

A (III). LIABILITY SECTION: COVERAGE

<p>Third Party Risks: Death / Bodily Injury</p>	<p>22</p>	<p>Coverage for liability against Third Party Risks (Death or Bodily Injury) required in respect of:</p> <p>(i) Owner Driver only YES / NO</p> <p>(ii) Any person other than Paid Driver YES / NO</p> <p>If 'YES", give details of such other persons:</p> <p>1.</p> <p>2.</p> <p>3.</p> <p>(Note: 1. Section146 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 Section146 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]</p>
<p>Third Party Risks: TPPD (IMT-20)</p>	<p>23</p>	<p>Do you wish to have the statutory Third Party Property Damage (TPPD) liability of Rs.6000/- <u>only</u>?</p> <p>YES / NO</p> <p>[For additional TPPD limits, please see Q.No.25]</p>
<p>Third Party Risks: Liability to 'Workmen' under W.C.Act-1923 (Compulsorily to be covered by M.V Act-1988)</p>	<p>24</p>	<p>Legal liability to persons employed in connection with operation of the vehicle who are 'workmen'. [The liability of the Employer under the Workmens' Compensation Act-1923 is covered under the Motor Vehicles Act-1988.</p> <p>1) Drivers (No.of persons: _____)</p> <p>2) Employees (Workmen) (No.of persons: _____)</p> <p>(Note: The Motor Vehicles Act-1988 under Sec.147(1)(ii)(i) covers liability to employees who are workmen within the meaning of the Workmen's Compensation Act-1923.)</p> <p>For additional coverage, please refer to Q.No.26]</p>

B. Questions that provide additional covers as per IMT Endorsements

<p>Addl. TPPD</p>	<p>25 (G R - 3 9)</p>	<p>The Policy provides additional Third Party Property Damage liability limits of Rs.1,00,000/- for Two Wheelers and Rs.7,50,000/- for other classes of vehicles. Do you wish to cover the additional limit?</p> <p style="text-align: right;">YES / NO</p> <p>[Refer to Q.No.23]</p>
<p>Additional Liability to Workmen</p>	<p>26 (I M T - 2 8)</p>	<p>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 Workmen Compensation Act-1923, also liability under the Fatal Accidents Act-1855 and the Common Law]</p> <p style="text-align: right;">YES / NO</p> <p>(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.24]</p>
<p>Liability to Employees who are not Workmen</p>	<p>27 (I M T - 2 9)</p>	<p>Do you wish to cover wider legal liability to employees who are NOT 'workmen'?</p> <p style="text-align: right;">YES / NO</p> <p>(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).</p>
<p>Personal Accident Cover For Owner Driver</p>	<p>28</p>	<p>Personal Accident Cover for Owner Driver is compulsory in the Liability Only Cover. Please give details of nomination:</p> <p>(a) Name of the Nominee & Age :</p> <p>(b) Relationship :</p> <p>(c) Name of the Appointee (If Nominee is a Minor) :</p> <p>(d) Relationship to the Nominee :</p> <p>(Note: 1. Personal Accident cover for Owner Driver is compulsory for Sum Insured of Rs.1,00,000/- for Two Wheelers and Rs.2,00,000/- for Private Cars. 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)</p>

PA Cover for Named Occupants	29 (I M T - 1 5)	Do you wish to include Personal Accident cover for named persons? YES / NO , If YES, give name and Capital Sum Insured (CSI) opted for:																	
		<table border="1"> <thead> <tr> <th>Name</th> <th>CSI Opted (Rs.)</th> <th>Nominee</th> <th>Relationship</th> </tr> </thead> <tbody> <tr> <td>1)</td> <td></td> <td></td> <td></td> </tr> <tr> <td>2)</td> <td></td> <td></td> <td></td> </tr> <tr> <td>3)</td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p>(Note: The maximum CSI available per person is Rs.2 Lakhs in case of Private Cars and Rs.1 Lakh in the case of Motorized Two Wheelers)</p>				Name	CSI Opted (Rs.)	Nominee	Relationship	1)				2)				3)	
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3)																			
PA Cover for Un-Named Occupants	30 (I M T - 1 6)	Do you wish to include Personal Accident cover for Un-named Passengers/hirer/pillion passengers (Two Wheelers)? YES / NO																	
		<p>If YES, give number of persons and Capital Sum Insured (CSI) Opted:</p> <p>No. of Persons: _____ C.S.I (Per Person): _____</p> <p>(Note: The maximum CSI available per person is Rs.2 Lakhs in case of Private Cars and Rs.1 Lakh in the case of Motorized Two Wheelers)</p>																	
Geographical Extension	31 (I M T - 1)	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

<p style="text-align: center;">Previous History</p>	<p style="text-align: center;">32</p>	<p>Previous History:</p> <p>a. Date of purchase of the vehicle by the Proposer: ____/____/____</p> <p>b. Whether the vehicle was new or second hand at the time of purchase? : New / Second Hand</p> <p>c. Will the vehicle be used exclusively for</p> <p style="padding-left: 40px;">(i) Private, Social, Domestic, Pleasure & Professional Purpose? YES / NO</p> <p style="padding-left: 40px;">(ii) Carriage of goods other than samples or personal luggage? YES / NO</p> <p>d. Is the vehicle is in good condition? YES / NO If NO, please give details:</p> <p>e. Name and Address of the previous insurance company:</p> <p>f. Previous policy number: _____</p> <p>g. Period of Insurance : From:_____ To:_____</p> <p>h. Claims lodged during the preceding 3 years:</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center; border-bottom: 1px solid black;"><u>YEAR</u></th> <th style="text-align: center; border-bottom: 1px solid black;"><u>NO.OF CLAIMS</u></th> <th style="text-align: center; border-bottom: 1px solid black;"><u>CLAIM AMOUNT (Rs.)</u></th> </tr> </thead> <tbody> <tr> <td style="border-bottom: 1px solid black; text-align: center;">_____</td> <td style="border-bottom: 1px solid black; text-align: center;">_____</td> <td style="border-bottom: 1px solid black; text-align: center;">_____</td> </tr> <tr> <td style="border-bottom: 1px solid black; text-align: center;">_____</td> <td style="border-bottom: 1px solid black; text-align: center;">_____</td> <td style="border-bottom: 1px solid black; text-align: center;">_____</td> </tr> <tr> <td style="border-bottom: 1px solid black; text-align: center;">_____</td> <td style="border-bottom: 1px solid black; text-align: center;">_____</td> <td style="border-bottom: 1px solid black; text-align: center;">_____</td> </tr> </tbody> </table>	<u>YEAR</u>	<u>NO.OF CLAIMS</u>	<u>CLAIM AMOUNT (Rs.)</u>	_____	_____	_____	_____	_____	_____	_____	_____	_____
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<p style="text-align: center;">Driver Details</p>	<p style="text-align: center;">33</p>	<p>Details of the Driver:</p> <p>a. Age & Date of Birth of the Owner: Age:____Yrs DOB:____/____/____</p> <p>b. Age & Date of Birth of the Driver: Age:____Yrs DOB:____/____/____</p> <p>c. Does the driver suffer from defective vision or hearing or any physical infirmity? YES / NO If YES, please give details of such infirmity:</p> <p>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:</p> <ul style="list-style-type: none"> - Driver's Name : - Date of Accident: - Loss / Cost (Rs.): - Circumstances of Accident / Loss: 												

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 the United India Insurance Company Ltd.

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)

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 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 tables 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 five hundred rupees.

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