BAJAJ | Allianz

Bajaj Allianz General Insurance Company Limited
Regd. & Head Office : GE Plaza, Airport Road, Yerwada, Pune 411006.

10883411

Proposer's PAN No.

Bajaj Allianz Employee code, If Proposer is an Employee _____

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

PROPOSAL FORM FOR COMMERCIAL VEHICLE PACKAGE POLICY (OTHER THAN MOTOR TRADE INTERNAL RISKS POLICY)

1. Please answer all questions in BLOCK letters
2. The Liability of the Company does not commence until this Proposal has been accepted by the Company and premium has been paid
3. 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 Surname

Middle Name

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 : D D M M Y Y Y Y

5) PAN No : 6) UID / Unique ID:

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 ☐ Housewife ☐ Retired ☐ Others _____

11a) Permanent / Residential Address:

House No & Name

Landmark/Locality

Road/Area Name

City: State: Pin Code:

11b) Correspondence / Office 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 ₹ 20,000 ☐ ₹ 20,001 to ₹ 50,000 ☐ ₹ 50,001 to ₹ 1 lakh ☐ Above ₹ 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) Type of Vehicle: ☐ Goods Carrying ☐ Passenger Carrying ☐ Miscellaneous and Special Type of Vehicle

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

4) Type of Permit: ☐ Local ☐ National ☐ State ☐ Any Other _____

5) Nature of Goods normally carried: ☐ Hazardous ☐ Non-Hazardous

6) Type of Load Body: ☐ High/half deck ☐ Chemical/Petrol/Diesel Tanker ☐ Transit Mixture ☐ Articulated Trailer ☐ Any other _____

7) Vehicle Registration No: 8) Date of Registration:

9) Registration Authority: 10) 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:

Vehicle Chassis No:

14) Vehicle Make: Vehicle Model:

Subtype:

15) Cubic Capacity: 16) Maximum Licensed Carrying Capacity as per RC Book: Driver (1) +

17) Gross Vehicle Weight (GVW):

18) Fuel Used: ☐ Petrol ☐ Diesel ☐ LPG ☐ CNG ☐ Electric ☐ Any Other _____

19) No of Trailers:

20) Trailer Registration No:

21) Trailer Chassis No.:

22) Whether any modifications/ conversions have been done on the maker's standard specifications: Yes ☐ No ☐

If Yes, please give details: _____

23) Hypothecation 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)

5) Please select the coverage opted in previous policy, if any: IMT 23 ☐ IMT 47 (Over Turning) ☐

Driver Details

1) The vehicle would be driven by: You (Owner-Driver)/ other person named below (In case of additional drivers, kindly attach a separate sheet)

Name: _____ Date of Birth Occupation: _____ Relation with proposer: _____

Liability to Third Parties

1) Do you wish to restrict the above limits to the statutory TPPD Liability Limit of ₹ 6000/- only?

2) Do you wish to cover Legal Liability to:

a) Paid Driver / Cleaner / Conductor? Yes ☐ No ☐ If Yes, No. of Persons: ☐☐

b) Other Employees? Yes ☐ No ☐ If Yes, No. of Persons: ☐☐

c) Non-fare Paying Passengers? Yes ☐ No ☐ If Yes, No. of Persons: ☐☐

3) Do you wish to include Personal Accident (P.A.) Cover* for Paid Drivers, Cleaners and Conductors? Yes ☐ No ☐

If Yes, No. of Persons: _____ and CSI per Person: _____

4) Do you wish to include P.A. Cover* for Unnamed Persons / Hirer / Pillion Passengers (Two-wheelers) Yes ☐ No ☐

If Yes, No. of Persons: _____ and CSI per Person: _____

Details Pertaining To Use of Vehicle

1) Whether use of the vehicle is limited to own premises Yes ☐ No ☐

2) Whether the vehicle is used for driving tuitions? Yes ☐ No ☐

3) Whether the vehicle will be used for both commercial and private purposes? Yes ☐ No ☐

4) Whether the vehicle belongs to foreign embassy / consulate/ government bodies? Yes ☐ No ☐

5) Whether the vehicle is designed for use of Blind / Handicapped / Mentally challenged persons and duly endorsed as such by RTA? Yes ☐ No ☐

6) Whether the vehicle is fitted with fiber glass tank? Yes ☐ No ☐

7) Whether the vehicle is fitted with any Anti-theft device, approved by the, ARAI Pune? Yes ☐ No ☐

8) Whether extension of geographical area to the following countries is required? Yes ☐ No ☐

☐ Bangladesh, ☐ Bhutan, ☐ Maldives, ☐ Nepal, ☐ Pakistan, ☐ Srilanka (please tick whichever applicable)

PA Owner Driver: Nomination Details

1) Personal Accident Cover for Owner – Driver is compulsory under Commercial Vehicle Package Policy. Pls give the details of Nominations.

a) Name of the Nominee:

b) Age of the Nominee: c) Relationship of the Nominee to the Owner-Driver:

d) Name of the Appointee (required only if the Nominee is minor)

e) Relationship of the Appointee to the Nominee:

(Note: 1) Personal Accident cover for Owner-Driver is compulsory for Sum Insured of ₹ 2 lakhs for Commercial Vehicles. 2) Compulsory PA cover to Owner-Driver cannot be granted where a vehicle is owned by a company, a partnership firm or a small body corporate or where the Owner-Driver does not hold an effective driving license.)

Premium Calculation Table

(A) Insured Declared Value (IDV) of the vehicle		(D) Value of Electrical accessories fitted to the vehicle	
(B) Value of CNG/LPG kit		(E) Value of Non-Electrical accessories fitted to the vehicle	
(C) IDV of the Side Car (Two-wheelers)/ Trailer (Others)		**TOTAL IDV in Rs. (A+B+C+D+E)**	
Own Damage Premium	**Amount**	**Liability Premium**	**Amount**
Own Damage @_____%		Basic TP Cover	
Premium for GVW in excess of 12,000 kg		(-) TPPD Restriction (Statutory limit of Rs. 6000)	
CNG/LPG Kit		CNG/LPG Kit	
Electrical/Non-Electrical Accessories		Compulsory P.A. for Owner-Driver	
Commercial vehicle used for Private Purpose Also		P.A. to paid Drivers / Cleaners / Conductors for _____ persons	
		Sum Insured per person	
IMT 47(overturning) - 0.5% of IDV Minimum of 100/- Yes ☐ No ☐		P.A. to Unnamed Hirer/Pillion Passengers (Two Wheeler) for _____ persons	
IMT 23 Cover: Yes ☐ No ☐		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 for _____ employees	
TOTAL		Attached Side Car (Two-wheelers)/ Trailer (others)	
Net Premium (Own Damage + Liability)		TOTAL	
Service tax @_____ %			
Gross Premium			

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

Payment Details

Cheque ☐ Cheque No: Cheque Date: Cash ☐ Credit Card ☐ Others _____

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 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. 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.

***ADDITIONAL DECLARATION TO BE GIVEN BY 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 Proposer

Date:

Name and Designation
(In case of Corporate)

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.

Place:

Signature of Proposer

Date:

Name and Designation
(In case of Corporate)

Section 41 of Insurance Act, 1938

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 published prospectus or tables of the insurer.
Certified that the contents of the Proposal Form and documents have been fully explained to the Proposer and that he/they have fully understood the significance of the proposed contract***

Place:

Signature (On behalf of Proposer)

Date:

Name

*** This is required only where, for any reason, the Proposal Form and other connected papers are not filled by the Prospect/Proposer.