

**ICICI Lombard General Insurance Company Limited**

**STANDARD PROPOSAL FORM FOR “LIABILITY ONLY” POLICY  
(For Commercial Vehicles other than Motor Trade Internal Risks Policies)**

We would like to inform you that Bharti AXA General Insurance has merged with ICICI Lombard General Insurance. Enjoy our seamless services while exploring our enhanced offerings and diverse non-life insurance solutions.

**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)	Telephone: _____ Mobile No: _____ PIN: _____ Fax: _____ Mail Id: _____
	3	Occupation / Business	
	4	Type of Cover	Liability Only Policy
	5	Period of Insurance	From: _____ Hrs on ____/____/_____ To : _____ Hrs on ____/____/_____

**A (II). Vehicle Details**

**(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	
	10	Engine Number	
	11	Chasis Number	
	12	Make of the Vehicle	
	13	Model	
	14	Type of Body	
	15	Gross Vehicle Weight (GVW) & Cubic Capacity (C.C)	
	16	Max. licensed carrying capacity (No.of Passengers) in case of Passenger Carrying Vehicles?	
17	Whether the 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 commercial vehicle is also used for private purposes (excluding use for hire or reward)?	YES	NO
20	Whether the vehicle is used for driving tuitions? (GR-44)	YES	NO
21	Details of Hire Purchase / Hypothecation / Lease (IMT - 5)		
	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 Book, Permit & Fitness Certificate should be submitted along with the proposal form)		

A (III). LIABILITY SECTION: COVERAGE

Third Party Risks: Death/ Bodily Injury	22	Coverage for liability against Third Party Risks (Death or Bodily Injury) required in respect of:
		<p>(i) Owner Driver only YES / NO</p> <p>(ii) Any person other than Paid Driver YES / NO</p> <p>If 'YES", give details of such other persons:</p> <p>1.</p> <p>2.</p> <p>3.</p> <p>[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</p>

		<p>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	<p>Do you wish to have the statutory Third Party Property Damage (TPPD) liability of Rs.6000/- <u>only</u>?</p> <p style="text-align: right;">YES / NO</p> <p>[For additional TPPD limits, please see Q.No.25 ]</p>
Third Party Risks: Liability to 'Workmen' under W.C.Act - 1923 (Compulsorily to be covered by M.V Act - 1988)	24	<p>Legal liability to persons employed in connection with operation of the vehicle who are 'workmen'. [The liability of the Employer under the Workmens' 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> <p>(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.)</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 (GR - 39)	<p>The Policy provides additional Third Party Property Damage liability limit of Rs.7,50,000/- for commercial vehicles. Do you wish to cover the additional limit?</p> <p style="text-align: right;">YES / NO</p> <p>[Refer to Q.No.23 ]</p>
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Additional Liability to Workmen	26 (IMT - 28)	<p>Do you wish to cover wider legal liability to employees who are 'workmen'? [This information is sought to cover in addition to liability under the Workmen Compensation Act-1923, also liability under the Fatal Accidents Act-1855 and the Common Law]</p> <p style="text-align: right;">YES / NO</p> <p>(Note: The additional liability under Common Law and Fatal Accidents Act in respect of employees who are workmen is covered under this endorsement).</p> <p>[Refer to Q.No.24 ]</p>								
Liability to Employees who are not Workmen	27 (IMT - 29)	<p>Do you wish to cover wider legal liability to employees who are NOT 'workmen'?</p> <p style="text-align: right;">YES / NO</p> <p>(Note: The liability under Common Law and Fatal Accidents Act-1855 in respect of employees who are <u>not</u> workmen can be covered under this endorsement).</p>								
Personal Accident Cover For Owner Driver	28	<p>Personal Accident Cover for Owner Driver is compulsory in the Liability Only Cover. Please give details of nomination:</p> <p>(a) Name of the Nominee &amp; Age :</p> <p>(b) Relationship :</p> <p>(c) Name of the Appointee (If Nominee is a Minor) :</p> <p>(d) Relationship to the Nominee :</p> <p>( Note: 1. Personal Accident cover for Owner Driver is compulsory for Sum Insured of Rs.15,00,000/- 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>								
PA Cover for Named Occupants	29	<p>Do you wish to include Personal Accident cover for named persons?</p> <p style="text-align: right;">YES / NO</p> <p>If YES, give name and Capital Sum Insured (CSI) opted for:</p> <table border="1" data-bbox="427 1626 1465 1718"> <thead> <tr> <th data-bbox="427 1626 798 1688">Name</th> <th data-bbox="798 1626 963 1688">CSI Opted (Rs.)</th> <th data-bbox="963 1626 1270 1688">Nominee</th> <th data-bbox="1270 1626 1465 1688">Relationship</th> </tr> </thead> <tbody> <tr> <td data-bbox="427 1688 798 1718">1)</td> <td data-bbox="798 1688 963 1718"></td> <td data-bbox="963 1688 1270 1718"></td> <td data-bbox="1270 1688 1465 1718"></td> </tr> </tbody> </table>	Name	CSI Opted (Rs.)	Nominee	Relationship	1)			
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	(IMT - 15)	<table border="1"> <tr> <td>2)</td> <td></td> <td></td> <td></td> </tr> <tr> <td>3)</td> <td></td> <td></td> <td></td> </tr> </table> <p>(Note: The maximum CSI available per person is Rs.2 Lakhs in case of Commercial Vehicles)</p>	2)				3)							
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3)														
PA Cover for Un -Named Occupants	30 (IMT - 16)	<p>Do you wish to include Personal Accident cover for Un-named Passengers/hirer/pillion passengers(Two Wheelers)?</p> <p style="text-align: right;">YES / NO</p> <p>If YES, give number of persons and Capital Sum Insured (CSI) Opted:</p> <p>No.of Persons: _____ C.S.I (Per Person): _____</p> <p>(Note: The maximum CSI available per person is Rs.2 Lakhs in case of Commercial Vehicles)</p>												
Geographical Extension	31 (IMT - 1)	<p>Whether extension of geographical area to the following countries required?</p> <table border="0"> <tr> <td>(1) Bangladesh</td> <td>YES / NO</td> <td>(2) Bhutan</td> <td>YES / NO</td> </tr> <tr> <td>(3) Maldives</td> <td>YES / NO</td> <td>(4) Nepal</td> <td>YES / NO</td> </tr> <tr> <td>(5) Pakistan</td> <td>YES / NO</td> <td>(6) Sri Lanka</td> <td>YES / NO</td> </tr> </table> <p>(Note: Presently the territory covered is geographical area of India. Extension of geographical area cover can be availed by use of this endorsement)</p>	(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
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C. Questions that are elicited for information and data collection purposes

Previous History	32	<p>Previous History:</p> <p>a. Date of purchase of the vehicle by the Proposer: ____/____/____</p> <p>b. Whether the vehicle was new or second hand at the time of purchase? : New / Second Hand</p> <p>c. Will the vehicle be used exclusively for</p> <p>(i) Private, Social, Domestic, Pleasure &amp; Professional Purpose? YES / NO</p> <p>(ii) Carriage of goods other than samples or personal luggage? YES / NO</p> <p>d. Is the vehicle is in good condition? YES / NO</p>
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		<p>If NO, please give details:</p> <p>e. Name and Address of the previous insurance company:</p> <p>f. Previous policy number: _____</p> <p>g. Period of Insurance : From:_____ To:_____</p> <p>h. Claims lodged during the preceding 3 years:</p> <table border="1" data-bbox="518 763 1406 891"> <thead> <tr> <th><u>YEAR</u></th> <th><u>NO.OF CLAIMS</u></th> <th><u>CLAIM AMOUNT (Rs.)</u></th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table>	<u>YEAR</u>	<u>NO.OF CLAIMS</u>	<u>CLAIM AMOUNT (Rs.)</u>	_____	_____	_____	_____	_____	_____	_____	_____	_____
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_____	_____	_____												
Driver Details	33	<p>Details of the Driver:</p> <p>a. Age &amp; Date of Birth of the Owner: Age: _____Yrs      DOB: ___/___/____</p> <p>b. Age &amp; Date of Birth of the Driver: Age: _____Yrs      DOB: ___/___/____</p> <p>c. Does the driver suffer from defective vision or hearing or any physical infirmity?      YES / NO If YES, please give details of such infirmity:</p> <p>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:</p> <ul style="list-style-type: none"> <li>- Driver's Name :</li> <li>- Date of Accident:</li> <li>- Loss / Cost (Rs.):</li> <li>- Circumstances of Accident / Loss:</li> </ul>												

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 the \_\_\_\_\_ Insurance Company Ltd.

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

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