

MOTOR PROTECT COMMERCIAL VEHICLE (LIABILITY ONLY) PROPOSAL FORM

IMPORTANT GUIDELINES:

1. **Insurance is the contract of utmost good faith requiring of the Proposer and the Insured not only to disclose all material facts but also not to suppress any material facts in response to the questions in the proposal form.**
2. **Before completing this proposal form, read the prospectus/key features document/policy wordings to understand the meaning of the terms used herein.**
3. **Insurance is a contract of utmost good faith, requiring the proposer and the insured to disclose all material facts and not withhold any relevant information in response to the questions in this proposal form.**
4. **It is important to answer all questions. If additional space is needed, attach a separate signed and dated sheet, and reference the relevant question number.**
5. **Cover shall commence no earlier than the date and time of acceptance and subsequent to receipt of the premium.**

FOR OFFICE USE

Intermediary Name: _____ Intermediary Code: _____

Business Channel: ☐ Agency ☐ Banca ☐ Corporate/Broking ☐ Direct

RM/SP Name: _____ RM/SP Code: _____

RM/SP Contact No: _____ GSTN: If applicable _____

POSP PAN (if applicable) _____

A(I). Personal Details of Proposer/Owner

Personal Details	1	Proposer's (Owner's) Full Name (In capital letters)	
	2	Present Address of proposer (where the vehicle is normally kept)	<div style="border: 1px solid black; padding: 5px; display: flex; justify-content: space-between;"> Pin Code: <div style="display: flex; align-items: center;"> <div style="width: 15px; height: 15px; border: 1px solid black; margin-right: 5px;"></div> <div style="width: 15px; height: 15px; border: 1px solid black; margin-right: 5px;"></div> <div style="width: 15px; height: 15px; border: 1px solid black; margin-right: 5px;"></div> <div style="width: 15px; height: 15px; border: 1px solid black; margin-right: 5px;"></div> <div style="width: 15px; height: 15px; border: 1px solid black; margin-right: 5px;"></div> <div style="width: 15px; height: 15px; border: 1px solid black;"></div> </div> </div>

	(In capital letters, with pin code)	Telephone No:		Fax:				
		Mobile No. :		Mail Id:				
	Permanent address of the proposer (if left blank, will be construed as being same as Present Address)							
	3 Occupation / Business							
	4 CKYC No. (if available)							
	5 Type of Cover	Liability Only Policy						
6	Period of Insurance	From	Hrs	DATE	MONTH		YEAR	
To		Hrs	DATE	YEAR		YEAR		

A(II). Vehicle Details

Vehicle Specifications	7	Registration Number of the Vehicle	
	8	Date of Registration of the Vehicle	
	9	Registering Authority & Location	
	10	Year of Manufacture	
	11	Engine Number	
	12	Chassis Number	
	13	Make of the Vehicle	
	14	Model	
	15	Type of Body	
16	Gross Vehicle Weight (GVW) & Cubic Capacity of the Vehicle		

	17	Max. licensed carrying capacity (No. of Passengers) in case of Passenger Carrying Vehicles?		
	18	Whether vehicle is driven by non-conventional source of power /CNG/LPG/Bi-Fuel? If 'YES', please give details.		
	19	Whether the use of vehicle is limited to own premises?	YES	NO.
	20	Whether the vehicle is used for commercial purpose?	YES	NO.
	21	Whether the vehicle is used for driving tuition? (GR-44)	YES	NO.
	22	Details of Hire Purchase / Hypothecation / Lease	(IMT-5)/(IMT-7)/(IMT-6)	
		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
Third Party Risks: Death / Bodily Injury	23	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		

		<p>[Note:</p> <ol style="list-style-type: none"> 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) 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)	24	<p>Do you wish to have the statutory Third Party Property Damage (TPPD) liability of Rs. 6000/- only?</p> <p>[For additional TPPD limits, please see Q.No. 26]</p>	YES	NO
Third Party Risks: Liability to 'Employee' under E.C. Act-1923 (Compulsorily to be covered by M.V. Act-1988)	25	<p>Legal liability to persons employed in connection with operation of the vehicle, who are 'workmen'. [The liability of the Employer under the Employees' 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 Employees within the meaning of the Employees' Compensation Act-1923.)</p> <p>For additional coverage, please refer to Q.No. 27]</p>		
B. Questions that provide additional covers as per IMT Endorsements				
Addl. TPPD	26 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>[Refer to Q. No. 24]</p>	YES	NO
Additional Liability (IMT-28)	27	<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 Employees' Compensation Act-1923, also liability under the Fatal Accidents Act-1855 and the Common Law]</p> <p>Note: The additional liability under Common Law and Fatal Accidents Act in respect of employees who are</p>	YES	NO

		workmen is covered under this endorsement [Refer to Q.No. 25]		
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Liability to Employees who is not Employee (IMT-29)	28	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 Employees can be covered under this endorsement).					
Personal Accident Cover of Owner Driver	29	Personal Accident Cover for Owner Driver is compulsory in the Liability Only Cover. Please give details of nomination:				
		(a) Name of the Nominee & Age				
		(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. 2,00,000/- 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)				
PA Cover for Named Occupants (IMT-15)	30	Do you wish to include Personal Accident cover for named persons?		YES	NO	
		If YES, give name and Capital Sum Insured (CSI) opted for:				
		Sl no.	Name	CSI(Opted)	Nominee	Relationship
		1				
		2				

		3							
		4							
		5							
		Note: (The maximum CSI available per person is Rs. 2 Lacs in case of Commercial Vehicles)							
PA cover for Unnamed Occupants (IMT-16)	31	Do you wish to include Personal Accident cover for Un-named Passengers/hirer/pillion passengers (Two Wheelers)?							
		If YES, give number of persons and Capital Sum Insured (CSI) Opted							
		No. of Persons:							
		(Note: The maximum CSI available per person is Rs. 2 Lakhs in case of Commercial Vehicles)							
Geographical Extension (IMT-1)	32	Whether extension of geographical area to the following countries required?							
		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.
		(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									
	33	Previous History:							
		Date of purchase of the vehicle by the Proposer:				DD	MM	YR	
		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 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			To		
		h. Claims lodged during the preceding 3 years							
YEAR		NO. OF CLAIMS		CLAIM AMOUNT (Rs.)					

		Details of Driver:			
		a.	Age and Date of Birth of the Owner	Age [In Years]	Date of Birth
				DD	MM
		b.	Age and Date of Birth of the Owner	Age [In Years]	Date of Birth
				DD	MM
		c.	Does the driver suffer from defective vision or hearing or any physical infirmity? If 'YES', please give details of such infirmity		YES NO
		d.	Has the driver ever been involved / convicted for causing any accident of loss? If 'YES', give details as under including the pending prosecutions:		YES NO
			Driver's Name :		
			Date of Accident		
			Loss/ Cost: [Rs.]		
			Circumstances of Accident:		

Payment details:

Mode of Payment	
Payment Details	
Amount in (₹)	
Date of Payment (DD/MM/YY)	
PAN (If premium is 1 Lac and Above.)	
GSTIN (If more than one GSTIN, kindly attach an annexure with details)	

Please fill up the request for authorization form to receive Claim/Refund payments, if any, directly into your bank account through NEFT if the premium paid is more than Rs 10000/

Note: The Company reserves the right to reject the said proposal or to terminate the insurance contract unilaterally and/or freeze the funds if the customer, or persons associated with him/her found to be named in any recognized blacklist.

Bank details of proposer for refund or claim purpose:

Name of bank account holder (*mention specifically, if different from name of policyholder*):

Bank Name & Branch:

Bank Account Number:

IFS Code:

Nominee Details:

Name:

Date of Birth:

Relationship with the proposer:

Mobile Number:

E-Mail ID:

Address of Nominee:

Present address:

Permanent address: (*if left blank, will be construed as being same as Present Address*):

Bank Account Details of Nominee:

Name of Account holder:

Bank Name & Branch:

Bank Account Number:

IFS Code:

Authorized person details (in case nominee is a minor):

DECLARATION BY PROPOSER

- i. 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 GENERALI CENTRAL INSURANCE CO. LTD. (GCICL).
If any additions or alterations are carried out in the risk proposed after the submission of this proposal form, then the same shall be conveyed to GCICL immediately, in writing.
- ii. I/We understand that, if any information/statement given in the proposal is found to be untrue by GCICL, the corresponding insurance policy, that may be issued, shall be treated as void ab initio and the premium paid shall be forfeited to GCICL.
- iii. I/We declare that the premium amount, corresponding to this proposal, is paid out of the legally declared and assessed sources of my/our/proposer's income and not out of proceeds of crime related to any offence under the Prevention of Money Laundering Act, 2002, and rules framed thereunder.
I/We understand that GCICL reserves the right to call for documents and information to establish the

source of funds, as also the right to reject the said proposal or to terminate the insurance contract unilaterally and/or forfeit the premium amount, if I/We/Proposer am/are found to be named in any recognized sanctions list/happen to have violated any provisions of law.

OR

I/We confirm that the premium payment has been made by _____, who is having an insurable interest in my/our/proposer's policy under this application form. In case of any refund, please process the same in proposer's bank account mentioned above.

iv. I/We am/are (please tick all that are applicable)

- ☐ High Net Worth Individual/s ☐ Non-Residential Indian/s ☐ Politically Exposed Person/s
☐ Non-Governmental Organization

v. I/We agree to receive service-related information from GCICL and its service providers, from time to time, through electronic and telecom modes, including WhatsApp, and understand that no unsolicited information will be sent to me/us.

vi. I/We am/are aware and agree that the information/data provided by me/us, through this application, to GCICL and/ or GCICL authorised person/ agency, shall be stored by GCICL, throughout the currency of my/our/proposer's relationship with GCICL, and used for the purposes relating to my/our/proposer's proposal for insurance cover and/or servicing policies issued in my/our/proposer's favour, whether by GCICL or its authorized partners. I/We/Proposer also understand that the said storage is necessary for my/our/proposer's consumption of the services and consent to not hold GCICL and/or its authorized partners/ agency/ person liable for legitimate utilization of the submitted information/data.

vii. I/We/Proposer consent to the fact that GCICL may download my/our/proposer's CKYC record from the Central KYC Records Registry, in relation to the verification of my/our/proposer's KYC records as part of this proposal. I/We/Proposer understand(s) that acceptable officially valid documents shall be relied upon for the said verification of KYC records. I/We/Proposer, also, consent to receive information from the Central KYC Records Registry through SMS/email on the abovementioned mobile phone number/email address. It is, also, confirmed that the KYC records available in the CKYC Records Registry are current and valid, as on the date of this proposal, and can be used by GCICL hereafter. In case of any modification, the applicable information will be provided to GCICL for updating the CKYC Registry Records.

viii. I/We/Proposer agree(s) that the information/data, contained in this proposal, shall be processed for purposes related to this proposal and the insurance policy that may be issued hereon. I/We/Proposer understand(s) that all such information/data will be handled as per the GCICL Privacy Policy, available at : <https://generalicentralinsurance.com>

True to our Go Green initiative, we will send a link to your e-mail address and/or phone no., as you've mentioned in this proposal, where available/chosen, your eIA, and you may download and save the digitally signed and authenticated policy document therefrom. If you still wish for a physical copy, you may tick on this box. ☐

Date:

Place:

Signature of the Proposer(s)
(Affix stamp, where proposer is a juridical person)

FOR INTERMEDIARY USE ONLY

I, _____, in my capacity as an Insurance Agent/POSP/Specified Person of the Corporate Agent/Authorized Person of the Broker/IMF, declare that I have explained the product features, including its suitability, and the contents of this proposal form, including the nature of the questions and the responses submitted thereto, to the proposer. It has been, further, informed to the proposer that the details provided herein shall form the basis of the contract of insurance between GCICL and the proposer. It has, also, been explained that if any untrue response(s) is/are contained in this proposal form or there has been any non-disclosure of material facts, the policy issued thereon shall, at the option of GCICL, be treated as null and void and the premium amount against the policy may be forfeited by GCICL.

Name of Insurance Agent/POSP/Specified Person of the Corporate Agent/Authorized Person of the Broker/IMF:

Intermediary's Code: _____

Intermediary's Signature: _____

ANTI MONEY LAUNDERING

GCICL adheres to anti-financial crime practices, including anti-money laundering, counter-financing of terrorism and anti-bribery and anti-corruption, which ensure to not allow use of GCICL as a tool/platform for financial crimes. The policyholder, beneficiary, claimant, or nominee are, therefore, required to assist GCICL with relevant records/information/assistance, as may be necessary to address the anti-financial crime practices.

SECTION 41. OF INSURANCE ACT, 1938-PROHIBITION OF REBATES

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 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 prospectuses 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 Lakhs Rupees.

*****END*****

Generali Central Insurance Company Limited (Formerly known as Future Generali India Insurance Company Limited) | Registered Office: Unit No. 801 & 802, 8th Floor, Tower C, Embassy 247 Park, LBS Marg, Vikhroli (West), Mumbai – 400083 | **IRDAI Regn. No.:** 132 | **CIN:** U66030MH2006PLC165287 | **Website:** <https://generalicentralinsurance.com> | **Email ID:** GCicare@generalicentral.com | **Toll-free Phone:** 1800 220 233 / 1860 500 3333/ 022 6783 7800