

## SmartDrive Commercial Vehicle Insurance Policy - Proposal Form

### Important Note

This is only a Proposal Form and issuance of the same does not amount to acceptance of risk by the company. The liability of the company does not commence until the acceptance of the proposal has been formally intimated by the insured and full premium has been realized by the company.

### 1 Intermediary Details

IMD Code \_\_\_\_\_ Employee Code \_\_\_\_\_ Employee Name \_\_\_\_\_  
**POSP Name** \_\_\_\_\_ **POSP Number** \_\_\_\_\_  
**POSP PAN Card No.** \_\_\_\_\_ **POSP Aadhar No.** \_\_\_\_\_  
**Agency Code** \_\_\_\_\_ **Agency Name** \_\_\_\_\_  
**Mobile** \_\_\_\_\_ **Agency's Other Contact Details** \_\_\_\_\_

### 2 Type of Business and Proposed Insurance Details

Good Carrying Vehicle: Public carrier ☐ Private carrier ☐ Passenger carrying vehicle ☐ Miscellaneous vehicle ☐  
 Issued for: New Vehicle ☐ Renewal ☐ Rollover ☐ Used ☐ Endorsement ☐  
 Type of Cover: Package policy ☐ Liability only ☐ Others (Please specify) \_\_\_\_\_  
 Policy Period: From Time \_\_\_\_\_ Date \_\_\_\_\_ To the midnight of Date \_\_\_\_\_  
 Are you entitled for NCB in current year policy? If yes, please submit the relevant proof, NCB%

### 3 Insured's Details

Full Name: Mr. / Ms. / Mrs./ Dr. / M/s. \_\_\_\_\_  
 Communication Address: \_\_\_\_\_  
 \_\_\_\_\_ PAN Details \_\_\_\_\_  
 City / District \_\_\_\_\_ State \_\_\_\_\_ Pin Code \_\_\_\_\_  
 Mobile No. (Mandatory) \_\_\_\_\_ Email ID (Mandatory) \_\_\_\_\_  
 Residence No. \_\_\_\_\_ Office No. \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender: \_\_\_\_\_

### 4 Vehicle Details

Make \_\_\_\_\_ Model/Variant \_\_\_\_\_ Year of Manufacturing \_\_\_\_\_  
 Cubic Capacity \_\_\_\_\_ Seating Capacity \_\_\_\_\_ Colour \_\_\_\_\_ Vehicle Registration No. \_\_\_\_\_  
 Body Type \_\_\_\_\_ Gross Vehicle Weight \_\_\_\_\_ Max. Licensed carrying capacity (No. of passengers) \_\_\_\_\_  
 Engine No. \_\_\_\_\_ Chassis No. \_\_\_\_\_  
 Place of Registration \_\_\_\_\_ Date of Registration \_\_\_\_\_ Fuel Type \_\_\_\_\_  
 Trailer Registration No. \_\_\_\_\_ Trailer Chassis No. \_\_\_\_\_  
 Insured Declared Value For Vehicle \_\_\_\_\_ Electrical Accessories \_\_\_\_\_ Non-Electrical Accessories \_\_\_\_\_  
 Trailer IDV/Side car \_\_\_\_\_ CNG/LPG \_\_\_\_\_ Total IDV \_\_\_\_\_

### 5 Financer Details

Hypothecation Agreement ☐ Hire Purchase ☐ Lease Agreement ☐  
 Name & Address of Financer: \_\_\_\_\_

### 6 Inspection Details

Inspection Ref # \_\_\_\_\_ Date & Time \_\_\_\_\_ Agency Name \_\_\_\_\_ Recommended: Yes ☐ No ☐

## 7 Previous Insurance Details

Previous Insurance Policy No. \_\_\_\_\_  
Policy Period: From \_\_\_\_\_ To \_\_\_\_\_  
NCB in Expiring Policy \_\_\_\_\_ No of Claims \_\_\_\_\_ Amount \_\_\_\_\_  
Name of the Insurer & Address: \_\_\_\_\_

## 8 Other Details

Personal Accident cover for owner driver is compulsory. Please provide details of nomination.

Name of Nominee \_\_\_\_\_ Age \_\_\_\_\_ Owner driver relationship with Nominee \_\_\_\_\_

Name of Appointee (if Nominee is minor) \_\_\_\_\_ Relationship to Nominee \_\_\_\_\_

Do you require PA cover for Unnamed Persons/Hirer/Pillion rider? If yes, provide no. of passengers \_\_\_\_\_ Capital Sum Insured per person \_\_\_\_\_

Do you require Named PA Cover for paid driver/cleaner or conductor? Name \_\_\_\_\_ Sum Insured \_\_\_\_\_

Do you wish to restrict the TPPD liability limit of Rs.6,000 only: Yes ☐ No ☐ Does the owner have a valid Driving license? Yes ☐ No ☐

I (owner driver) have Personal Accident cover [includes cover against motor accidents - a 24 hour Personal Accident cover against Death and Permanent Disability (Total and Partial)] for CSI of at least Rs. 15 Lac  
Yes ☐ No ☐

### Do you wish to cover Legal Liability toward

A) Driver/Conductor or Cleaner Yes ☐ No ☐ If yes, Please specify no. of persons \_\_\_\_\_

B) Other Employees Yes ☐ No ☐ If yes, Please specify no. of persons \_\_\_\_\_

C) Non Fare paying passengers Yes ☐ No ☐ If yes, Please specify no. of persons \_\_\_\_\_

Do you wish to cover overturning of the vehicle (misc class)? Yes ☐ No ☐

Do you wish to opt for IMT 23 (Cover of Lamps Tyres /Tubes Mudguards Bonnet/Side Parts Bumper headlights and Paintwork of damaged portion only)? Yes ☐ No ☐

### Please put a tick wherever applicable

1. ☐ Whether the vehicle is also used for Private purpose? (Excluding use for hire or reward). 2. ☐ Whether the vehicle is used for Driving tuition? 3. ☐ Whether the vehicle is limited to own premises? 4. ☐ Whether the vehicle is specially designed for use of Blind/Handicapped/Mentally Challenged person? 5. ☐ If yes, whether the same is endorsed as such by RTA? 6. ☐ Whether the Vehicle is fitted with fiber glass tank? 7. ☐ Whether the vehicle belongs to the Embassy/Consulate of a foreign country? If yes, is the duty element included in the IDV? 8. ☐ Is the Vehicle fitted with Anti Theft device which is approved by ARAI? If yes, please submit certificate. 9. ☐ If the vehicle is owned by School/Corporate, will it be used exclusively for transportation of own Staff/Students and Guest? 10. ☐ Do you wish the Geographical area extension under your proposed insurance cover? If yes, please select the relevant box  
☐ Bangladesh ☐ Bhutan ☐ Nepal ☐ Sri Lanka ☐ Maldives ☐ Pakistan

### Add on Coverage:

Depreciation Cover ☐ Outstanding Loan Cover ☐  
Consumables Cover ☐ Engine and Gear Box Protection ☐  
Invoice Price Cover ☐ Any other (please specify name) \_\_\_\_\_

### Premium Details:

A) Premium Amount (Including service tax) \_\_\_\_\_ Cash ☐ Cheque ☐ Demand Draft ☐ Credit Card ☐

Cheque/DD No. \_\_\_\_\_ Cheque/DD Date \_\_\_\_\_ Bank Name \_\_\_\_\_

Insured Bank Name & Address: (In case of any dues from the company, the amount will be credited to this bank account) \_\_\_\_\_

Account No. \_\_\_\_\_ IFSC Code \_\_\_\_\_

## 9 Declaration

**Please let us know if the below statement is applicable to you:** Have you ever been entrusted with prominent public functions, for example, Heads of State or of Government, senior politicians, senior government, judicial or military officials, senior executives of state owned corporations or important party officials. Yes ☐ No ☐

I/We hereby declare that the statements, answers given by Me/Us in this proposal form are true to the best of my knowledge and belief. I/We hereby agreed that this declaration shall form the basis of contract between Me/Us and Bharti AXA General Insurance Company Limited. It is hereby understood and agreed that the statements, answers and particulars provided herein above are the basis on which this insurance is being granted and that if, after the insurance is affected, it is found that any of the statements, answers or particular are incorrect or untrue in any respect, the company shall have no liability under this insurance. I/We agree and undertake to convey to Bharti AXA General Insurance Company Limited any change/alterations carried out in the risk proposed for insurance after submission of this proposal form. I/We hereby declare that all the damages observed at the time of inspection of the vehicle shall not be claimed by Me/Us from Bharti AXA General Insurance Co. Ltd. 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 (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. I have read, understood and agree with the terms and conditions mentioned on this proposal form.

### Data Privacy Notice:

I/We hereby provide consent to the Company for collecting/retaining any information relating to Me/Us including Sensitive Personal Information ("hereinafter cumulatively referred to as "INFORMATION"), that is either available with the Company or disclosed by Me/Us while obtaining the policy of Insurance from the company or otherwise. I/We further understand that the Company may use the INFORMATION for servicing the Insurance policy obtained by Me/Us and for same may share the INFORMATION with any reinsurer, insurance association, medical authorities, other Insurers, statutory authorities, court, governmental body, regulator etc., or with services provider(s) engaged by the Company for servicing the Insurance policy, underwriting the risk, settlement of claim etc. without obtaining our specific consent for such sharing and we hereby provide our consent to Company for same.

I/We understand that whenever I/We would like to update/correct the INFORMATION, we will intimate the Company for the same, so as to enable the Company to amend/correct the INFORMATION accordingly. Further in the event I/We would like to withdraw My/Our consent provided herein, I/We would intimate the Company of the same in writing and also understand that, in the event of such withdrawal by Me/Us, the Company reserves the right to not provide Me/Us the Services for which it has sought the INFORMATION.

Place \_\_\_\_\_

Date \_\_\_\_\_

Proposer's Signature \_\_\_\_\_

**Section 41 of Insurance Act 1938 (Prohibition of rebates): as amended by Insurance Laws (Amendment) Act, 2015**

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 or 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 prospectus or tables of the Insurer.

2. Any person making default in complying with the provision/s of this section shall be liable for a penalty which may extend to ten lakh rupees.