

PA 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 ₹ 2 Lakhs in case of Commercial Vehicles)

PA 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 is ₹2 Lacs in case of Commercial Vehicles)

Geographical Extension (IMT-1)

31. 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**32. Previous History**a. Date of purchase of the vehicle by the Proposer b. Was the vehicle 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: to

| Year | No. of Claims | Claim Amount (₹) |
|------|---------------|------------------|
| | | |
| | | |
| | | |

33. Driver Detailsa. Age (Owner): _____ DOB(Owner): b. Age (Driver): _____ DOB(Driver): 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 of loss? Yes No

If YES, give details as under including the pending prosecutions: _____

Driver's Name _____ Date of Accident: Loss/Cost (₹): _____ Circumstance of Accident / Loss: _____**34. PUC details*:** Number: Valid From : Valid Till: **Fitness certificate details*:** Valid up to:

Declaration by the Insured

I/We, the undersigned, hereby declare and warrant that the insurance contract and policy to be issued by Edelweiss General Insurance Company Limited [Company] is subject to the declarations, warranties, statements and particulars given in this proposal form. The statements and particulars given in this proposal form are complete, true and accurate to the best of my/our personal knowledge and belief

I/We have clearly understood the terms and conditions [T & C] applicable to the proposed insurance contract and agree that the statements and particulars given in this proposal form shall be held to be promissory and shall be the basis of the insurance contract between me/us and the Company; and the Company shall have no liability under the insurance contract if it is found that any of my/our statements or particulars or declarations in this proposal form or other documents are incorrect and or untrue or there has been suppression of any information or provision of misleading or false information, in any respect, on any matter regarding the grant of a cover.

I/We hereby agree to receive the policy schedule only and understand that the T & C of the proposed insurance contract are available on the website of the Company, www.edelweissinsurance.com.

I/We, hereby, further declare, on my behalf and on behalf of all persons proposed to be insured, that I/We have fully understood the product features, including its suitability, the contents of this proposal form and all other connected documents significant and incidental to availing the insurance policy from the Company

I/We agree to receive service related information from Edelweiss General Insurance Co. Ltd. and its service providers from time to time, through electronic and telecommunication mode including WhatsApp, and understand that no unsolicited information will be sent to me/us.

I/We state that the salient features and terms and conditions of the proposed insurance contract have been explained to me/us in vernacular language, and I/We agree to the same.

Date:

Place: _____

Signature of the Proposer/s.

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

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 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 of 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.

2. Any person making default in complying with the provisions of this section shall be punishable with fine which may extend to 10 lac rupees.

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

As a go-green initiative, Edelweiss General Insurance Co. Ltd. shall be sending the policy documents to your e-mail address, as provided by you in this proposal form.

- I do not want the physical copy of my policy documents.
 I want the physical copy of the policy documents to be sent to my address, as mentioned in the proposal form.



ACKNOWLEDGEMENT

We acknowledge with thanks the receipt of your proposal dated _____ towards Edelweiss Commercial Vehicle Liability Only Policy for the vehicle bearing reg. no. _____.

We also acknowledge receipt of premium amount by way of cash/ cheque/ demand draft/ others, vide instrument no. _____, for an amount of ₹ _____.

Please note that neither the submission to us of a completed proposal for insurance nor any payment for any policy sought obliges us to agree to issue a policy, which decision is and always shall be in our sole and absolute discretion.

If we accept the proposal, it shall be subject to the policy terms and conditions and we shall have no liability to make any payment if the appropriate premium amount is not received by us in full and in time, or is not realised or any necessary requirement is not fulfilled.

If we do not accept the proposal, we will inform you within 15 days from the date of receipt of this proposal and refund any payment received from you without interest.

Signature of the Receiver
and Official Seal