

13. Make of the Vehicle _____
14. Model _____
15. Type of Body _____
16. Cubic Capacity of the Vehicle _____
17. Seating Capacity including driver _____
18. Whether the vehicle is driven by non-conventional source of power/ CNG/ LPG/ Bi-Fuel ? Yes No
If 'Yes', please give details _____

19. Whether the use of vehicle is limited to own premises ? Yes No
20. Whether the vehicle is used for commercial purpose ? Yes No
21. Whether the vehicle is used for driving tuitions ? (GR-44) Yes No
22. Details of Hire Purchase / Hypothecation / Lease (IMT-5)
- a) Is the vehicle proposed for insurance :
- (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:

A(III). Liability Section: Coverage

Third Party Risks: Death/ Bodily Injury

23. 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. _____

Note: 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.

2. As per Section 147 (2)(a) The liability is 'as incurred' in the case of death/ bodily injury of a third party.

Third Party Risks: TPPD (IMT-20)

24. 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)

Third Party Risks: Liability to "Workmen" under W.C. Act-1923 (Compulsorily to be covered by M.V. Act-1988)

25. 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) Driver (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 to Q. No. 26)

B. Questions that provide additional covers as per IMT Endorsements

Addl. TPPD

26. The Policy provides additional Third Party Property Damage liability limits of Rs. 1, 00,000/- for Two Wheelers and Rs. 7,50,000/- for other classes of vehicles. (GR-39) Do you wish to cover the additional limit? Yes No
(Refer to Q. No. 23)

Additional Liability to Workmen

27. Do you wish to cover wider legal liability to employees who are 'workmen'? (IMT - 28) Yes No
(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)
(Note: The additional liability under Common Law and Fatal Accidents Act in respect of employees who are workmen is covered under this endorsement).
(Refer to Q. No. 24)

Liability to Employees who are not Workmen

28. Do you wish to cover wider legal liability to employees who are NOT 'workmen'? (IMT-29) Yes No
 (Note: The liability under Common Law and Fatal Accidents Act-1855 in respect of employees who are not workmen can be covered under this endorsement)

Personal Accident Cover for Owner Driver

29. Personal Accident Cover for Owner Driver is compulsory in the Liability Only Cover. Please give details for nomination:
- (a) Name of the Nominee & Age: _____
- (b) Relationship: _____
- (c) Name of the 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. 1,00,000/- for Two Wheelers and Rs. 2,00,000/- for Private Cars.
 2. Compulsory PA cover to 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)

PA Cover for Named Occupants

30. Do you wish to include Personal Accident cover for named persons? (IMT-15) Yes No
 If YES, give name and Capital Sum Insured (CSI) opted for:

Name	CSI Opted (Rs.)	Nominee	Relationship
1)			
2)			
3)_			

(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)

PA Cover for Un-Named occupants

31. Do you wish to include Personal Accident cover for Un-named Passengers/hirer/pillion passengers (Two Wheelers)? (IMT-16) Yes No
 If YES, give the number of persons and Capital Sum Insured (CSI) Opted:
 No. of Persons : _____ CSI (Per Person): _____

(Note: The maximum CSI available per person is Rs. 2 Lakhs in case of Private Cars and Rs. 1 lakh in case of Motorized Two Wheelers)

Geographical Extension

32. Whether extension of geographical area to the following countries is 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)

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

Previous History

33. Previous History
- a. Date of purchase of the vehicle by the Proposer: _____ / _____ / _____
- 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: _____ previous policy number: _____

h. Claims lodged during the preceding 3 years:

YEAR	NO. OF CLAIMS	CLAIM AMOUNT (Rs.)
_____	_____	_____
_____	_____	_____
_____	_____	_____

Driver Details

34. Details of the Driver

a. Age & Date of Birth of the Owner: Age: _____ Yrs DOB: ____/____/____

b. Age & Date of Birth of the Driver: Age: _____ Yrs DOB: ____/____/____

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? Yes No

If YES, give details as under including the pending prosecutions:

- Driver's Name: _____
- Date of Accident: _____
- Loss/ Cost (Rs.): _____
- Circumstances of Accident/ Loss: _____

Declaration by the Insured

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 Bajaj Allianz General Insurance Company Limited.

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.

Place:

Date:

Signature of the Proposer/s

PROHIBITION OF REBATES (Insurance Act-1938, Section 41)

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 in 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 prospectus or tables of the Insurer. Any person making default in complying with the provisions of this section shall be punishable with fine which may extend to ten lac rupees

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

Declaration - Physical Proposal Form

Are you or any of the proposal applicants a PEP or a close relative of PEP*?

If yes, please share the details _____

"Politically Exposed Persons" (PEPs) are individuals who are or have been entrusted with prominent public functions in a foreign country, e.g.. Heads of States/Governments, senior politicians, senior government/judicial/military officers, senior executives of state-owned corporations, important political party officials, etc." Yes/ No

I/we hereby give my/our consent to the Company to verify and obtain my/our identity/address proof through Central KYC Registry or Goods and Service Tax Portal or Ministry Of Corporate Affairs Portal or National Securities Depository Limited portal for the purpose of undertaking KYC Yes/ No

I/we hereby declare and confirm that the premium has been paid out of legally acquired sources of income and the subsequent premiums if any, will continue to be paid out of legally declared and assessed source of income. Yes/ No

I/We hereby give voluntary consent to BAGIC/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. Yes/ No

It is mandatory to keep your policy with updated contact (Mobile No., Email ID and PAN Card) and bank account details, to process any of your Yes/No service requests faster and hassle-free in future.

You can update the same through Caringly yours App-<http://onelink.to/v9zp7c>, Whats App Service (Say 'Hi' on Whats App- +91 7507245858), Contact our 24-Hour Call Center at 1800-209-5858, 1800-102-5858, Give a Missed Call on 8080945060, SMS "WORRY" to 575758, Email-bagichelp@bajajallianz.co.in, website-<https://www.bajajallianz.com/general-insurance.html>, contact your agent or nearest branch.

Declaration :

The content of this form and its particulars have been explained by me in vernacular to the proposer who has understood and confirmed the same.

Signature of Proposer: _____ Date : _____ Place : _____

Name of Witness : _____

Signature of Witness : _____ Date : _____ Place : _____

Disability Declaration :

Any Physical deformity or handicap Yes No

If Yes. Please provide details: _____ (Disability Certificate issued by the Medical Board appointed by the Government for certifying Disability)

I _____ authorised representative of Mr./Miss/Mrs. _____ hereby giving consent on the behalf of the proposer due to his/her disability , that he/she has understood the content of this form and its particulars and confirmed the same

Name of Authorised Representative : _____

Signature of Authorised representative : _____ Date : _____ Place : _____

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:

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