

'Liability Only' Policy

(For Private Cars / Two Wheelers)

Proposal Form



WITH YOU ALWAYS

Proposal No.

A. Questions that are necessarily to be listed for granting the cover as per the Motor Vehicles Act, 1988.

A(I). Personal Details of Proposer / Owner (In capital letters)

Personal details

1a. Proposer's (Owner's) full name		
1b. Insured's PAN card number	In the absence of PAN Card, please give details of any other authorized photo identification card.	
	Card Type	Number :
Sources of funds (please ✓ where applicable)	Salary <input type="checkbox"/>	Business <input type="checkbox"/>
	Other (Please specify) _____	
2. Address (where the vehicles is normally kept)		
	City	
	State	PIN:
	Phone	Fax:
	Mobile	Email:
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. Cubic Capacity of the vehicle		
16. Seating Capacity including driver		
17. Whether the vehicle is driven by non-conventional source of power If 'YES', please give details	<input type="checkbox"/> Bi-Fuel	<input type="checkbox"/> CNG <input type="checkbox"/> LPG
18. Whether the use of vehicle is limited to own premises ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
19. Whether the vehicle is used for commercial purpose ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
20. Whether the vehicle is used for driving tuitions ? (GR-44)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
21. Details of Hire Purchase / Hypothecation / Lease	(IMT-5)	
a) Is the vehicle proposed for insurance is :		
(i) Under Hire Purchase ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(ii) Under Lease Agreement ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(iii) Under Hypothecation ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b) If 'YES', give name and address of concerned party / parties :		

A(III). Liability Section : Coverage

Third Party Risks: Death / Bodily Injury

22. Coverage for liability against Third Party Risks (Death or Bodily Injury) required in respect of :

(i) Owner Driver only

☐ Yes

☐ No

(ii) Any person other than Paid Driver

☐ Yes

☐ No

If 'YES', give details of such other persons

1. _____

2. _____

3. _____

Note: 1. Section 146 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 Section 146 exempts the 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

Third Party Risks: TPPD (IMT-20)

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**)

Third Party Risks: Liability to 'Workmen' under W.C. Act, 1923 (Compulsorily to be covered by M.V. Act, 1988)

24. Legal liability to persons employed in connection with operation of the vehicle who are Workmen. (The liability of the employer under the Workmen's 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**)

B. Questions that provide additional covers as per IMT Endorsements

Additional TPPD (GR-39)

25. The Policy provides additional Third Party Property Damage liability limits of Rs. 1,00,000/- for Two Wheelers and Rs. 7,50,000/- for other classes of vehicles. Do you wish to cover the additional limit ? (Refer to **Q. No. 23**)

☐ Yes

☐ No

Additional Liability to Workmen (IMT-28)

26. Do you wish to cover wider legal liability to employees who are 'Workmen' ?

☐ Yes

☐ No

[This information is sought to cover in addition to liability under the Workmen's Compensation Act, 1923, also liability under the Fatal Accidents Act, 1855 and the Common Law]

(**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**)

Liability to Employees who are not Workmen (IMT-29)

27. Do you wish to cover wider legal liability to employees who are NOT 'Workmen' ?

☐ Yes

☐ No

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

Personal Accidental Cover for Owner Driver

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

a. Name of the Nominee & Age : _____ ☐ ☐ Yrs

b. Relationship : _____

c. Name of the Appointee
(If Nominee is a Minor) _____

d. Relationship to the Nominee : _____

Note: 1. Personal Accident cover for Owner Driver is compulsory for Sum Insured of Rs. 1,00,000/- for Two Wheeler and Rs. 2,00,000/- for Private Cars.

2. Compulsory Personal Accident 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.

Personal Accident Cover for Named Occupants (IMT-15)

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 :

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

(Note: The maximum CSI available per person is Rs. 2 lakhs in case of Private Cars and Rs. 1 Lakh in the case of Motorized Two Wheelers)

Personal Accident Cover for Un-Named Occupants (IMT-16)

30. Do you wish to include Personal Accident cover for un-named passengers/hirer/pillion passengers (Two Wheelers) ☐ 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 Rs. 2 Lakhs in case of Private Cars and Rs. 1 Lakh in the case of Motorized Two Wheelers)

Geographical Extension (IMT-1)

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

- | | | | | | |
|---------------|------------------------------|-----------------------------|--------------|------------------------------|-----------------------------|
| 1. Bangladesh | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 2. Bhutan | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Maldives | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 4. Nepal | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Pakistan | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 6. Sri Lanka | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

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

C. Questions that are elicited for information and data collection purposes**Previous History**

32. a. Date of purchase of the vehicle by the proposer :

D	D	M	M	Y	Y	Y	Y
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b. Whether the vehicle was new or second hand at the time of purchase ? ☐ New / ☐ Second hand

c. Will the vehicle be used exclusively for

(i) Private, Social, Domestic, Pleasure & Professional Purpose ? ☐ Yes ☐ No

(ii) Carriage of goods other than samples or personal luggage ? ☐ Yes ☐ No

d. Is the vehicle is in good condition ? ☐ Yes ☐ No

If no, please give details : _____

e. Name and Address of the previous insurance company : _____

f. Previous policy number :

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g. Period of insurance : From

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

 To

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

h. Claims lodged during the preceding 3 years :

Year	No. of Claim(s)	Claim(s) Amount (Rs.)
_____	_____	_____
_____	_____	_____
_____	_____	_____

Driver Details

33. Details of the Driver :

- a. Age & Date of Birth of the Owner : Age Yrs DOB
- b. Age & Date of Birth of the Driver : Age Yrs DOB
- c. Does the driver suffer from defective vision or hearing or any physical infirmity ? ☐ Yes ☐ No
If YES, please give details of such infirmity : _____
- d. Has the driver ever been involved / convicted for causing any accident or 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 : _____

Premium paid by cash / Cheque No. _____ Date Amount (Rs.) _____

Bank _____ Branch _____

Producer Name _____ Producer Code _____

AML Guidelines

- I/we hereby confirm that all premiums have been/will be paid from bonafide sources and no premiums have been/will be paid out of 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 documents to establish sources of funds.
- The insurance company has 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 or indirectly governing the prevention of money laundering in India.

● **Nationality :** Indian ☐ Non-Indian ☐ If Non-Indian, please specify Country : _____

● Type of Organization

Corporations ☐ Governments ☐ Non Governmental Organizations ☐ Society ☐
Trust ☐ Partnership ☐ International Organization ☐ Cooperatives ☐ Section 25 Company ☐

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 Tata AIG General Insurance Company Ltd.

I / We also declare that if 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.

I/We agree to receive 'Certificate of Insurance and Policy Schedule' only and shall access the policy terms, conditions and exclusions on the company's website.

Place : _____

Date :

Signature of the Proposer _____

Bank Details*

As per the Regulatory requirements, we can effect payment of refund / claims only through Electronic Clearing System (ECS) / National Electronic Funds Transfer (NEFT) / Real Time Gross Settlement (RTGS) / Interbank Mobile Payment Service (IMPS). For this purpose please submit the following details of the insured's bank account#

Name of the Account Holder:

Name of the Bank Branch :

Type of Account : ☐ SB Account ☐ Current Account ☐ Others (please specify)

Account Number :

IFSC Code of Bank :

If the premium cheque is not paid from the above mentioned account then a cancelled cheque leaf of the above mentioned account is to be attached. #mandatory if annualized premium is more than Rs.25,000

SECTION 41 OF INSURANCE ACT 1938 (PROHIBITION OF REBATES)

- 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 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 prospectus or tables of the insurer.
- Any person making default in complying with the provisions of this section shall be liable for 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.

Insurance is the subject matter of the solicitation. For more details on risk factors, terms and conditions, please read sales brochure carefully, before concluding a sale.

Tata AIG General Insurance Company Limited

Registered Office: Peninsula Business Park, Tower A, 15th Floor, G.K. Marg, Lower Parel, Mumbai – 400013

24X7 Toll Free No: 1800 266 7780

Fax: 022 6693 8170

Email: customersupport@tata-aig.com

Website: www.tataaiginsurance.in

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