

**Auto Secure -
Liability Only Policy**
(For Private Cars / Two Wheelers)

Proposal Form



WITH YOU ALWAYS

Proposal No.

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 (In capital letters)

Personal details

1a. Proposer's (Owner's) full name	<input type="text"/>	
1b. Insured's PAN card number	<input type="text"/>	In the absence of PAN Card, please give details of any other authorized photo identification card.
	Card Type <input type="text"/>	Number : <input type="text"/>
Sources of funds (please ✓ where applicable)	Salary <input type="checkbox"/>	Business <input type="checkbox"/>
	Other (Please specify) <input type="text"/>	
2. Address (where the vehicles is normally kept)	<input type="text"/>	
	City <input type="text"/>	
	State <input type="text"/>	PIN: <input type="text"/>
	Phone <input type="text"/>	Fax: <input type="text"/>
	Mobile <input type="text"/>	Email: <input type="text"/>
3. Occupation / Business	<input type="text"/>	
4. Type of cover	Liability Only Policy	
5. Period of Insurance	From <input type="text"/> Hrs on <input type="text"/>	To <input type="text"/> Hrs on <input type="text"/>
6. GST IN/UIN: <input type="text"/>		

A(II). Vehicle Details

Vehicle Specifications

6. Registration number of the vehicle	<input type="text"/>
7. Date of registration of the vehicle	<input type="text"/>
8. Registering authority & location	<input type="text"/>
9. Year of manufacture	<input type="text"/>
10. Engine number	<input type="text"/>
11. Chasis number	<input type="text"/>
12. Make of the vehicle	<input type="text"/>
13. Model	<input type="text"/>
14. Type of body	<input type="text"/>
15. Cubic Capacity of the vehicle	<input type="text"/>
16. Seating Capacity including driver	<input type="text"/>
17. Whether the vehicle is driven by non-conventional source of power If 'YES', please give details	<input type="checkbox"/> Bi-Fuel <input type="checkbox"/> CNG <input type="checkbox"/> LPG
18. Whether the use of vehicle is limited to own premises ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
19. Whether the vehicle is used for commercial purpose ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
20. Whether the vehicle is used for driving tuitions ? (GR-44)	<input type="checkbox"/> Yes <input type="checkbox"/> No
21. Details of Hire Purchase / Hypothecation / Lease	(IMT-5)
a) Is the vehicle proposed for insurance is :	
(i) Under Hire Purchase ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(ii) Under Lease Agreement ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(iii) Under Hypothecation ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b) If 'YES', give name and address of concerned party / parties :	

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 :

(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)

23. 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)

24. 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. Drivers (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

Additional TPPD (GR-39)

25. 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. Do you wish to cover the additional limit ? (Refer to **Q. No. 23**)

☐ Yes ☐ No

Additional Liability to Workmen (IMT-28)

26. Do you wish to cover wider legal liability to employees who are 'Workmen' ?

☐ 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 (IMT-29)

27. 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).

Personal Accidental Cover for Owner Driver

28. Personal Accident Cover for Owner Driver is compulsory in the Liability Only cover. Please give details of nomination :

a. Name of the Nominee & Age : _____

☐ ☐ Yrs

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 Wheeler and Rs. 2,00,000/- for Private Cars.

2. Compulsory Personal Accident 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.

Personal Accident Cover for Named Occupants (IMT-15)

29. Do you wish to include Personal Accident cover for named persons ? ☐ 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)

Personal Accident Cover for Un-Named Occupants (IMT-16)

30. Do you wish to include Personal Accident cover for un-named passengers/hirer/pillion passengers (Two Wheelers) ☐ Yes ☐ No

If YES, give number of persons and Capital Sum Insured (CSI) opted :

No. of persons: _____ C.S.I. (per person): _____

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

Geographical Extension (IMT-1)

31. Whether extension of geographical area to the following countries required ?

- | | |
|--|---|
| 1. Bangladesh <input type="checkbox"/> Yes <input type="checkbox"/> No | 2. Bhutan <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Maldives <input type="checkbox"/> Yes <input type="checkbox"/> No | 4. Nepal <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Pakistan <input type="checkbox"/> Yes <input type="checkbox"/> No | 6. Sri Lanka <input type="checkbox"/> Yes <input type="checkbox"/> 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**

32. a. Date of purchase of the vehicle by the proposer :

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---
- 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 is 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

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
- h. Claims lodged during the preceding 3 years :
- | | | | | | | | | | | | | | | | | | |
|--|-----------------|---|---|---|---|---|---|---|--|---|---|---|---|---|---|---|---|
| <table border="1" style="display: inline-table;"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table> | D | D | M | M | Y | Y | Y | Y | <table border="1" style="display: inline-table;"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table> | D | D | M | M | Y | Y | Y | Y |
| D | D | M | M | Y | Y | Y | Y | | | | | | | | | | |
| D | D | M | M | Y | Y | Y | Y | | | | | | | | | | |
| Year | No. of Claim(s) | | | | | | | | | | | | | | | | |
- Claim(s) Amount (Rs.)
- | | | |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Driver Details

33. Details of the Driver :
- a. Age & Date of Birth of the Owner : Age ☐ ☐ Yrs DOB

D	D	M	M	Y	Y	Y	Y
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- b. Age & Date of Birth of the Driver : Age ☐ ☐ Yrs DOB

D	D	M	M	Y	Y	Y	Y
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- 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 or 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 : _____

