

## STANDARD PROPOSAL FORM FOR “LIABILITY ONLY” POLICY

(For Commercial Vehicles other than Motor Trade Internal Risks Policies)

**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:**

|                         |                     |  |                  |          |       |      |  |  |  |
|-------------------------|---------------------|--|------------------|----------|-------|------|--|--|--|
| <b>Personal Details</b> | <b>1</b>            | Proposer’s (Owner’s)<br>Full Name<br><br>(In capital letters)                              |                  |          |       |      |  |  |  |
|                         | <b>2</b>            | Address<br>(where the vehicle is normally kept)<br><br>(In capital letters, with pin code) |                  |          |       |      |  |  |  |
|                         |                     |  | <b>Pin Code:</b> |          |       |      |  |  |  |
|                         |                     |  | Telephone No:    | Fax:     |       |      |  |  |  |
|                         |                     |  | Mobile No.:      | Mail Id: |       |      |  |  |  |
|                         | <b>3</b>            | Occupation /<br>Business   |                  |          |       |      |  |  |  |
| <b>4</b>                | Type of Cover       | <b>Liability Only Policy</b>   |                  |          |       |      |  |  |  |
| <b>5</b>                | Period of Insurance | <b>From</b>  | Hrs              | DATE     | MONTH | YEAR |  |  |  |
|                         |                     |  |                  |          |       |      |  |  |  |
|                         |                     | <b>To</b>  | Hrs              | DATE     | YEAR  | YEAR |  |  |  |
|                         |                     |  |                  |          |       |      |  |  |  |

**A (II). Vehicle Details**

|                               |               |                                     |  |  |  |  |  |  |  |
|-------------------------------|---------------|-------------------------------------|--|--|--|--|--|--|--|
| <b>Vehicle Specifications</b> | <b>6</b>      | Registration Number of the Vehicle  |  |  |  |  |  |  |  |
|                               | <b>7</b>      | Date of Registration of the Vehicle |  |  |  |  |  |  |  |
|                               | <b>8</b>      | Registering Authority & Location    |  |  |  |  |  |  |  |
|                               | <b>9</b>      | Year of Manufacture                 |  |  |  |  |  |  |  |
| <b>10</b>                     | Engine Number |                                     |  |  |  |  |  |  |  |

**DHFL General Insurance Limited**  
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Registered & Corporate Office: 402, 403 & 404, A&B Wing, 4th Floor, Fulcrum, Sahar Road, Next to Hyatt Regency, Andheri (E), Mumbai - 400 099  
 Phone: 022 - 4001 8100/8200 “Liability Only” Policy- Proposal Form IRDAI Reg No.: 155 CIN: U66000MH2016PLC283275  
 Web: www.dhflinsurance.com PRODUCT UIN: Private Car IRDAN155RP0001VO1201718 Two Wheeler IRDAN155RP0002VO1201718  
 Commercial Vehicle: IRDAN155RP0003VO1201718 Email: mycare@dhflinsurance.com

|                    |  |   |                                |     |
|--------------------|--|---|--------------------------------|-----|
|                    | 11   | Chassis Number  |                                |     |
|                    | 12   | Make of the Vehicle   |                                |     |
|                    | 13   | Model   |                                |     |
|                    | 14   | Type of Body  |                                |     |
|                    | 15   | Gross Vehicle Weight(GVW) & Cubic Capacity of the Vehicle   |                                |     |
|                    | 16   | Max. licensed carrying capacity (No. of Passengers) in case of Passenger Carrying Vehicles?       |                                |     |
|                    | 17   | Whether vehicle is driven by non-conventional source of power /CNG/LPG/Bi-Fuel?                   |                                |     |
|                    | 18   | Whether the use of vehicle is limited to own premises?  | YES                            | NO. |
|                    | 19   | Whether the vehicle is used for commercial purpose?   | YES                            | NO. |
|                    | 20   | Whether the vehicle is used for driving tuitions? (GR-44)   | YES                            | NO. |
|                    | 21   | Details of Hire Purchase / Hypothecation / Lease  | <b>(IMT-5)/(IMT-7)/(IMT-6)</b> |     |
|                    |  | 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                             |     |
|                    | b) If 'YES', give name and address of concerned party/parties: |   |                                |     |
| <b>Third Party</b> | 22   | Coverage for liability against Third Party Risks (Death or Bodily Injury) required in respect of: |                                |     |
|                    |  | (i) Owner Driver only   | YES                            | NO. |

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|  |  |  |  |     |
|--|--|--|--|-----|
|  |  | (ii) Any person other than Paid Driver   | YES  | NO. |
|  |  | If 'YES', give details of such other persons   |  |     |
|  |  | 1  |  |     |
|  |  | 2  |  |     |
|  |  | 3  |  |     |
|  |  | <p><b>[Note:</b></p> <p>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)</p> <p>2. As per Section 147 (2) (a). The liability is 'as incurred 'in the case of death / bodily injury of a third party]</p> |  |     |
| Third party Risks: TPPD (IMT-20)   | 23   | Do you wish to have the statutory Third Party Property Damage (TPPD) liability of Rs. 6000/- only?<br><br>[For additional TPPD limits, please see Q.No. 25]  | YES  | NO  |
|  | Third Party Risks: Liability to Employee under E.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 Employees' Compensation Act-1923 is covered under the Motor Vehicles Act-1988.] |     |
|  |  | 1) Drivers   | (No. of persons: _____)  |     |
|  |  | 2) Employees (Workmen)   | (No. of persons: _____)  |     |
|  |  | <p><b>(Note:</b> The Motor Vehicles Act-1988 under Sec. 147 (1) (ii) (i) covers liability to employees who are Employees within t h e meaning of the Employees 'Compensation Act-1923.)</p> <p>For additional coverage, please refer to Q.No. 26]</p>  |  |     |
| <b>B. Questions that provide additional covers as per IMT Endorsements</b> |  |  |  |     |

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|   |          |   |     |    |
|---|----------|---|-----|----|
| Addl. TPPD                                    | 25       | The Policy provides additional Third Party Property Damage liability limit or Rs. 7,50,000/- for commercial vehicles. Do you wish to cover the additional limit?  | YES | NO |
|   | GR 39    | [Refer to Q.No. 23]   |     |    |
| Additional Liability                          | 26       | Do you wish to cover wider legal liability to employees who are 'workmen'?  | YES | NO |
|   | (IMT-28) | [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]<br><br>Note: The additional liability under Common Law and Fatal Accidents Act in respect of employees who are workmen is covered under this endorsement<br>[Refer to Q.No. 24] |     |    |
| Liability to Employees who are not 'Employee' | 27       | Do you wish to cover wider legal liability to employees who are NOT 'workmen'?  | YES | NO |
|   | (IMT-29) | (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       | 28       | <b>Personal Accident Cover for Owner Driver is compulsory in the Liability Only Cover. Please give details of nomination:</b>   |     |    |
|   |          | (a) Name of the Nominee & Age   |     |    |
|   |          | (b) Relationship  |     |    |
|   |          | (c) Name of the Appointee   |     |    |
|   |          | (d) Relationship to the Nominee:  |     |    |

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|  |                  |  |      |                      |         |              |
|--|------------------|--|------|----------------------|---------|--------------|
|  |                  | <p>(Note:</p> <p>1. Personal Accident cover for Owner Driver is compulsory for Sum Insured of Rs. 2,00,000/- for Commercial Vehicles.</p> <p>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)</p> |      |                      |         |              |
| <b>PA Cover for Named Occupants</b>    | <b>29</b>        | Do you wish to include Personal Accident cover for named persons?  |      |                      | YES     | NO.          |
|  | <b>(IMT -15)</b> | If YES, give name and Capital Sum Insured (CSI) opted for:   |      |                      |         |              |
|  |                  | SI no  | Name | CSI (Opted)<br>(Rs.) | Nominee | Relationship |
|  |                  | 1  |      |                      |         |              |
|  |                  | 2  |      |                      |         |              |
|  |                  | 3  |      |                      |         |              |
|  |                  | 4  |      |                      |         |              |
| 5                                      |                  |  |      |                      |         |              |
|  |                  | Note: (The maximum CSI available per person is Rs. 2 Lacs in case of Commercial Vehicles)  |      |                      |         |              |
| <b>PA Cover for Un-Named Occupants</b> | <b>30</b>        | Do you wish to include Personal Accident cover for Un-Named Passengers/hirer/pillion passengers (Two Wheelers)?  |      |                      |         |              |
|  | <b>(IMT -16)</b> | 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)   |      |                      |         |              |

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|                               |                |   |            |     |     |          |           |     |     |
|-------------------------------|----------------|---|------------|-----|-----|----------|-----------|-----|-----|
| <b>Geographical Extension</b> | <b>31</b>      | Whether extension of geographical area to the following countries required?   |            |     |     |          |           |     |     |
|                               | <b>(IMT-1)</b> | <b>1</b>  | Bangladesh | YES | NO. | <b>2</b> | Bhutan    | YES | NO. |
|                               |                | <b>3</b>  | Maldives   | YES | NO. | <b>4</b> | Nepal     | YES | NO. |
|                               |                | <b>5</b>  | Pakistan   | YES | NO. | <b>6</b> | 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) |            |     |     |          |           |     |     |

|  |   |   |      |               |    |     |                    |  |  |  |
|--|---|---|------|---------------|----|-----|--------------------|--|--|--|
| <b>C. Questions that are elicited for information and data collection purposes</b> |   |   |      |               |    |     |                    |  |  |  |
|  | <b>32</b>   | Previous History:   |      |               |    |     |                    |  |  |  |
|  | <b>a.</b>   | Date of purchase of the vehicle by the Proposer:            |      |               | DD | MM  | YR                 |  |  |  |
|  | <b>b.</b>   | Whether the vehicle was new or second hand at the time of   |      |               |    | NEW | SECOND HAND        |  |  |  |
|  | <b>c.</b>   | Will the vehicle be used exclusively for                    |      |               |    |     |                    |  |  |  |
|  | <b>(i)</b>  | Private, Social, Domestic, Pleasure & Professional Purpose? |      |               |    | YES | NO.                |  |  |  |
|  | <b>(ii)</b>   | Carriage of goods other than samples or personal luggage?   |      |               |    | YES | NO.                |  |  |  |
|  | <b>d.</b>   | Is the vehicle in good condition?                           |      |               |    | YES | NO.                |  |  |  |
|  | If NO, please give details                                    |   |      |               |    |     |                    |  |  |  |
|  | <b>e.</b> Name and Address of the previous insurance company: |   |      |               |    |     |                    |  |  |  |
|  | <b>f.</b> Previous policy number:                             |   |      |               |    |     |                    |  |  |  |
|  | <b>g.</b> Period of Insurance                                 |   | From |               |    | To  |                    |  |  |  |
|  | <b>h.</b> Claims lodged during the preceding 3 years          |   |      |               |    |     |                    |  |  |  |
|  | YEAR  |   |      | NO. OF CLAIMS |    |     | CLAIM AMOUNT (Rs.) |  |  |  |

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|  |           |  |                 |                       |
|--|-----------|--|-----------------|-----------------------|
|  |           |  |                 |                       |
|  |           |  |                 |                       |
|  |           |  |                 |                       |
|  | <b>33</b> | Details of Driver:   |                 |                       |
|  | <b>a.</b> | Age and Date of Birth of the Owner   | Age [ In Years] | Date of Birth         |
|  |           |  |                 | DD      M M      YEAR |
|  |           |  |                 |                       |
|  | <b>b.</b> | Age and Date of Birth of the Owner   | Age [ In Years] | Date of Birth         |
|  |           |  |                 | DD      MM      YEAR  |
|  |           |  |                 |                       |
|  | <b>c.</b> | Does the driver suffer from defective vision or hearing or   |                 | YES      NO           |
|  |           | any physical infirmity?<br>If 'YES', please give details of such infirmity   |                 |                       |
|  | <b>d.</b> | Has the driver ever been involved / convicted for causing any accident of loss?<br>If 'YES', give details as under including the pending prosecutions: |                 | YES      NO           |
|  |           | Driver's Name:   |                 |                       |
|  |           | Date of Accident   |                 |                       |
|  |           | Loss/ Cost: [Rs.]  |                 |                       |
|  |           | Circumstances of Accident:   |                 |                       |

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**Declaration by the Insured**

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 DHFL GENERAL INSURANCE.

I/We also declare that any additions or alterations are carried out after the submission of this proposal form then the same would be conveyed to the Insurance Company immediately.

Place:

Date:

\_\_\_\_\_  
**Signature of the Proposer/s.**

**PROHIBITION OF REBATES (Insurance Act-1938, Section 41)**

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 or 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 in 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 table of the Insurer.

Any person making default in complying with the provisions of this section shall be punishable with fine which may extend to ten lac rupees.

**Noted:** Denial of "Third Party Liability Only Cover" by Insurer, for reasons other than fraud /misrepresentation by proposer, will entail Regulatory action.

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