

# Bajaj Allianz General Insurance Company Limited

Corporate Identity Number : U66010PN2000PLC015329 IRDA Registration No. 113  
 Regd. & Head Office : Bajaj Allianz House, 1st Floor Airport Road, Yerawada,  
 Pune - 411 006. UIN : IRDAN : 113RP0027V01200102

IMD Code	
Sub IMD Code	
IMD Name & Contract No.	
LG / Emp Code	

Proposer's PAN No.

Bajaj Allianz Employee code, if Proposer is an Employee

## PROPOSAL FORM FOR COMMERCIAL VEHICLE PACKAGE POLICY

- Please answer all questions in BLOCK letters
- The Liability of the Company does not commence until this Proposal has been accepted by the Company and premium has been paid.
- This Proposal will be the basis of any subsequent policy that the Company will issue to you. It is therefore 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 the Company's decision as to acceptance of the risk or the terms upon which it should be accepted.

### Proposer Details

1) Full Name: Title  First Name   
 Middle Name  Surname

Is your name mentioned above as per your Aadhaar Card? :  YES  No If No, Please mention the Name as per Aadhaar Card

2) Are you an existing Bajaj Allianz Customer: Yes / No If yes, please mention the Policy No: OG

3) Gender: Male  Female  Other

4) Date of Birth :

5) PAN No.

6) Aadhar ID :

### Bank Details

Name as pr Bank

Name Of Bank

Bank Account No.  IFSC Code

IFSC Code

\*I accept to pay & receive claim amount (if any) in the above given Bank a/c

### Electronic-Insurance Account:

Please provide e-IA No. to deposit your insurance policy. :

Do you want to open e-IA account: Yes/No

### Existing Customer

Are you an existing customer of BAGIC? Yes No

If Yes. Please provide PID No:  / Policy No.

I hereby confirm that, there is no change in my existing KYC details that are available from my previous/existing policy.

7) Bajaj Allianz Employee Code, if Proposer is BAGIC/BALIC Employee:

8) Marital Status:  Married  Single 9) No. of Children Sons  Daughters

10) Occupation :  Business  Salaried  Professional  Student  House Wife  Retired  Others

11a) Permanent / Residential Address :

House No & Name

Landmark/Locality

Road/Area Name

City  State  Pin Code

11b) Correspondence Address : (All the communications will be sent to the below address)

House No & Name

Landmark/Locality

Road/Area Name

City  State  Pin Code

Telephone (Res.)  Telephone (Office)

Mobile Number  E-Mail @

12) Educational Qualification:  Matriculate  Under Graduate  Graduate  Post Graduate  Professionally Qualified

13) Family Monthly Income:  Up to Rs. 20,000  Rs. 20,001 to Rs. 50,000  Rs. 50,001 to Rs. 1 lakh  Above Rs. 1 lakh

14) In case of any Offer, you would prefer to be contacted by:  Phone  Email

15) Are you a member of any Passenger/Goods Carrying Vehicle Association? Yes  No

If Yes, please give the name of the Association \_\_\_\_\_

**Vehicle Details**

1) Period of Insurance: From:  To

2) Renewal of the Policy will not be allowed without availability of a valid PUC Certificate\* of the Vehicle (\*Not Applicable till One Year from the date of first registration of the Vehicle)  
Do you have valid PUC Certificate? Yes  No

2) Renewal of the Policy will not be allowed without availability of a valid Fitness Certificate\* of the Vehicle (\*Not Applicable till One Year from the date of first registration of the Vehicle)  
Do you have valid PUC Certificate? Yes  No

4) Type of Vehicle:  Goods Carrying  Passenger Carrying  Miscellaneous and Special Type of Vehicle

5) Usage of Vehicle:  Private Carrier  Public Carrier  Stage / Contract Carriage  Bus  Taxi  Maxi Cab

6) Type of Permit  Local  National  State  Any Other \_\_\_\_\_

7) Nature of Goods normally carried  Hazardous  Non-Hazardous

8) Type of Load Body  High/half deck  Chemical/Petrol/Diesel Tanker  Transit Mixture  Articulated Trailer  Any other \_\_\_\_\_

9) Vehicle Registration No  Date Registration

10) Registration Authority  Year of Manufacture

11) Whether the vehicle was New or Second Hand at the time of purchase \_\_\_\_\_

12) Date of purchase of the vehicle by you

13) Vehicle Engine No.

14) Vehicle Chassis No

15) Vehicle Make:  Vehicle Model

16) Subtype

17) Cubic Capacity  Maximum Licensed Carrying Capacity as per RC Book : Driver 1) +

18) Gross Vehicle Weight (GVW)

19) Fuel Used:  Petrol  Diesel  LPG  CNG  Electric  Any Other \_\_\_\_\_

20) No of Trailers:

21) Trailer Registration No.

22) Trailer Chassis No.

23) Whether any modifications / Conversions have been done on the maker's standard specifications: Yes  No

If Yes, please give details \_\_\_\_\_

24) Hypthecation Details: Name of Financial Institution Bank

Loan Account Number

**Previous Insurance Details**

1) Name and address of the previous insurer:

2) Previous Policy No. :  Policy Expiry Date :

3) Claims taken in previous policy: Yes /No  If Yes No. of Claims  Claim Amount

4) NCB earned on previous policy\* (If applicable) % (Please attach a copy of renewal notice from the previous insurer)



		Sum Insured per person	
IMT 47 (overturning) - 0.5% of IDV Minimum of 100/- Yes <input type="checkbox"/> No <input type="checkbox"/>		PA to Unnamed Hirer/Pillion Passengers (Two Wheeler) for person	
IMT 23 Cover : Yes <input type="checkbox"/> No <input type="checkbox"/>		Sum Insured per person	
(-) NCB @ _____ %		Legal Liability to Paid Driver/Cleaners / Conductors for persons	
(-) Commercial Discount @ _____ %		Legal Liability to NFPP for persons	
(-) Driving in own premises		Legal Liability to other employees employees	
TOTAL		Attached Side Car (Two-Wheelers) / Trailer (others)	
Net Premium (Own Damage + Liability)		TOTAL	
GST @ _____ %			
Gross Premium			

\* For Personal Accident Cover, maximum CSI available per person is Rs. 1 Lakh for motorized two-wheelers & Rs. 2 Lakh for other than two-wheelers)

**Payment Details**

Payment Details  
 Mode of Payment :  Cheque  DD  Cash  Other  
 Cheque - Given by :  Spouse  Father  Mother  Son/Daughter  Employer / Employee  Financier

**Declaration**

I/We, the undersigned hereby declare and warrant that the insurance contract and policy to be issued by Bajaj Allianz General Insurance Company Ltd [Company] is subject to the declarations, warranties, statements and particulars given in this proposal form. I/We declare that to the best of my personal knowledge and belief that the vehicle is in sound and roadworthy condition. I/We undertake that the vehicle to be insured shall not be driven by any person who to my/our knowledge has been refused insurance or continuance thereof. The statements and particulars given in this Proposal form are complete, true and accurate to the best of my/our personal knowledge and belief. I/we have clearly understood the terms and conditions [T & C] to the insurance contract and agree that the statements and particulars given in this proposal form shall be held to be promissory and shall be the basis of the insurance contract between me/us and the Company and the Company shall have no liability under the insurance contract if it is found that any of my/our statements or particulars or declarations in this proposal form or other documents are incorrect and or untrue or suppressed any information or provided misleading or false information in any respect on any matter to the grant of a cover. I/we will accept the usual T & C and form of the policy prescribed and issued by Company.

I/We hereby agree and undertake that I/we are agreeable to receive one page policy document without enclosing the T & C of policy and I hereby authorise company that all T & C of policy can be displayed in the website of company that enables access by me/us if I/we want to know the terms and conditions of policy displayed on website. The salient features of the policy, terms and conditions of this proposal have been explained to me/us in vernacular language, and I/we agree to the same.

“(Please tick in case same is agreed by you)”

I / We have read and understood the Privacy Policy of your Company at www.bajajallianz.com and I hereby unconditionally agree and bind myself to all terms and conditions of your Private Policy, as amended, from time to time.

**ADDITIONAL DECLARATION TO BE GIVEN BY PROPOSER SEEKING REFUND/CLAIM AMOUNT :**

I hereby agree to receive all monies due from insurance company by way of refund of premium, claims etc into my bank account as specified in the instrument tendered towards insurance premium and such electronic transfer will constitute full and final discharge of the aforesaid obligation.

**ADDITIONAL DECLARATION TO BE GIVEN PROPOSER SEEKING NO CLAIM BONUS :**

I/We declare that the rate of NCB claimed by me/us is correct and that no claim has arisen in the expiring policy period. I/We further undertake that if this declaration is found to be incorrect, all benefits under the policy will stand forfeited with no refund of premium.

Place :

Signature of Agent/SP of Corp Agent  Signature of Proposer

Date :  Name and Designation (In case of Corporate)

**ADDITIONAL DECLARATION TO BE GIVEN PROPOSER SEEKING REFUND / CLAIM AMOUNT**

I hereby agree to receive all monies due from insurance company by way of refund of premium, claims etc. into my bank account as specified in the instrument tendered towards insurance premium and such electronic transfer will constitute full and final discharge of the aforesaid obligation.

Place :  Signature of Proposer

Date :  Name and Designation (In case of Corporate)



**Claim Docs**

I/we hereby confirm that I/we have provided all relevant and supporting documents sought by the company, required for the issuance of the policy. Any document(s) as may be required, for claims processing, shall be submitted by me on demand by the company.

**Agent/ Intermediary Declaration :**

I, \_\_\_\_\_, acting in my capacity as an Insurance Advisor/Specified Person of the Corporate Agent/Authorized Employee of the Broker/Relationship Officer, hereby declare that I have explained all the contents of this Proposal Form, including the nature of the questions contained herein, to the Proposer in their vernacular language, if required. This includes all statements, information, and responses submitted by the Proposer in this Proposal Form to the questions contained herein or any details sought herein. These details will form the basis of the Contract of Insurance between the Company and the Proposer if this Proposal is accepted by the Company for the issuance of the Policy.

I have further clarified that if any untrue statement(s), information, or response(s) is/are contained in this Proposal Form, including any addendum(s), affidavits, statements, or submissions furnished or to be furnished, the Company shall have the right to vary the benefits payable. Moreover, if there has been a non-disclosure of any material fact, the policy issued to the Proposer pursuant to this Proposal may be treated by the Company as null and void, and all premiums paid under the Policy may be forfeited to the Company.

IRDAI COR No./ License No.(Advisor/Corporate Agent/Broker/Relationship Officer)

Signature of Agent: \_\_\_\_\_ Date: \_\_\_\_\_ Place: \_\_\_\_\_

**Agent / IMD ( SP /DP / BQP) signature and their code**

Agent/IMD Name \_\_\_\_\_ Agent/IMD Code \_\_\_\_\_ Agent/IMD Signature \_\_\_\_\_

SP / BQP / DP / PoS Name \_\_\_\_\_ SP / BQP / DP / PoS CoR No.: \_\_\_\_\_ SP / BQP / DP / PoS Signature \_\_\_\_\_

**DISCLAIMER:**

This message, including any attachments may contain proprietary, confidential and privileged information of our company [BAGIC] for the sole use of the intended recipient(s), and is Strictly Confidential protected by law. If you are not the intended recipient, please notify the sender immediately and destroy all copies of the original message and attachments, if any, from all your computer/mobile/network systems/servers/CPU. Any unauthorized person and or unauthorized purposes of review, use, disclosure, dissemination, forwarding, printing or copying of this email or any action taken in reliance on this e-mail is strictly prohibited and may be unlawful. Bajaj Allianz General Insurance Company Limited reserves the right to record, monitor and inspect all email communications through its internal and external networks. Your messages can be subject to such lawful supervision as Bajaj Allianz General Insurance Company Limited deems necessary in order to protect its information, interests, documents, records, and reputation. Bajaj Allianz General Insurance Company Limited prohibits and may take suitable steps to prevent their information systems from being used to view, store or forward offensive or discriminatory or prohibited/unlawful material/records/documents. If this message contains such material, please report it to bagichelp@bajajallianz.co.in. Please ensure you have adequate virus protection before you open or detach any documents from this transmission. Bajaj Allianz General Insurance Company Limited does not accept any liability for viruses To report any incident of corruption please write on bagichelp@bajajallianz.co.in If you like our services, like us on Facebook - <https://www.facebook.com/BajajAllianz>