Royal Sundaram
General Insurance

COMMERCIAL VEHICLE PROPOSAL FORM
(GOODS CARRYING, MISCELLANEOUS & SPECIAL TYPES OF VEHICLES)

IMPORTANT

- Please complete the form in capital letters using a pen
- All questions in the form must be answered and it must be signed and dated. Continue on a separate sheet if necessary and attach as part of the Proposal Form
- Please tick (P) the boxes wherever applicable
- The liability of the Company does not commence until the Company has accepted the Proposal Form and the full premium is paid. For any clarification on the cover, terms, benefits, geographical area, driving tuition etc., please contact Royal Sundaram.

CUSTOMER DETAILS

Title ☐ Mr. ☐ Ms. ☐ Others (Please Specify) _____

Name _____ (First Name / Middle Name / Last Name)

Date of Birth D D M M Y Y Y Y Age _____

Occupation ☐ Pvt. Sector ☐ Govt.Employee ☐ Self Employed ☐ House wife ☐ Retired Employee ☐ Professional _____ (Please Specify) ☐ Others _____ (Please Specify)

Postal Address _____

City _____

State _____ Pincode _____

Telephone(Office) Area Code - Phone Number / Area Code - Phone Number

(Residence) Area Code - Phone Number / Area Code - Phone Number

Mobile Number _____ / _____

Fax No Area Code - Phone Number / Area Code - Phone Number

E-mail _____

Address as per Registration Certificate _____

City _____

State _____ Pincode _____

Period of Insurance: From D D M M Y Y Y Y To D D M M Y Y Y Y

USAGE OF THE VEHICLE

a) State clearly the purpose(s) for which the Vehicle will be used:

b) The Vehicle will be used solely for carrying your own goods

☐ Yes ◯ No

c) The Vehicle is not licensed for road use and will be used solely at your premises or only on sites to which the public has no right of access

☐ Yes ◯ No

d) Area of usage of vehicle

e) Will the vehicle be used to transport:

i) Explosives such as nitro glycerine, dynamite, fireworks or any other similar explosive
ii) Liquefied petroleum or gasoline
iii) Chemicals
iv) Gases in liquid, compressed or gaseous form
v) Other goods of a hazardous nature

☐ Yes ◯ No

If 'Yes' state the nature of the goods carried and frequency for this use

ABOUT YOUR VEHICLE. Please give full details of your Vehicle below:

Registration No.	:	Date of Registration	: D D M M Y Y Y Y
Registering Authority	:	Type of Body	:
Engine No.	:	Sub Model	:
Chassis No.	:	Year of Manufacture	:
Make & Model	:	Seating Capacity (including driver)	:
Gross Vehicle Weight	:	Date of delivery to proposer	:
Cubic Capacity	:	Secondhand or new at time of delivery	:

Type of Permit ☐ National ☐ Zonal ☐ State ☐ Hilly Areas

PROPOSER'S PRESENT DECLARED VALUE OF THE VEHICLE & ANY ACCESSORIES

Vehicle*	Extra Electronic & Electrical accessories fitted to the Vehicle**	Extra Non-Electrical accessories fitted to the Vehicle**	Total 'Insured's Declared Value' of the Vehicle including accessories
Rs.	Rs.		Rs.

* Please ensure the amount reflects the Insured's Declared Value (IDV).
**If extra accessories are to be insured please attach a list stating Type, Make, Model, Serial No. and Estimated Value of each.

If the Vehicle is fitted with a Bi-fuel system state and give the value: Type: _____ Rs. _____

If the vehicle is fitted with a fibre glass tank? ☐ Yes ◯ No

	Yes	No	
1. Is the Vehicle in a roadworthy condition and free from damage?	☐	◯	If 'No' give full details:
2. Is the Vehicle financed? (Please tick as appropriate.) Hire Purchase/Hypothecation/Lease.	☐	◯	Name and Address of finance company:
3. Is the vehicle fitted with an anti-theft device approved by Automobile Research Association of India (ARAI), Pune and the installation certified by a recognised Automobile Association?	☐	◯	If 'Yes' attach full details, including copies of purchase & installation and Automobile Association approval documents.

	Yes	No	
Automobile Association: Are you a member of a recognised Auto mobile Association?	☐	◯	If 'Yes' state the name of the Automobile Association, membership number and expiry date:

NO CLAIM BONUS

	Yes	No	
1. Was this Vehicle Insured before?	☐	◯	If 'Yes' state the Policy No., Name of the Company and date of expiry of the policy. Policy No. _____
2. Do you have Bonus / Malus from any previous insurer?	☐	◯	Insurer: _____ Expiry : _____ If 'Yes' attach latest proof from you previous insurer

DECLARATION - NO CLAIM BONUS

I hereby declare that I have not made claim ☐ (or) I have made claim ☐ Under my previous policy No _____ issued by _____ "I/We declare that the rate of NCB of_____% claimed by me/us is correct and that no claim has 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."

POLICY COVER : PACKAGE POLICY (If you require any of these additional benefits please request a quotation.)

- Inbuilt
  Do you (Owner) hold a valid Driving Licence. Yes No ☐ Yes ◯ No
  Compulsory Personal Accident Cover: For owner driver for capital sum insured of Rs. 2,00,000/-
  Nomination for PA Cover

Name of the Nominee	Age	Relationship	Name of the Appointee (if Nominee is a minor)	Relationship to the Nominee

- Standard Additional Benefits provided by the Policy:
  The following benefits are included in your Policy provided that the correct additional premium has been paid:
  1. Wider Legal Liability cover for one driver and one cleaner
  2. Legal Liability cover for one Non-fare Paying Passenger (Goods Carrying Vehicles only)
  3. Third Party Property Damage cover for Rs. 7,50,000/-
- Options to include Extra Benefits on payment of additional premium wherever applicable
  1. Private Use
  2. Personal Accident cover for paid drivers & cleaners (restricted to the registered carrying capacity of the vehicle)
  3. Wider Legal Liability cover for your loadman/coolies, additional drivers and cleaners
  4. Liability cover whilst the vehicle is in use as a Tool of Trade (Miscellaneous & Special Types of Vehicles)
  5. Damage caused to the unit by overturning during operational use as a Tool of Trade (Miscellaneous & Special Types of Vehicles).

ABOUT THE DRIVERS/PROPOSER:

	Yes	No	
1. Does Driver hold valid licence.	☐	◯	
2. Age of the Paid Driver _____ Yrs and Drivers Experience _____ Yrs			
3. Has any person who will drive the vehicle been convicted of any motoring offence during the last 3 years or is any prosecution pending?	☐	◯	If 'Yes' please give full details:
4. Has the proposer or any driver been refused motor insurance, been quoted increased premium, had special terms imposed or had motor insurance cancelled or renewal refused? Been convicted of any criminal offence or have any possible prosecution outstanding?	☐	◯	If 'Yes' please give full details:
5. Have you lodged any claim(s) in the last 3 years	☐	◯	If 'Yes' please give full details in the boxes below.

If 'Yes' to question 5 give details of accident and attach it to the Proposal Form. Continue on separate sheet if necessary and attach it to the Proposal Form.

Driver's Name	Date	Circumstances of Accident / Loss	Amount Claimed Rs.

S.No.	Parameters				
1.	Types of Road**	☐ Hilly Roads	☐ National/State Highways	☐ City/Town Roads	District Roads Others
2.	Vehicles Driven by***	☐ Owners	☐ Others		
3.	Oldest Driver's Age	☐ <=25 years	☐ 26-35 years	☐ 36 -45 years	☐ >=46 years
4.	Driver's Experience	☐ < 1 years	☐ 1 year to <3 years	☐ 3 years to <5 years	☐ above 5 years
5.	Driver's Educational Qualification	☐ Below 10th standard	☐ 10th standard pass	☐ 12th standard pass	☐ Graduate/ Post Graduate
6.	Total No. of Claims lodged during last 5 yrs	☐ No Claim Rs. _____ ☐ 3 Claims Rs. _____	☐ 1 Claim Rs. _____ ☐ 4 Claims Rs. _____	☐ 2 Claims Rs._____ ☐ 5 Claims and above Rs. _____	

DECLARATION: Before signing the Declaration check your answers carefully, particularly if this Proposal Form was completed by another person on your behalf.
I/we declare that to the best of my/our knowledge and belief the answers given are true and all material information has been disclosed.
I/we agree that if any answers have been completed by any other person such person shall for that purpose be regarded as my/our agent and acting on my/our behalf and not the agent of Royal Sundaram Alliance Insurance Company Limited.
I/we declare that this Proposal Form is for insurance in the normal terms and conditions of the Insurer's Policy and shall be incorporated in and form part of the insurance contract.
DIf any additions or alterations are carried out after the submission of this proposal form then the same would be conveyed to the Insurers immediately
DIt is an offence under the Motor Vehicles Act 1988 to make a false statement or withhold any material information for the purpose of obtaining a Certificate of Motor Insurance.
DAttach any other information material to the risk proposed

Signature of the proposer (Vehicle Owner) Place: Date : D D M M Y Y Y Y

PROHIBITION OF REBATES
SECTION-41 OF INSURANCE ACT 1938 (4 of 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 the policy accept any rebate except such rebate as may be allowed in accordance with the published prospectus or tables of the Insurer.
2. If any person fails to comply with sub-regulation (1) above, he shall be liable to payment of a fine which may extend to Rupees five hundred

Insurance is the subject matter of solicitation.

PTI045/Oct '11

Customer Service Helpline: 1860 425 0000