ICICI Lombard

Proposal Form No. _____

ICICI LOMBARD GENERAL INSURANCE COMPANY LTD

Registered Office Address: ICICI Lombard General Insurance Company Limited, ICICI Lombard House, 414, Veer Savarkar Marg, Near Siddhi Vinayak Temple, Prabhadevi, Mumbai 400 025.
Visit us at **www.icicilombard.com** • Mail us at **customersupport@icicilombard.com** • Our toll free number is **1800 2666** • Alternate no : **86552 22666 (chargeable)**

Insurance underwritten by ICICI Lombard General Insurance Company Limited. Insurance is the subject matter of solicitation. CIN: L67200MH2000PLC129408. IRDA Reg. No. 115.

PLEASE WRITE IN BLOCK LETTERS

MOTOR LIABILITY PROPOSAL FORM

Product	**Private Car Liability Policy**	**Two Wheeler Vehicle Liability Policy**	**Goods Carrying Vehicle Liability Policy**	**Miscellaneous Vehicle Liability Policy**
UIN	IRDAN115RP0012V02200102	IRDAN115RP0016V02200102	IRDAN115RP0013V01200102	IRDAN115RP0014V01200102
Product	**3 Years - Private Car Liability Policy**	**5 Years - Two Wheeler Liability Policy**	**Passenger Carrying Vehicle Liability Policy**	**Motor Trade Road Risk Liability Policy**
UIN	IRDAN115RP0002V02201819	IRDAN115RP0003V02201819	IRDAN115RP0015V01200102	IRDAN115RP0002V01202223
Product	**Motor Trade Road Transit Risk Liability Policy**	**Trailer Liability Policy**	**Standalone third party long term Two Wheeler Insurance Policy**	
UIN	IRDAN115RP0001V01202223	IRDAN115RP0003V01202223	IRDAN115RP0016V02201415	

I. Third Party Liability : In addition to the coverage noted above, this product covers you against legal liability towards third party, in respect of the following

• Death of or bodily injury to any person • Damage to property (as per the provisions of Motor Vehicle Act) • Personal accident benefits (Death or Bodily injury) in respect of owner driver only/ any person other than paid drivers.

Coverage required for : ☐ **Pvt Car** ☐ **Two Wheeler** ☐ **PCV** ☐ **GCV** ☐ **Misc D** **Type of Policy:** ☐ **New** ☐ **Roll Over** ☐ **Renewal** ☐ **Used** ☐ **Endorsement**

Make of Vehicle	Model of Vehicle	Year of Manufacture	Cubic Capacity (CC)	Seating Capacity	Insured's Declared Value (IDV)	Date of Registration
					₹	

Premium: ₹ GVW kg R.T.O. Authority

Body Price: (if applicable) ₹ Chassis Price: (if applicable) Value of Non Electrical Accessories, if any (Please attach bills)

Value of Non Conventional source of Power (CNG/LPG) if any ₹ Value of Electrical Accessories, if any (Please attach bills)

Engine No.: Side Cars (Two Wheeler)

Chassis No.: Value of Trailer, if any ₹ Date of Purchase of Vehicle: D D M M Y Y Y Y

Additional Risks, if any: Trailer Chassis No.: Seating Capacity for PCV: Type of Body:

Deal No.: Vehicle Usage: Vehicle Driven By: Area of Operation:

Vehicle sub-class: Policy Class:

Fuel Type: ☐ Diesel ☐ Petrol ☐ CNG ☐ LPG ☐ Hybrid ☐ Electric • Colour of the Vehicle : • Colour Finish : ☐ Metallic ☐ Non-Metallic

Your policy will be dispatched to the below mentioned correspondence address.

(Use Block Letters)

Form 52 (India) (See Rule 142 (i) of Central Motor Vehicle Rules 1989)

1. Registration mark, number and description of the vehicle insured

CORRESPONDENCE/ PRESENT ADDRESS (Where the vehicle is normally kept)	**PERMANENT ADDRESS / GST REGISTERED ADDRESS**
2. Name:	
Flat/Building:	
Street/Road/Sector:	
Area/Village/Taluka:	
Landmark:	
City: Pincode:	City: Pincode:
State:	State:
Mobile Telphone:	Mobile Telphone:
Email:	Email:

For Non-Individual – Other details (Authorised Signatory)

Name:

Current residential address:

Any officially valid document containing photographs of Authorized Signatory:

For Non-Individual – Details of Beneficial Owner

Mention the details of individual persons who has/have the Beneficial Ownership in the captioned entity:

Full Name	**Date of birth**	**Nationality**	**Address**	**% share holding**	**PAN**	**Politically Exposed Person (PED) Declaration**
						☐ PEP ☐ Family member/ Close relatives/ Associates to PEP ☐ No
						☐ PEP ☐ Family member/ Close relatives/ Associates to PEP ☐ No

3. Are you or any of the proposed applicants a PEP* or Family member/ Close relatives/Associates of PEPs*? Yes ☐ No ☐

If yes, please give details (Nature of relationship and position held by PEP):

"*Politically Exposed Persons" (PEPs) are individuals who have been entrusted with prominent public functions by a foreign country, including the heads of States or Governments, senior politicians, senior government or judicial or military officers, senior executives of state-owned corporations and important political party officials.

4. GSTIN (If customer is registered for GST): **5.** Date of Incorporation D D M M Y Y Y Y **6.** Place of Incorporation

7. PAN No. **8.** Date of Birth D D M M Y Y Y Y **9.** Sex : ☐ M ☐ F ☐ T

10. CKYC No **11.** CIN **12.** PAN of POS

13. Voter ID: **14.** Passport no: **15.** Driving license:

16. DARPAN Portal Reg No.

17. Effective date and time of commencement of insurance for the purpose of the Act Tenure: _____ Period of insurance D D M M Y Y Y Y TO D D M M Y Y Y Y

In case of long term Policy Tenure: (Only Two Wheeler Policy) ☐ 2 years ☐ 3years

Endorsement Effective date (only for endorsements) Date: D D M M Y Y Y Y Vehicle Sub-class: Policy Class:

18. Compulsory Personal Accident (PA) Cover for owner-driver Sum Insured: ☐☐☐☐☐☐☐☐☐☐ Tenure: _____ D D M M Y Y Y Y TO D D M M Y Y Y Y

- The Personal Accident (PA) Sum Insured should be at least Rs. 15 lakhs or greater than Rs. 15 lakhs and should be in multiples of Rs. 1 lakh.

I hereby declare that the owner driver does not require Compulsory Personal Accident cover as:

☐ Owner driver has a separate existing Personal Accident cover against Death and Permanent Disability (Total and Partial) for Sum Insured of at least ₹ 15 lacs.

☐ The owner does not have a valid driving license. ☐ The vehicle to be insured is not owned by an individual.

Personal Accident Cover for driver is compulsory for Sum Insured for 15,00,000 for Two Wheeler, Private Cars and Commercial Vehicles. Compulsory PA 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.

Nominee Details

	1st Nominee	2nd Nominee	3rd Nominee	4th Nominee
Nominee Name and Relationship				
Date of birth of nominee	DD/MM/YY	DD/MM/YY	DD/MM/YY	DD/MM/YY
Percentage of nomination	(%)	(%)	(%)	(%)
Mobile no. of nominee				
Email id of nominee				
Present and Permanent address of Nominee				
Bank Account Details:				
Beneficiary Name:				
Bank Name:				
Bank Account Number:				
IFSC CODE				
MICR NUMBER				
BRANCH				

Appointee details: Please write the Appointee name also in case the nominee is a minor . * Please provide the details of the guardian in case of nominee is a minor

	1st Appointee	2nd Appointee	3rd Appointee	4th Appointee
Appointee Name and Relationship				
Date of birth of Appointee	DD/MM/YY	DD/MM/YY	DD/MM/YY	DD/MM/YY
Mobile no. of Appointee				
Email id of Appointee				
Present and Permanent address of Appointee				
Bank Account Details:				
Beneficiary Name:				
Bank Name:				
Bank Account Number:				
IFSC CODE				
MICR NUMBER				
BRANCH				

Source of Funds

Salary ☐ Business ☐ Others ☐ (In case of others, please specify: _____.

I/We hereby declare and confirm that the premium has been paid out of legally acquired sources of income and the subsequent premiums if any, will continue to be paid out of legally declared and assessed source of income.

Is the vehicle proposed for insurance under: Hire-Purchase ☐ Lease Agreement ☐ Hypothecation ☐ Agreement ☐ None of the above ☐ LAN No.: _____

Name and address of the financier ☐☐☐☐☐☐☐☐☐☐

Intermediary Declaration And Details/Principal Officer Details

I, _____<full name> in my capacity as an Insurance Advisor/ Specified Person of the Corporate Agent/ Insurance Sales Persons of Insurance Marketing Firm / Broker Qualified Person/ Point of Sales Person/ Designated Person/ Authorised Verifier or any other authorised salesperson/ Rural Authorized Person (RAP) and Village Level Entrepreneur – Ins (VLE-Ins) of Common Public Service Centre do hereby declare that I have explained all the contents of this Proposal Form, including the nature of the questions contained in this Proposal Form to the Proposer including statement(s), information and response(s) submitted by him/her in this Proposal Form to questions contained herein or any details sought herein will form the basis of the Contract of Insurance between the Company and the Proposer, if this Proposal is accepted by the Company for issuance of the Policy. I have further explained that if any untrue statement(s)/information/ response(s) is/ are contained in this Proposal Form/including addendum(s), affidavits, statements, submissions, furnished/ to be furnished, the Company shall have the right to cancel the policy at its discretion. Further, this declaration does not confirm issuance of policy or assumption of risk thereof.

_____ (to be filled in, only in case there is some disclosure to be made).

I hereby confirm to the best of my knowledge and belief that there is no inconsistency or adverse habits that may affect the underwriting of this proposal except as mentioned below:

Intermediary Name / Principal Officer Name: _____ Code / Functional Identity: _____ Branch Contact Details: _____

Branch Email Address: _____ Branch / Office Location: _____ Date: _____

Bank Details (in case of Issuance and Refund)

Direct Fund Transfer / EFT Mandate Form *(Please attach an Original Blank Cancelled Cheque signed by payee)*

Payee Name (As per bank records) _____ Payee Account No. _____

Name of Bank : _____ Type of Account: ☐ Savings ☐ Current IFSC Code No. _____

Cheque / DD Date: D D M M Y Y Y Y **Amount:** ₹ _____ **Cheque / DD No.:** _____ **Bank Name:** _____ **Deposit Slip No.:** _____

Credit Card No. _____ **Expiry Date:** _____ **Issuing Bank** _____ **Amount:** _____

If Corporate, vehicle used by, Mr./Ms. _____

Phone (with STD Code): _____ (O) _____

Mobile No.: _____ Email ID: _____

(For claim status and renewal reminders) Date of Birth : _____

Sex : ☐ M ☐ F ☐ T Marital status : Single ☐ Married ☐

My Occupation Details

Type of Customer: ☐ Private Limited Co. ☐ Public Ltd. Co. ☐ Unincorporated Association or Body of Individuals ☐ Partnership/LLP ☐ Trust/ Foundation ☐ Government ☐ NGO/NPO (Provide DARPAN Portal Registration number above) ☐ Others (please specify) _____

If Individual ☐ Salaried ☐ Self Employed ☐ Professional ☐ Retired

If Non Individual ☐ Urban ☐ Rural

Paidup Capital of Company in ₹ ☐ < 10 Crores ☐ 10-25 Crores ☐ > 25 Crores

Category/ Nature of Business: ☐ Training ☐ Manufacturing ☐ Contracting ☐ Others _____

Financial Services Hospitality Other (pl. specify)

Annual Income in ₹ : _____

Do you File an Income Tax Return ☐ Yes ☐ No Do you own a bank account Yes ☐ No ☐

Optional Personal Accident Cover

Do you wish to include Personal Accident cover for named persons? ☐ Yes ☐ No

If yes, provide name and Capital Sum Insured (CSI) opted for :

Name	CSI Opted (₹)	Nominee	Relationship
1.			
2.			

Do you wish to include PA cover for unnamed Passengers / Hirer / Pillion Passengers (Two Wheeler) Yes ☐ No ☐

If yes, provide number of persons and Capital Sum Insured (CSI) opted for :

No. of persons : _____ CSI (per person) : _____

Details of Driver

a. Age & Date of Birth of the Owner : Age _____ Yrs DOB D D M M Y Y Y Y

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

Does the driver suffer from defective vision or hearing or any physical infirmity? Yes ☐ No ☐

If yes, please provide details of such infirmity: _____

d. Has the driver ever been involved / convicted for causing any accidental loss? Yes ☐ No ☐

If yes, provide details as under including the pending prosecutions

Drivers Name : _____ Date of Accident : D D M M Y Y Y Y

Circumstances of Accident / Loss : _____

_____ Loss / Cost (₹) : _____

Vehicle Insurance History

Name and Address of Previous Insurer: _____

Previous Policy Type: Liability only Cover ☐ Package Cover ☐ Others ☐

Previous Policy No. _____

Period of Insurance D D M M Y Y Y Y TO D D M M Y Y Y Y

Existing bonus/malus status: ☐☐ %

Are you entitled to No Claim Bonus? Yes ☐ No ☐

In the last three years, is there any history of loss experienced by the proposer(s) or other drivers who would be using this vehicle Yes ☐ No ☐ If yes, details are:

Date & Time of Loss	Name of the Driver at the time f loss	Nature of Loss	Amount claimed (₹)

Has any insurance company ever

A) declined the proposal : Yes ☐ No ☐

B) cancelled & refused to renew : Yes ☐ No ☐ (If yes, reasons for the same _____)

C) imposed special condition or excess : Yes ☐ No ☐ (If yes, reasons and details thereof : _____)

Declaration: 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/We, the undersigned hereby declare that the above statements and particulars are true, accurate and complete and I/We declare that this declaration and the answer given above shall be held to promissory and shall be the basis of the contract between me/us and ICICI Lombard. The policy may however be continued at the sole discretion of ICICI Lombard, subject to payment of the amount payable as determined by ICICI Lombard, resulting from the difference in the bonus/malus status. I shall endeavour to procure the renewal notice and pass on the same to ICICI Lombard immediately upon the receipt of such notice. "I/We declare that the rate of NCB claimed by me/us is correct and that no claim as 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."

Place: _____ Date: D D M M Y Y Y Y Signature of Proposer _____

Other Vehicle Information

1) At the time of purchase the vehicle was : New Used

Date of purchase of the Vehicle (if current owner purchased the used vehicle):

2) Will the vehicle be used for carriage of goods other than samples or personal luggage: Yes ☐ No ☐

3) The vehicle is in good condition* : Yes ☐ No ☐ If 'No' please give full details _____

4) The vehicle is self owned: Yes ☐ No ☐

5) The vehicle is used for driving tution: Yes ☐ No ☐

6) The vehicle is used for commercial purposes: Yes ☐ No ☐

7) Use of my vehicle is limited to own premises: Yes ☐ No ☐

8) The vehicle is used for Personal purposes: Yes ☐ No ☐ (excluding use for hire or reward)

9) The vehicle belongs to foreign embassy/consulate?: Yes ☐ No ☐

10) The car is certified as Vintage car by: Yes ☐ No ☐ Vintage and Classic Car Club of India

11) The vehicle is designed for use of blind/handicapped/ mentally challenged person and duly endorsed as such by RTO: Yes ☐ No ☐

12) The vehicle is chauffeur driven: Yes ☐ No ☐

13) Are you a member of Automobile Association of India: Yes ☐ No ☐

If yes, Association Name: _____

Membership Number: _____ Date of expiry: D D M M Y Y Y Y

14) Is the vehicle fitted with the any Anti-theft device approved by the ARAI: Yes ☐ No ☐

If yes, attach Certificate of Installation in the vehicle issued by Automobile Association of India

15) Whether extension of geographical area to the following countries required?

Bangladesh, Bhutan, Maldives, Nepal, Pakistan & Sri Lanka: Yes ☐ No ☐

If yes, state the name of the countries

1)_____ 2)_____ 3) _____

16) Whether the vehicle is driven by non-conventional source of power: Yes ☐ No ☐

If yes, CNG LPG Bi-fuel Electric If yes, please give details _____

17) Whether the vehicle is fitted with fibre glass tank?: Yes ☐ No ☐

18) Will the vehicle be used exclusively for Private, Social, Domestic, Pleasure & Professional Purpose?

Vehicle in "Good condition" means any vehicle which is in drivable condition without structural line and/ or mechanical defects

Agent Code: _____ Agent Name: _____

Office Use: IM Name _____ IM Code: _____

MO Name: _____ Branch Name: _____

(Note: Copies of RC Book, Permit & Fitness Certificate should be submitted along with the proposal form)

If the Vehicle owned / hired / leased / permitted by the State Transport authorities for the purpose of their operation for public transport Yes ☐ No ☐

Additional coverages, if any _____

If yes, please submit the proof: _____

• Do you wish to include PA Cover for paid drivers, cleaners and conductors? Yes ☐ No ☐

If yes, provide name and Capital Sum Insured (CSI) opted for. The maximum CSI available per person is 2,00,000/-

Name	CSI Opted	(₹) Nominee	Relationship

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, provide details of such other persons

1 _____ 2 _____

Note:

1. Section 146 of Motor Vehicle 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.
   Legal Liability to persons employed in connection with operation of the vehicle who are 'workmen'. The liability of the employee under the Workmens Compensation Act-1923 is covered under the Motor Vehicle Act - 1988.
   1) Drivers (No. of persons:_____)
   2) Employees (Workmen) (No. of persons:_____)

(Note: The Motor Vehicles Act-1988 under Sec. 141(1)(ii)(l)covers liability to employees who are workmen within the meaning of the Workmen's Compensation Act-1923.)

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 Workmens Compensation Act-1923, also liability under the fatal Accidents Act-1855 and the Common Law] Yes ☐ No ☐

(Note: The additional liability under Common Law and Fatal Accidents Act in respect of employees who are workmen is covered under this endorsement)

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)

Motor Related Add-on- Covers

Do you wish to include IL Smart Assist: Yes ☐ No ☐

Note 1 : Please refer attached Annexure I and select the services to avail the same under this add-on.

Note 2: The Service Assure option may be selected only if all the three, Battery Charging Support , Towing on breakdown/accident and Minor Repairs services are also selected.

Do you wish to include Motor Sahayak: Yes ☐ No ☐

Note: This Add-on and a separate service / cover i.e. Legal Assistance, under IL Smart Assist Add-on, cannot be opted together.

Additional Information for Commercial Vehicle

Maximum licensed carrying capacity (No. of Passengers) in case of Passenger Carrying Vehicles ? Yes ☐ No ☐

Whether the commercial vehicle is also used fro private purposes (excluding use for hire or reward) Yes ☐ No ☐

Statutory Warning

PROHIBITION OF REBATES. (Under Section 41 of Insurance Act, 1938)

(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 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 prospectuses or tables of the insurer:

[Provided that acceptance by an insurance agent of commission in connection with a policy of any class of insurance business taken out by himself in relation to risks associated with his own life, health or property shall not be deemed to be acceptance of a rebate of premium within the meaning of this sub-section if at the time of such acceptance the insurance agent satisfies the prescribed conditions establishing that he is a bona fide insurance agent employed by the insurer.]

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

Signature of the Proposer: _____