

ICICI LOMBARD GENERAL INSURANCE COMPANY LTD

Registered Office Address: ICICI Lombard General Insurance Company Limited, ICICI Lombard House, 414, Veer Savarkar Marg, Near Siddhi Vinayak Temple, Prabhadevi, Mumbai 400 025.

Visit us at www.icicilombard.com • Mail us at customersupport@icicilombard.com • Our toll free number is 1800 2666

Insurance underwritten by ICICI Lombard General Insurance Company Limited. Insurance is the subject matter of solicitation. CIN: L67200MH2000PLC129408. IRDA Reg. No. 115.

PLEASE WRITE IN BLOCK LETTERS

MOTOR LIABILITY PROPOSAL FORM

I. Third Party Liability : In addition to the coverage noted above, this product covers you against legal liability towards third party, in respect of the following

- Death of or bodily injury to any person
• Damage to property (as per the provisions of Motor Vehicle Act)
• Personal accident benefits (Death or Bodily injury) in respect of owner driver only/ any person other than paid drivers.
• Legal liability towards the paid driver
• Additional Third Party property damage liability limits of ₹100000 for two wheelers and ₹ 750000 for other classes of vehicles.

Coverage required for : Pvt Car Two Wheeler PCV GCV Misc D Type of Policy: New Roll Over Renewal Used Endorsement

Form fields for vehicle details: Make of Vehicle, Model of Vehicle, Year of Manufacture, Cubic Capacity (CC), Seating Capacity, Insured's Declared Value (IDV), Date of Registration, Premium, GVW, R.T.O. Authority, Body Price, Chassis Price, Value of Non Electrical Accessories, Value of Non Conventional source of Power (CNG/LPG) if any, Engine No., Side Cars (Two Wheeler), Chassis No., Value of Trailer, Date of Purchase of Vehicle, Additional Risks, Trailer Chassis No., Seating Capacity for PCV, Type of Body, Deal No., Vehicle Usage, Vehicle Driven By, Area of Operation, Vehicle sub-class, Policy Class.

Fuel Type: Diesel Petrol CNG LPG Hybrid Electric Colour of the Vehicle: Colour Finish: Metallic Non-Metallic

Your policy will be dispatched to the below mentioned correspondence address.

(Use Block Letters)

Form 52 (India) (See Rule 142 (i) of Central Motor Vehicle Rules 1989)

Main form sections: 1. Registration mark, number and description of the vehicle insured; 2. Name, Flat/Building, Street/Road/Sector, Area/Village/Taluka, Landmark, City, Pincode, State, Mobile, Telephone; 3. GSTIN (If customer is registered for GST); 4. PAN No.; 5. Effective date and time of commencement of insurance for the purpose of the Act; 6. Compulsory Personal Accident (PA) Cover for owner-driver; 7. PAN of POS.

Source of Funds

Salary Business Others (In case of others, please specify:); Is the vehicle proposed for insurance under Hire-Purchase Lease Agreement Hypothecation Agreement None of the above; Name and address of the financier

Significant Exclusion

We would like you to know that the policy does not cover consequential loss, depreciation, normal wear and tear, mechanical or electrical breakdown failures or breakages. For private car/two wheeler, the vehicle is not held covered if used for commercial purpose or if driven by an unauthorised driver.

Declaration

I/We 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 "ICICI Lombard General Insurance Co. Ltd."

I agree to receive a One Page Motor Insurance policy in physical form. (By agreeing to this, I understand that this shall be read alongwith the standard terms, conditions available on the website www.icicilombard.com)

Direct Fund Transfer / EFT Mandate Form (Please attach an Original Blank Cancelled Cheque signed by payee)

Payee Name (As per bank records), Payee Account No., Name of Bank, Type of Account, Cheque / DD Date, Amount, Cheque / DD No., Bank Name, Deposit Slip No., Credit Card No., Expiry Date, Issuing Bank, Amount

If Corporate, vehicle used by, Mr./Ms. _____
 Phone (with STD Code): _____ (0) _____
 Mobile No.: _____ Email ID: _____
 (For claim status and renewal reminders) Date of Birth : _____
 Sex : M F Marital status : Single Married

My Occupation Details

Status: Individual Proprietorship Partnership
 Pvt./Public Co's. Other (pl. specify) _____
 If Individual Salaried Self Employed Professional Retired
 If Non Individual Urban Rural
 Paidup Capital of Company in ₹ < 10 Crores 10-25 Crores > 25 Crores
 Category of Business: Training Manufacturing Contracting
 Financial Services Hospitality Other (pl. specify) _____
 Annual Income in ₹ : _____
 Do you File an Income Tax Return Yes No Do you own a bank account Yes No

Optional Personal Accident Cover

Do you wish to include Personal Accident cover for named persons? Yes No
 If yes, provide name and Capital Sum Insured (CSI) opted for :

Name	CSI Opted (₹)	Nominee	Relationship
1.			
2.			

Do you wish to include PA cover for unnamed Passengers / Hirer / Pillion Passengers (Two Wheeler) Yes No
 If yes, provide number of persons and Capital Sum Insured (CSI) opted for :
 No. of persons : _____ CSI (per person) : _____

Details of Driver

a. Age & Date of Birth of the Owner : Age _____ Yrs DOB
 b. Age & Date of Birth of the Driver : Age _____ Yrs DOB
 Does the driver suffer from defective vision or hearing or any physical infirmity? Yes No
 If yes, please provide details of such infirmity: _____
 d. Has the driver ever been involved / convicted for causing any accidental loss? Yes No
 If yes, provide details as under including the pending prosecutions
 Drivers Name : _____ Date of Accident :
 Circumstances of Accident / Loss : _____
 Loss / Cost (₹) : _____

Vehicle Insurance History

Name and Address of Previous Insurer: _____
 Previous Policy Type: Liability only Cover Package Cover Others
 Previous Policy No. _____
 Period of Insurance TO
 Existing bonus/malus status: _____ %
 Are you entitled to No Claim Bonus? Yes No
 In the last three years, is there any history of loss experienced by the proposer(s) or other drivers who would be using this vehicle Yes No If yes, details are:

Date & Time of Loss	Name of the Driver at the time of loss	Nature of Loss	Amount claimed (₹)

Has any insurance company ever
 A) declined the proposal : Yes No
 B) cancelled & refused to renew : Yes No (If yes, reasons for the same _____)
 C) imposed special condition or excess : Yes No (If yes, reasons and details thereof : _____)

Declaration: I/We further undertake that if this declaration is found to be incorrect, all benefits under the policy in respect of Section I of the policy will stand forfeited. I/We, the undersigned hereby declare that the above statements and particulars are true, accurate and complete and I/We declare that this declaration and the answer given above shall be held to promissory and shall be the basis of the contract between me/us and ICICI Lombard. The policy may however be continued at the sole discretion of ICICI Lombard, subject to payment of the amount payable as determined by ICICI Lombard, resulting from the difference in the bonus/malus status. I shall endeavour to procure the renewal notice and pass on the same to ICICI Lombard immediately upon the receipt of such notice. "I/We declare that the rate of NCB claimed by me/us is correct and that no claim as arisen in the expiring policy period(copy of the policy enclosed). I/we further undertake that if this declaration is found to be incorrect, all benefits under the policy in respect of Section I of the policy will stand forfeited."
 Place: _____ Date: Signature of Proposer _____

Other Vehicle Information

1) At the time of purchase the vehicle was : New Used
 Date of purchase of the Vehicle (if current owner purchased the used vehicle): _____
 2) Will the vehicle be used for carriage of goods other than samples or personal luggage: Yes No
 3) The vehicle is in good condition* : Yes No If 'No' please give full details _____
 4) The vehicle is self owned: Yes No
 5) The vehicle is used for driving tuition: Yes No
 6) The vehicle is used for commercial purposes: Yes No
 7) Use of my vehicle is limited to own premises: Yes No
 8) The vehicle is used for Personal purposes: Yes No (excluding use for hire or reward)
 9) The vehicle belongs to foreign embassy/consulate?: Yes No
 10) The car is certified as Vintage car by: Yes No Vintage and Classic Car Club of India

11) The vehicle is designed for use of blind/handicapped/ mentally challenged person and duly endorsed as such by RTO: Yes No
 12) The vehicle is chauffeur driven: Yes No
 13) Are you a member of Automobile Association of India: Yes No
 If yes, Association Name: _____ Date of expiry:
 Membership Number: _____
 14) Is the vehicle fitted with the any Anti-theft device approved by the ARAI: Yes No
 If yes, attach Certificate of Installation in the vehicle issued by Automobile Association of India
 15) Whether extension of geographical area to the following countries required? Yes No
 Bangladesh, Bhutan, Maldives, Nepal, Pakistan & Sri Lanka:
 If yes, state the name of the countries
 1) _____ 2) _____ 3) _____
 16) Whether the vehicle is driven by non-conventional source of power: Yes No
 If yes, CNG LPG Bi-fuel Electric If yes, please give details _____
 17) Whether the vehicle is fitted with fibre glass tank?: Yes No
 18) Will the vehicle be used exclusively for Private, Social, Domestic, Pleasure & Professional Purpose? Vehicle in "Good condition" means any vehicle which is in drivable condition without structural line and/ or mechanical defects
 Agent Code: _____ Agent Name: _____
 Office Use: IM Name _____ IM Code: _____
 MO Name: _____ Branch Name: _____

(Note: Copies of RC Book, Permit & Fitness Certificate should be submitted along with the proposal form)
 If the Vehicle owned / hired / leased / permitted by the State Transport authorities for the purpose of their operation for public transport Yes No
 Additional coverages, if any _____
 If yes, please submit the proof: _____
 • Do you wish to have the statutory Third Party Property Damage (TPPD) liability of ₹6000/- only Yes No
 • The Policy provides additional Third Party Property Damage liability limits of ₹1,00,000/- for two wheelers and ₹7,50,000/- for other classes of vehicles. Do you wish to cover the additional limits? Yes No
 • Do you wish to include PA Cover for paid drivers, cleaners and conductors? Yes No
 If yes, provide name and Capital Sum Insured (CSI) opted for. The maximum CSI available per person is 2,00,000/-

Name	CSI Opted (₹)	Nominee	Relationship
1.			
2.			

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, provide details of such other persons
 1 _____ 2 _____

Note:
 1. Section 146 of Motor Vehicle 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. Legal Liability to persons employed in connection with operation of the vehicle who are 'workmen'. The liability of the employee under the Workmens Compensation Act-1923 is covered under the Motor Vehicle Act - 1988.
 1) Drivers (No. of persons: _____)
 2) Employees (Workmen) (No. of persons: _____)
 (Note: The Motor Vehicles Act-1988 under Sec. 141(1)(ii) covers liability to employees who are workmen within the meaning of the Workmen's Compensation Act-1923.)
 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 Workmens Compensation Act-1923, also liability under the fatal Accidents Act-1855 and the Common Law] Yes No
 (Note: The additional liability under Common Law and Fatal Accidents Act in respect of employees who are workmen is covered under this endorsement)
 Do you wish to cover wider legal liability to employees who are NOT 'workmen'? 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)

Additional Information for Commercial Vehicle

Maximum licensed carrying capacity (No. of Passengers) in case of Passenger Carrying Vehicles? Yes No
 Whether the commercial vehicle is also used for private purposes (excluding use for hire or reward) Yes No

Statutory Warning

Prohibition of Rebates Under Section 41 of Insurance Law (Amendment Act 2015)
 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 prospectuses or tables of the insurer. Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to ten lakh rupees.

Signature of the Proposer: _____