## **HDFC ERGO** General Insurance Company Limited



## STANDARD PROPOSAL FORM FOR LIABILITY ONLY POLICY - PRIVATE CAR/ TWO WHEELERS

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

ē	1.	Proposer's (Owner's) Full Name				
Own	2.	Address				
A(I) Personal Details of Proposer / Owner	۷.	(where the vehicle is normally kept)		Pin Code:		
				Fax No.:		
			E-mail address:	T dx No		
			L-man address.			
	3.	Occupation / Business				
	4.	Type of Cover	Liability Only Policy			
	5.	Policy Period (Applicable for Two wheelers only)	1 year 2 years	3 years		
	6.	Period of Insurance	From Hrs on	To Hrs on		
	7.	Registration No. of the vehicle				
	8.	Date of Registration of the vehicle				
	9.	Registration Authority and Location				
	10.	Year of Manufacture				
	11.					
		Engine No				
tion	12.	Chassis No				
ifica	13.	Make of the Vehicle				
sbec	14.	Model				
icle s	15.	Type of Body				
Neh	16.	Gross Vehicle Weight (GVW) and Cubic Capacity	(CC)			
tails	17.	Max. licensed carrying capacity (No. of Passenge	ers) in case of Passenger carrying vehicles?			
A(II) Vehicle Details/Vehicle specification	18.	Whether vehicle is driven by non conventional soulf yes, please give details.	rce of power / CNG / LPG / Bi Fuel?			
/ehic	19.	Whether use of vehicle is limited to own premises:	?	Yes /No		
<b>(</b>	20.	Whether the commercial vehicle is also used for F	Private purposes (excluding use for hire or reward)?	Yes /No		
⋖	21.	Whether the vehicle is used for driving tuitions? (0		Yes /No		
	22.	Details of Hire Purchase / Hypothecation / Lease	·			
		a) Is the vehicle proposed for insurance :-	,			
		(i) Under Hire Purchase				
		(ii) Under Lease Agreement				
		(iii) Under Hypothecation Agreement				
		b) If yes, give name and address of concerne	d party/parties	Yes /No Yes /No Yes /No		
, , , , , , , , , , , , , , , , , , ,						
A(III)		ity Section Coverage				
Cove	23.	Third Party Risks: Death / Bodily Injury for liability against Third Party Risks (Death or Bodi	ly Injury) required in respect of:			
(I) O	wner l	Oriver only Yes / No	Yes / No			
1	es , gr	give details of such persons:				
2						
3.						
Note		44C - £ M-4				
place	has i	nsurance against third party risks. The explanation		reison authorized by film to drive a vehicle in public		
2. As	per S	Section 147 (2) (a) The liability is 'as incurred' in the	case of death / bodily injury of as third party.			
Do v	24.	Third Party Risks: TPPD (IMT – 20) sh to have the statutory Third Party Property Damag	ge (TPPD) Liability of Rs.6000/- only? Yes /	No		
		onal TPPD limits, please see Additional TPPD	ge ( 2 / <u></u>			
25. Third Party Risk: Liability to 'Workmen' under W.C Act - 1923 (Compulsorily to be covered by M.V Act - 1988)						
		ity to persons employed in connection with operation vered under the Motor Vehicles Act 1988)	on of the vehicle who are 'workmen' (The liability of the	e Employer under the Workmen's Compensation Act		
1. Dr	ivers:	(No. of Persons)	2. Employees (Workmen):)	(No. of Persons)		
		Motor Vehicles Act 1988 under Sec. 147(1)(ii)(i) cov r additional coverage please refer Q. No. 26)	vers liability to employees who are workmen within the	e meaning of the Workmen's Compensation Act -		
L Β. Qι	ıestio	ns that provide additional cover as per IMT End	orsements			
	GR 39)	Additional TPPD				
			iability Limits of Rs. 7,50,000/- for commercial vehicle	es. Do you wish to cover the additional limit:Yes /No		
27. (	MT 28)	Additional Liability to Workmen				
Do y	ou wis	sh to cover Wider Legal Liability to employees who		y under the Fatal Accidents Act 1855 and the Common		
Law)		Yes No	•			
	e: The r Q No		cidents Act 1855 in respect of employees who are wo	rkmen can be covered under this endorsement)		

28. (IMT 29)	Liability to Employees who are not Workmen					
Do you wis	h to cover Wider Legal Liability to employees who are NO	T workmen? Yes No				
(Note: The	liability under common law and Fatal Accidents Act 1855	in respect of employees who are no	ot workmen can be covered			
29.	Personal Accident Cover for Owner Driver					
(a) Name o	ccident Cover for Owner Driver is compulsory in the Liabil f Nominee and Age	ity Only Cover. Please give details	of nomination:			
(b) Relation	nshipf Appointee (if nominee is a Minor)					
30. (IMT 15)	PA cover for Named Occupants					
	h to include Personal Accident Cover for Named persons	) Vaa Na				
1 *	name and Capital Sum Insured (CSI) opted for.	Yes No				
	me	CSI Opted for	Nominee	Relationship		
1						
3						
4						
	name and Capital Sum Insured (CSI) opted for.					
31. (IMT 16)	PA Cover for Unnamed Occupants					
<u> </u>	h to include Personal Accident Cover for unnamed passer	ngers/hirer/pillion passengers (two	wheelers)? Yes No			
1	number of persons and Capital Sum Insured (CSI) opted		100 110			
1 -	maximum CSI available per person is Rs, 2lakhs in the ca	-				
32. (IMT 1)	Geographical Extension					
	ktension of geographical area to the following countries re	auired?				
	(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		
(Note: Pres	sently the territory covered is geographical area of India. E	xtension of geographical area can	be availed by use of this endorse	ement		
C. Questio	estions that are elicited for information and data collection purposes					
33.	Previous History					
,	(a) Date of Purchase of the vehicle by the Proposer:  (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 and Business Purposes  Yes  No						
	ii. Carriage of Goods other than samples or pers	sonal luggage Yes	No			
	(d) Is the vehicle in good condition?  If "No" please give full details	Yes	No			
	(e) Name and address of the previous insurance compa	ny:				
	(f) Previous Policy Number :	(g) Period of In	surance from:	to		
	(h) Claims lodged during the preceding 3 years					
	Year	Number of Claims	Claim Amount (R	ds.)		
				- ,		
34.	Driver Details					
	Details of the Driver:					
	(a) Age and Date of Birth of the Owner: Age ye	ears Date D M M Y	YYY			
	(b) Age and Date of Birth of the Driver: Age ye	ears Date D D M M Y	YYY			
	(c) Does the driver suffer from defective vision or hea	ring or any physical infirmity	Yes No			
	If "Yes" please give details.					
	(d) Has the driver ever been involved/convicted for c If "Yes", please give details as under including the pe	_	Yes No			
	Driver's Name	numg procedulario.				
	Date of Accident					
	Loss/Cost Rs.					
	Circumstances of					
		De alamati de la constanti				
		Declaration by 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 "HDFC ERGO General Insurance Company Limited"

I/We also hereby 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 hereby understand, declare, consent and authorize the Company to use personal health details and financial information, as provided to the Company for underwriting the risk. I/We hereby also understand, declare, consent and authorize the Company that the Company shall have right to retain the aforementioned information and disseminate the same to its service provider(s) for providing services related to insurance.

Date D D M M Y Y Y Y Place
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- 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 published prospectuses or tables of the insurer: 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.