

HDFC ERGO General Insurance Company Limited



PROPOSAL FORM – LIABILITY ONLY POLICY - PRIVATE CAR – ANNUAL

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	1.	Proposer's (Owner's) Full Name	
	2.	Address (where the vehicle is normally kept)	_____ Pin Code: _____ Tel No.: _____ Mobile No.: _____ Fax No.: _____ E-mail address: _____
	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 specification	6.	Registration No. of the vehicle	
	7.	Date of Registration of the vehicle	
	8.	Registration Authority and Location	
	9.	Year of Manufacture	
	10.	Engine No	
	11.	Chassis No	
	12.	Make of the Vehicle	
	13.	Model	
	14.	Type of Body	
	15.	Cubic Capacity of the Vehicle	
	16.	Seating Capacity including driver	
	17.	Whether vehicle is driven by non conventional source of power / CNG / LPG / Bi Fuel? If yes, please give details.	
	18.	Whether use of vehicle is limited to own premises?	Yes /No
	19.	Whether the commercial vehicle is also used for Private 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) 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 concerned party/parties (Note: Copies of R.C. & Fitness Certificate should be submitted along with the proposal form)	Yes /No Yes /No Yes /No
	22.	Third Party Risks: Death / Bodily Injury 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 1. _____ 2. _____ 3. _____ Note: 1. Section 146 of Motor Vehicle Act 1988 makes it mandatory for the owner of the vehicle to ensure that he or any 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 as third party.	If "Yes", give details of such persons: _____ _____ _____

23.	Third Party Risks: TPPD (IMT – 20) 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]
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24.	Third Party Risk : Liability to 'Workmen' under W.C Act - 1923 (Compulsorily to be covered by M.V Act - 1988) 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 Q. No. 26)
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B. Questions that provide additional cover as per IMT Endorsements

25. (GR 39)	Additional TPPD The policy provides additional Third Party Property Damage Liability Limits of ₹7,50,000/- for commercial vehicles. Do you wish to cover the additional limit: [Refer to Q.No. 23] Yes /No
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26. (IMT 28)	Additional Liability to Workmen 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 Workmen's Compensation Act 1923, also liability under the Fatal Accidents Act 1855 and the Common Law) <input type="checkbox"/> Yes <input type="checkbox"/> No (Note: The additional liability under common law and Fatal Accidents Act 1855 in respect of employees who are workmen can be covered under this endorsement) Refer Q. No. 24
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27. (MT 29)	Liability to Employees who are not Workmen
Do you wish to cover Wider Legal Liability to employees who are NOT workmen? <input type="checkbox"/> Yes <input type="checkbox"/> No	
(Note: The liability under common law and Fatal Accidents Act 1855 in respect of employees who are not workmen can be covered)	

28.	Personal Accident Cover for Owner Driver
Personal Accident Cover for Owner Driver is compulsory in the Liability Only Cover. Please give details of nomination:	
(a) Name of Nominee and Age _____	
(b) Relationship _____	
(c) Name of 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.15,00,000/- for all classes of Motor Vehicle. Compulsory Personal Accident (PA) Cover for owner-driver (PA Cover for Owner –Driver is compulsory for individual vehicle owners)	
I hereby declare that the Owner Driver does not require Compulsory Personal Accident Cover as	
<input type="checkbox"/> Owner Driver has a separate existing Personal Accident cover against Death and Permanent Disability (Total and Partial) for Sum Insured of at least 15lacs.	
<input type="checkbox"/> Owner Driver has a separate Standalone Compulsory Personal Accident policy for Sum Insured of Rs 15 lacs	
<input type="checkbox"/> The Vehicle to be insured is not owned by an individual.	
<input type="checkbox"/> The Owner Driver does not have an effective driving license.	
(Note: Where the owner driver owns more than one vehicle, Compulsory Personal Accident cover can be granted for any one vehicle as opted by him/her.) Personal Accident cover for owner driver is compulsory for Sum Insured of 15 lakhs for Private Car. Compulsory Personal Accident Cover for Owner Drivers cannot be granted where the Vehicle is owned by a company, a partnership firm or a similar body corporate.	

29. (MT 15)	PA cover for Named Occupants																														
Do you wish to include Personal Accident Cover for Named persons? <input type="checkbox"/> Yes <input type="checkbox"/> No																															
If yes, give name and Capital Sum Insured (CSI) opted for.																															
	<table border="1"> <thead> <tr> <th></th> <th>Name</th> <th>CSI Opted for</th> <th>Nominee</th> <th>Relationship</th> </tr> </thead> <tbody> <tr> <td>1</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>2</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>3</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>4</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>5</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		Name	CSI Opted for	Nominee	Relationship	1					2					3					4					5				
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(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)																															

30. (MT 16)	PA Cover for Unnamed Occupants
Do you wish to include Personal Accident Cover for unnamed passengers/hirer/pillion passengers (two wheelers)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, give number of persons and Capital Sum Insured (CSI) opted for. Number of persons _____ CSI opted (₹) _____	
(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)	

31. (MT 1)	Geographical Extension
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 can be availed by use of this endorsement)	

32.	Additional Add-on cover
Do you wish to avail below add-on covers?	
1. Emergency Assistance	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Additional Personal Accident Cover	<input type="checkbox"/> Yes <input type="checkbox"/> No

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

33.	Previous History												
(a) Date of Purchase of the vehicle by the Proposer: <input type="text"/>													
(b) Whether the vehicle was New or Second Hand at the time of Purchase: <input type="checkbox"/> New/ <input type="checkbox"/> Second Hand													
(c) Will the vehicle be used exclusively for													
i. Private, Social, Domestic, Pleasure and Business Purposes <input type="checkbox"/> Yes <input type="checkbox"/> No	ii. Carriage of Goods other than samples or personal luggage <input type="checkbox"/> Yes <input type="checkbox"/> No												
(d) Is the vehicle in good condition? <input type="checkbox"/> Yes <input type="checkbox"/> No													
If "No" please give full details _____													
(e) Name and address of the previous insurance company: _____													
(f) Previous Policy Number : _____	(g) Period of Insurance from: _____ to _____												
(h) Claims lodged during the preceding 3 years													
	<table border="1"> <thead> <tr> <th>Year</th> <th>Number of Claims</th> <th>Claim Amount (₹)</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Year	Number of Claims	Claim Amount (₹)									
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