STANDARD PROPOSAL FORM FOR EDELWEISS TWO WHEELER LIABILITY ONLY INSURANCE 5 YEARS

Edelweiss | GENERAL INSURANCE

*Servicing Branch Name: _____ *Servicing Branch Code: _____

INTERMEDIARY DETAILS

Intermediary Name: _____ Intermediary Contact No.: _____ Intermediary Reference Code: _____

Intermediary Email: _____ Intermediary Sales Person's Name: _____

Intermediary Sales Person's Contact: _____ Intermediary Sales Person's Code: _____ Source Code: _____

POS UID Aadhaar No./PAN: _____

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:

Personal Details

1. Title: Mr. ☐ Mrs. ☐ Ms. ☐ M/s. ☐ Dr. ☐ Proposer's (Owner's) Full Name (In capital letters:) _____

2. PAN: _____ (*copy of PAN to be provided where premium equals or exceeds ₹1 lakh)

3. Address (where the vehicle is normally kept) (In Capital letters): _____

_____ PIN: _____

Telephone: _____ Mobile No.: _____ Fax: _____

Mail ID: _____ 4. Occupation / Business: _____

5. Type of Cover: **Liability Only Policy** 6. Period of insurance D D M M Y Y Y Y H H M M to D D M M Y Y Y Y H H M M

A (II). Vehicle Details

Vehicle Specifications

7. Registration Number: _____ 8. Date of Registration: _____ 9. Registering Authority & Location: _____

10. Year of Manufacture: _____ 11. Engine Number: _____ 12. Chassis Number: _____

13 Make: _____ 14. Model: _____ 15. Body Type: _____ 16. Cubic Capacity : ☐ 17. Seating Capacity including driver: ☐

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 tuitions? (GR-44) Yes ☐ No ☐

22. Details of Hire Purchase / Hypothecation /Lease: **(IMT-5)/(IMT-7)/(MT-6)**

a) Is the vehicle proposed for insurance: (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: _____

(Note: Copies of R.C. & Fitness Certificate should be submitted along with the proposal form)

A (III). LIABILITY SECTION: COVERAGE

Third Party Risks: Death/Bodily Injury

23. 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. _____

(Note: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) 2. 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. Do you wish to have the statutory Third Party Property Damage (TPPD) liability of ₹ 6,000/- only? Yes ☐ No ☐

[For additional TPPD limits, please see Q.No. 26]

Third Party Risks: Liability to 'Workmen' under Employee's Compensation Act-1923 (Compulsorily to be covered by M.V. Act-1988)

25. 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: _____

(Note: The Motor Vehicles Act-1988 under Sec. 147 (1) (ii) (i) covers liability to employees who are workmen within the meaning of the Employees' Compensation Act- 1923.)

For additional coverage, please refer to Q.No. 27]

B. Questions that provide additional covers as per IMT Endorsements

Addl. TPPD (GR-39)

26. The Policy provides additional Third Party Property Damage liability limit or ₹ 1,00,000/- for Two-wheelers and ₹ 7,50,000/- for other classes of vehicles. Do you wish to cover the additional limit? Yes ☐ No ☐ [Refer to Q.No.24]

Additional Liability to Workmen (IMT-28)

27. 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] 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). [Refer to Q.No. 25]

Liability to Employees who are not Workmen (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 workmen can be covered under this endorsement).

Personal Accident Cover For 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 with Insured: _____

(c) Name of the Appointee (If Nominee is a Minor): _____ (d) Relationship of Appointee with Nominee: _____

(Note: 1. Personal Accident cover for Owner Driver is compulsory for Sum Insured of ₹15,00,000/-)

2. 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)

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:

Name	CSI Opted (₹)	Nominee	Relationship
1.			
2.			
3.			

(Note: The maximum CSI available per person is ₹2 Lakhs in case of Private Cars and ₹1 Lakh in the case of Motorized Two Wheelers)

PA Cover for Un-Named Occupants (IMT-16)

31. 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 Private Cars and ₹ 1 Lac in the case of Motorized Two Wheelers)

Geographical Extension (IMT-1)

32. Whether extension of geographical area to the following countries required?

(1) Bangladesh ☐ (2) Bhutan ☐ (3) Maldives ☐ (4) Nepal ☐ (5) Pakistan ☐ (6) Sri Lanka ☐

(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

a. Date of purchase of the vehicle by the Proposer D D M M Y Y Y Y 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: D D M M Y Y Y Y to D D M M Y Y Y Y

h. Claims lodged during the preceding 3 years

Year	No. of Claims	Claim Amount (₹)

34. Driver Details

a. Age (Owner): _____ DOB(Owner): D D M M Y Y Y Y b. Age (Driver): _____ DOB(Driver): D D M M Y Y Y Y

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: D D M M Y Y Y Y Loss/Cost (₹): _____ Circumstance of Accident / Loss: _____

35. PUC details*: Number: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Valid From : D D M M Y Y Y Y Valid Till: D D M M Y Y Y Y

Do you have any other CPA or individual PA cover (24 hours basis)? Yes ☐ No ☐

If Yes, please provide the Policy Number, Name of the Insurance Company, Sum Insured, Period of Insurance, Amount of Sum Insured required

Insured by someone else too? Please tell us who we're sharing this ride with!

Sr. No.	Policy Number	Name of the Insurance Company	Sum Insured (in₹)	Period of Insurance
1				
2				
3				
4				

(This amount should be ₹15 Lakh if you do not have any other PA cover, or if you do, the total cover of all your policies should be ₹15 Lakh.)

Edelweiss General Insurance Company Limited, Corporate Office: 5th Floor, Tower 3, Kohinoor City Mall, Kohinoor City, Kirol Road, Kurla (West), Mumbai- 400 070, Registered Office: Edelweiss House, Off CST Road, Kalina, Mumbai-400 098, IRDAI Regn. No.: 159, CIN: U66000MH2016PLC273758, Reach us on: 1800 12000, Email: support@edelweissinsurance.com, Website: www.edelweissinsurance.com, Issuing/Corporate Office: +91 22 4272 2200, Grievance Redressal Officer: +91 22 4931 4422, Dedicated Toll-Free Number for Grievance: 1800 120 216216. Trade logo displayed above belongs to Edelweiss Financial Services Limited and is used by Edelweiss General Insurance Company Limited under license. Insurance is the subject matter of solicitation.

DECLARATION

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, 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 agree to receive service related information from Edelweiss General Insurance Company Limited and its service providers from time to time, through electronic and telecommunication modes 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: D D M M Y Y Y Y

Place: _____

Signature of Proposer(s)/
Authorized Signatory

_____

Stamp, where proposer is a juristic person

VEHICLE INSPECTION REPORT (For Break-In Insurance/Roll Over Cases)

Vehicle No.: | | | | | | | | | | Chassis No.: | | | | | | | | | | | | | | | | |

Engine No. | | | | | | | | | | | | | | | | |

Odometer Reading: | | | | | | | Colour: Photographs Attached: Yes | | No | |

Damage Details: _____

Inspected By: _____ Place: _____

Date: D D M M Y Y Y Y Time: H H : M M

Signature

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.

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 Two Wheeler Liability Only Insurance 5 Years 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

Edelweiss General Insurance Company Limited, Corporate Office: 5th Floor, Tower 3, Kohinoor City Mall, Kohinoor City, Kirol Road, Kurla (West), Mumbai- 400 070, Registered Office: Edelweiss House, Off CST Road, Kalina, Mumbai-400 098, IRDAI Regn. No.: 159, CIN: U66000MH2016PLC273758, Reach us on: 1800 12000, Email: support@edelweissinsurance.com, Website: www.edelweissinsurance.com, Issuing/Corporate Office: +91 22 4272 2200, Grievance Redressal Officer: +91 22 4931 4422, Dedicated Toll-Free Number for Grievance: 1800 120 216216. Trade logo displayed above belongs to Edelweiss Financial Services Limited and is used by Edelweiss General Insurance Company Limited under license. Insurance is the subject matter of solicitation.