourself / Your Driver / Unnamed occupants of the vehicle

If Yes, Provide Sum Insured :

No
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 Mumbai – 400 069

Owner Driver:

Paid Driver:

Previous Insurance History

Date of Purchase of the vehicle: **29/11/2017**

Was it new at the time of purchase : **Used**

Type of Policy – Package/Liability Only: **Comprehensive**

Has any Insurance company ever

a) Declined the proposal **Yes / No**

b) Cancelled the policy or refuse to renew **Yes /No**

c) Required an increase of Premium **Yes /No**

d) Imposed special conditions or excess **Yes /No**

Please provide the details of claims reported in the past 5 years:

Year	Type of Claim	Amount

DECLARATION :

I/We hereby declare that the statements, answers and particulars given by me/us in this Proposal Form are true to the best of my/our knowledge and belief. It is hereby understood and agreed that this declaration shall form the basis of the contract between me/us and SBI General Insurance Company Limited

If any additions/alterations are carried out in the risk proposed after the submission of this Proposal Form then the same should be conveyed to the Company immediately.

Date:

place: Berhampur

Signature of Proposer

IMPORTANT :
SECTION 41 OF INSURANCE ACT, 1938

No person shall 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 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.

Any person making default in complying with the provisions of this section shall be punishable with fine, which may extend to Five Hundred Rupees.

FOR OFFICE USE ONLY

Does the above risk warrant a Risk Inspection? **Yes/No**

If yes, whether recent Risk Inspection Report available? **Yes/No**

If yes, what is the rating of this risk? **Excellent/Good/Average/Below Average/Poor.**

Intermediary Details :

IMD Code	RM Code	RM Name	IMD Channel	IMD Name
0006242	4331890	DEVI RATH	Banca	Sbi Purunakatak 3839

Intermediary declaration for float debit :

I/We the undersigned hereby declare that the premium for the Proposal has been collected from the Proposer on

I/We the undersigned hereby authorize for the premium for the Proposal to be utilized from my Deposit Account with the Company.

Place Berhampur

Date

Intermediary's Signature

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