



STANDARD PROPOSAL FORM FOR "LIABILITY ONLY" POLICY

(For Private Car/Two Wheelers)

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:

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 Code: <input type="text"/>				
			Telephone No:	Fax:			
			Mobile No.:	Mail Id:			
	3	Occupation / Business					
4	Type of Cover	Liability Only Policy					
5	Period of Insurance	From	Hrs.	DATE	MONTH	YEAR	
		To	Hrs.	DATE	YEAR	YEAR	

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	

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(A Wholly Owned Subsidiary Of WGC)

	10	Engine Number			
	11	Chassis 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 vehicle is driven by non-conventional source of power /CNG/LPG/Bi-Fuel? If 'YES', please give details.			
	18	Whether the use of vehicle is limited to own premises?	YES	NO.	
	19	Whether the vehicle is used for commercial purpose?	YES	NO.	
	20	Whether the vehicle is used for driving tuitions? (GR-44)	YES	NO.	
	21	Details of Hire Purchase / Hypothecation / Lease	(IMT-5)/(IMT-7)/(IMT-6)		
		a) Is the vehicle proposed for insurance is:			
i) Under Hire Purchase?		YES	NO		
ii) Under Lease Agreement?		YES	NO		
iii) Under Hypothecation?		YES	NO		
b) If 'YES', give name and address of concerned party/parties:					
Note: (Copies of R.C and fitness certificate should be submitted along with the proposal form)					
Immortality	Risks: Death / Bodily	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			

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		1	
		2	
		3	

		<p>[Note:</p> <p>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)</p> <p>2. As per Section 147 (2) (a). The liability is 'as incurred 'in the case of death / bodily injury of a third party]</p>	
party Risks: TPPD (IMT-20)	23	<p>Do you wish to have the statutory Third-Party Property Damage (TPPD) liability of Rs. 6000/- only?</p> <p>[For additional TPPD limits, please see Q.No. 25]</p>	<p>YES</p> <p>NO</p>
	24	<p>Legal liability to persons employed in connection with operation of the vehicle, who are 'workmen'. [The liability of the Employer under the Employees 'Compensation Act-1923 is covered under the Motor Vehicles Act-1988.]</p> <p>1) Drivers (No. of persons: _____)</p> <p>2) Employees (Workmen) (No. of persons: _____)</p>	
Third Party Risks: Liability to Employee under E.C. Act-1923(Compulsorily to be covered by (M.V ACT 1988)		<p>(Note: The Motor Vehicles Act-1988 under Sec. 147 (1) (ii) (i) covers liability to employees who are Employees within the meaning of the Employees 'Compensation Act-1923.]</p> <p>[For additional coverage, please refer to Q.No. 26]</p>	

B. Questions that provide additional covers as per IMT Endorsements

Addl. TPPD	25	<p>The Policy provides additional Third Party Property Damage liability limit for Two-wheeler Rs. 1,00,000 and for other class of vehicle Rs. 7,50,000/-. Do you wish to cover the additional limit?</p> <p>[Refer to Q.No. 23]</p>	<p>YES</p> <p>NO</p>
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Additional Liability to Employee	26	Do you wish to cover wider legal liability to employees who are 'workmen'?	YES	NO										
	(IMT-28)	This information is sought to cover in addition to liability under the Employees' 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 employees is covered under this endorsement [Refer to Q.No. 24]												
Liability to Employees who are not Employee'	27	Do you wish to cover wider legal liability to employees who are NOT 'Employees'?	YES	NO										
	(IMT-29)	(Note: The liability under Common Law and Fatal Accidents Act-1855 in respect of employees who are not Employees can be covered under this endorsement).												
Personal Accident Cover of Owner Driver	28	<p>Personal Accident Cover for Owner Driver is compulsory in the Liability Only Cover. Please give details of nomination:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">(a) Name of the Nominee & Age</td> <td></td> </tr> <tr> <td>(b) Relationship</td> <td></td> </tr> <tr> <td>(c) Name of the Appointee</td> <td></td> </tr> <tr> <td>(If Nominee is a Minor)</td> <td></td> </tr> <tr> <td>(d) Relationship to the Nominee:</td> <td></td> </tr> </table> <p>(Note: 1. Personal Accident cover for Owner Driver is compulsory for Sum Insured of Rs. 1,00,000/- for Two Wheelers and Rs2,00,000/- 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)</p>			(a) Name of the Nominee & Age		(b) Relationship		(c) Name of the Appointee		(If Nominee is a Minor)		(d) Relationship to the Nominee:	
(a) Name of the Nominee & Age														
(b) Relationship														
(c) Name of the Appointee														
(If Nominee is a Minor)														
(d) Relationship to the Nominee:														

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PA Cover for Named Occupants	29	Do you wish to include Personal Accident cover for named persons? If YES, give name and Capital Sum Insured (CSI) opted for:				YES	NO.		
	(IMT-15)	Sr no	Name	CSI (Opted) (Rs.)		Nominee	Relationship		
		1							
		2							
		3							
		4							
		5							
		Note: (The maximum CSI available per person is Rs. 2 Lacs in case of Private Cars and Rs. 1 Lakh in case of Motorized Two Wheelers)							
PA Cover for Un-Named Occupants	30	Do you wish to include Personal Accident cover for Un-Named Passengers/hirer/pillion passengers (Two Wheelers)?							
	(IMT-16)	If YES, give number of persons and Capital Sum Insured (CSI) Opted							
		No. of Persons: _____							
		(Note: The maximum CSI available per person is Rs. 2 Lakhs in case of Commercial Vehicles)							
Geographical Extension	31	Whether extension of geographical area to the following countries required?							
	(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.
		(Note: Presently the territory covered is geographical area of India. Extension of geographical area cover can be availed by use of this endorsement)							

DHFL General Insurance Limited

Registered & Corporate Office: 2nd Floor, DHFL House, 19, Sahar Road, Off Western Express Highway, Ville Parle (East), Mumbai - 400 099
 Phone: 022 - 71155900 "Liability Only" Policy - Proposal Form IRDAI Reg No.: 155 CIN: U66000MH2016PLC283275
 Web: www.dhflinsurance.com PRODUCT UIN: Private Car IRDAN155RP0001VO1201718 Two Wheeler IRDAN155RP0002VO1201718
 Email: mycare@dhflinsurance.com



C. Questions that are elicited for information and data collection purposes											
	32	Previous History:									
		a. Date of purchase of the vehicle by the Proposer:				DD	MM	YR			
		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 in good condition?				YES		NO.			
		If NO, please give 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									
		YEAR		NO. OF CLAIMS			CLAIM AMOUNT (Rs.)				
	33	Details of Driver:									
		a.	Age and Date of Birth of the Owner			Age [In Years]		Date of Birth			
								DD	MM	YEAR	
b.	Age and Date of Birth of the Owner			Age [In Years]		Date of Birth					
						DD	MM	YEAR			

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

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