

**PROPOSAL FORM****Carrier's Legal Liability**

1. Please answer all questions in BLOCK letters.
2. The Liability of the Company does not commence until this Proposal has been accepted by the Company and premium has been paid.
3. This Proposal will be the basis of any subsequent policy that the Company issues to you. It is there for essential that you provide all the information in this Proposal FULLY AND ACCURATELY and that you provide the Company with any and all additional information relevant to risk to be insured or its decision as to acceptance of the risk or the terms upon which it should be accepted.

**Proposal Details****BRIEF PARTICULARS OF COVER**

**The Policy indemnifies the Insured against his legal liability for actual physical loss of or damage to goods or merchandise directly by fire or accident to the vehicle subject to the terms, provisions, exclusions, exceptions and conditions therein or endorsed thereon.**

NOTE - A separate form should be completed for each vehicle or a statement giving the following particulars should be attached to this form.

A	Base Cover	
1	Name of carrier	
2	Address of Principal Office	
3	(a) Whether the carrier is an individual, partnership, private limited or public limited Company.  (b) Date of Registration	
4	Particulars of vehicle & Area of Operation:  (a) Whether owned or on hire purchase (b) Registration No. (c) Make & Year built (d) Licensed Carrying Capacity (e) Type of body of the vehicle, i.e. whether open, side-walled, closed body, tanker or special products carrier. (f) Is there a trailer attached? If so, its nature & type of body.	

	<p>(g) Area of operation of the vehicle (Geographical)</p> <p>(h) Whether the carrier has a fixed schedule for servicing &amp; maintenance of the vehicles, if so, give details.</p> <p>(i) Whether a detailed log book is maintained for the vehicle?</p>	
5.	<p>Particulars of Motor Insurance Policy:</p> <p>(i) Name of Insurer</p> <p>(ii) Policy No.</p> <p>(iii) Period</p> <p>(iv) Scope of Cover</p> <p>(v) No Claim bonus for current year</p>	
6.	<p>Certified copies of forwarding notes, way bills, consignment notes or other documents relating to any contract of carriage.</p>	
7.	<p>(a) Practice followed for granting open delivery or damage or shortage certificate.</p> <p>(b) Whether goods are weighed before booking in all cases?</p> <p>(c) Whether adequacy of packing is checked in all cases and where deficient is the fact recorded in the consignment note?</p>	
8.	<p>Was any insurance of carriers legal liability effected during the previous three years? If so, please give the names of insurers, scope of cover, period of cover, rate of premium and claims record.</p>	
9.	<p>Has any insurer, in connection with any of the risks proposed for insurance, ever.</p> <p>(a) declined your proposal?</p>	

**Bajaj General Insurance Limited**

(Formerly known as Bajaj Allianz General Insurance Co. Ltd.)  
 Bajaj Insurance House, Airport Road, Yerawada, Pune - 411006. IRDAI Reg No.: 113.  
 CIN: U66010PN2000PLC015329 | UIN: IRDAN113RP0005V01202627  
 Email: careforyou@bajajgeneral.com | Website: www.bajajgeneralinsurance.com  
 Sales - 1800 209 0144 / Service - 1800 209 5858 (Toll Free No.)



	(b) refused to renew or cancelled your policy?  (c) required any increased premium or additional or reinstatement premium or imposed special conditions?	
10.	Specify the nature of cargo normally carried.	
11.	(a) Limits of liability required to be covered per accident.  (b) Limits of Liability for all Accidents in a year	
12.	What amount out of each claim is the carrier willing to bear uninsured (Deductible)	
B	Optional Cover	
1	Do you Want to Opt for <b>Riot and Strike Endorsement</b>	Yes/No
2	Do you Want to Opt for <b>Loss of Freight Cover</b>	Yes/No
2.a	If B(2) is yes, then specify below Limits	
i.	Any One Accident (AOA)	INR _____ for Loss of Freight
ii.	Any One Year (AOY)	INR _____ for Loss of Freight

### AML Guidelines

I/We hereby confirm that all the premiums have been/will be paid from bona fide sources and no premiums have been/will be paid out of proceeds of crime related to any of the offence listed in PMLA Act, 2002. I understand that the company has the right to ask the sources of the funds from where the premium has been paid. The insurance company has the right to cancel the insurance contract in case I am found guilty by any competent court/tribunal under any statues, directly or indirectly governing the Prevention of Money Laundering in India.

Nationality: India/Non-India/OCI Cardholder/NRI

If Non-India, please specify the country: \_\_\_\_\_

Type of Organization: Individual/Government/Corporate/Cooperative Society/ Trust/Section 8 Companies/Partnership Firm

<b>PAYMENT DETAILS</b>
Cheque Number/UTR Number/DD Number/Others(specify):
Bank Name:
Bank Account Number:
Amount:
Branch Name:
Branch Address:

**Declaration**

1. I/We, the undersigned hereby declare and warrant that the above statements are true, accurate and complete. I/We desire to have an insurance policy as described herein with the Company and I/We agree that this proposal and declarations hereto shall be the basis of contract between me/us and the Company and I/We agree to accept a Policy subject to the conditions prescribed by the Company.
2. I/We agree that the Policy shall become null and void, in the event of any untrue or incorrect statement, misrepresentation, non-description or non-disclosure in any material particular in the proposal form/personal statement, declaration and connected documents, or any material information has been withheld by me/us or anyone acting on my/our behalf to obtain any benefit under this Policy.
3. I/We agree that the issuance of Policy shall be subject to realisation of premium cheque.
4. I/We hereby give voluntary consent to BGIL/Company to share my/our personal information and data provided in this proposal form with its group companies or any other person in connection with the Insurance Policy or otherwise, including for providing products and services of group companies that may be of interest to me/us, to be used in accordance with their respective privacy policies and subject to appropriate measures being in place to safeguard my/our personal information.

Signed in ..... this.....day of.....20.....

Name:

Address of Proposer:

(Signature of the Proposer)

*Insurance is subject matter of solicitation*

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### STATUTORY WARNING

#### PROHIBITION OF REBATES

(Under Section 41 of Insurance Act 1938)

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.
2. Any person making default in complying with the provisions of this section shall be punishable with fine, which may extend to ten lakhs rupees.