

**NAVI COMMERCIAL VEHICLE LIABILITY ONLY INSURANCE**

**PROPOSAL FORM**

**(FOR PRIVATE CAR/ TWO-WHEELERS/ COMMERCIAL VEHICLES)**

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:**

<b>Personal Details</b>	<b>1</b>	Proposer's (Owner's) Full Name (In capital letters)					
	<b>2</b>	Address (where the vehicle is normally kept)  (In capital letters, with pin code)					
			Pin Code:				
			Telephone No:	Fax:			
			Mobile No.:	Mail Id:			
	<b>3</b>	Occupation / Business					
	<b>4</b>	Type of Cover	<b>Liability Only Policy</b>				
	<b>5</b>	Period of Insurance	From	Hrs.	DATE	MONTH	YEAR
			To	Hrs.	DATE	YEAR	YEAR

**A (II). Vehicle Details**

<b>Vehicle Specifications</b>	<b>6</b>	Registration Number of the Vehicle	
	<b>7</b>	Date of Registrations of the Vehicle	
	<b>8</b>	Registering Authority & Location	
	<b>9</b>	Year of Manufacture	

	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	<b>(IMT-5)/(IMT-7)/(IMT-6)</b>	
		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:		
	<b>Note: (Copies of R.C and fitness certificate should be submitted along with the proposal form)</b>			
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			

		<p><b>[Note:</b></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>		
Third party Risks: TPPD (IMT-20)	23	Do you wish to have the statutory Third-Party Property Damage (TPPD) liability of Rs. 6000/- only?  <b>[For additional TPPD limits, please see Q.No. 25]</b>	YES	NO
Third Party Risks: Liability to Employee under E.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 Employees 'Compensation Act-1923 is covered under the Motor Vehicles Act-1988.)		
		1) Drivers (No. of persons:_____)		
	2) Employees (Workmen) (No. of persons:_____)			
		<p><b>(Note:</b> 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>B. Questions that provide additional covers as per IMT Endorsements</b>				
Addl. TPPD	25	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?  [Refer to Q.No. 23]	YES	NO
	GR 39			
Additional Liability to Employee	26	Do you wish to cover wider legal liability to employees who are 'workmen'?	YES	NO

	(IMT-28)	<p>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]</p> <p>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]</p>		
Liability to Employees who are not 'Employee'	27	<p>Do you wish to cover wider legal liability to employees who are NOT 'Employees'?</p> <p>(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).</p>	YES	NO
	(IMT-29)			
Personal Accident Cover of Owner Driver	28	<p><b>Personal Accident Cover for Owner Driver is compulsory in the Liability Only Cover. Please give details of nomination:</b></p>		
		(a) Name of the Nominee & Age		
		(b) Relationship		
		(c) Name of the Appointee		
		(If Nominee is a Minor)		
		(d) Relationship to the Nominee:		
<p>(Note:</p> <p>1. Personal Accident cover for Owner Driver is compulsory for Sum Insured of Rs. 15,00,000/- for Commercial Vehicles.</p> <p>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> <p>Do you already have a 24-hour Personal Accident cover against Death and Permanent Disability (Total and Partial) for Capital Sum Insured of at least Rs.15 lacs? <b>Yes/No, if yes, Sum Insured:</b>_____</p>				

<b>PA Cover for Named Occupants</b>	<b>29</b>	Do you wish to include Personal Accident cover for named persons? If YES, give name and Capital Sum Insured (CSI) opted for:			<b>YES</b>	<b>NO.</b>			
	<b>(IMT -15)</b>	<b>Sr no</b>	<b>Name</b>	<b>CSI (Opted) (Rs.)</b>	<b>Nominee</b>	<b>Relationship</b>			
		<b>1</b>							
		<b>2</b>							
		<b>3</b>							
		<b>4</b>							
<b>5</b>									
		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)							
<b>PA Cover for Un-Named Occupants</b>	<b>30</b>	Do you wish to include Personal Accident cover for Un-Named Passengers/hirer/pillion passengers (Two Wheelers)?							
	<b>(IMT -16)</b>	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)							
<b>Geographical Extension</b>	<b>31</b>	Whether extension of geographical area to the following countries required?							
	<b>(IMT -1)</b>	<b>1</b>	Bangladesh	YES	NO.	<b>2</b>	Bhutan	YES	NO.
		<b>3</b>	Maldives	YES	NO.	<b>4</b>	Nepal	YES	NO.
		<b>5</b>	Pakistan	YES	NO.	<b>6</b>	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)							

C. Questions that are elicited for information and data collection purposes											
	32	<b>Previous History:</b>									
		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	<b>Details of Driver:</b>									
		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		
		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 of loss? If 'YES', give details as under including the pending prosecutions:	YES	NO	
			Driver's Name:			
			Date of Accident			
			Loss/ Cost: [Rs.]			
			Circumstances of Accident:			

<b>Declaration by the Insured</b>	
<p>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 NAVI GENERAL INSURANCE.</p> <p>I/We also declare that 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.</p> <p style="text-align: right;">_____</p>	
Place:	
Date:	<b>Signature of the Proposer/s.</b>

<b>PROHIBITION OF REBATES (Insurance Act-1938, Section 41)</b>
<p>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 or 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 in the policy, nor shall any person taking out of renewing or continuing a policy accept any rebate except such rebate as may be allowed in accordance with the prospectus or table of the Insurer.</p> <p>Any person making default in complying with the provisions of this section shall be punishable with fine which may extend to ten lac rupees.</p>

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