

Universal Sampo General Insurance Co. Ltd.

Regd. Office : 103, 1st Floor, Ackruti Star, MIDC Central Road, Andheri (East), Mumbai - 400093.
Tel : 41659800/900, Email: contactus@universalsampo.com

PROPOSAL FORM - MOTOR TWO WHEELER LONG TERM THIRD PARTY LIABILITY POLICY

IMD Name		IMD Code	
Sub IMD Name		Sub IMD Code	
USGI Branch Location		Marketing Official Name	

A (I). Personal Details of Proposer/Owner:

- Proposer's (Owner's) Full Name (In capital letters)
- Address (where the vehicle is normally kept) (In capital letters, with pin code) Pin Code
Telephone No: Fax:
Mobile No: Email ID:
- Occupation / Business
- Type of Cover **Liability Only Policy**
- Period of Insurance
2 Years
3 Years

From :	Hrs	Date	Month	Year
To :	Hrs	Date	Month	Year

A (II). Vehicle Details

Vehicle Specification	6.	Registration Number of the Vehicle		
	7.	Date of Registration of the Vehicle		
	8.	Registering Authority & Location		
	9.	Year of Manufacture		
	10.	Engine Number		
	11.	Chassis Number		
	12.	Make of the Vehicle		
	13.	Model		
	14.	Type of Body		
	15.	Cubic Capacity of the Vehicle		
	16.	Seating Capacity including driver		
	17.	Whether vehicle is driven by non-conventional source of power /CNG/LPG/Bi-Fuel? If 'YES', please give details.		
	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
	Note: Copies of R.C. & fitness certificate should be submitted along with the proposal form			
	Third Party Risk; Death/ Bodily Injury	21.	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)	22.	Do you wish to have the statutory Third Party Property Damage (TPPD) liability of Rs. 6000/- only?	YES NO	
Third Party Risks: Liability to Employee under E.C. Act-1923 (Compulsorily to be covered by M.V. Act-1988)	23.	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. [For additional TPPD limits, please see Q.No. 24] 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 within the meaning of the Employees' Compensation Act-1923.) For additional coverage, please refer to Q.No. 25]				

B Additional covers as per IMT Endorsements

Addl. TPPD	24.	The Policy provides additional Third Party Property Damage liability limit or Rs. 1,00,000/- Do you wish to cover the additional limit?	YES	NO
Additional Liability	25.	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] Note: The additional liability under Common Law and Fatal Accidents Act in respect of employees who are Employees is covered under this endorsement [Refer to Q.No. 24]	YES	NO

Liability to Employees who are not Employee	26.	Do you wish to cover wider legal liability to employees who are NOT 'Employees'? (Note: The liability under Common Law and Fatal Accidents Act-1855 in respect of employees who are not Employee can be covered under this endorsement).	YES	NO
	Personal Accident Cover of Owner Driver	27.	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		
(c)		Name of the Appointee (If Nominee is a minor)		
(d)		Relationship to the Nominee :		
		Note: 1. Personal Accident cover for Owner Driver is compulsory for Sum Insured of Rs. 1,00,000/- for Two Wheelers. 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	28.	Do you wish to include Personal Accident cover for named persons? If YES, give name and Capital Sum Insured (CSI) opted for:	YES	NO
	SI No.	Name	CSI (Opted) (Rs.)	Relationship
	1			
	2			
	3			
	4			
IMT 15	5			
		(Note: The maximum CSI available per person is Rs. 1 Lakhs in case of Motorized Two Wheelers)		
	29.	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 Rs.2 Lacs in case of Private Cars and Rs.1 Lac in the case of Motorized Two Wheelers)		
Geographical Extension	30.	Whether extension of geographical area to the following countries required?		
	1	Bangladesh	YES	NO
	3	Maldives	YES	NO
	5	Pakistan	YES	NO
	2	Bhutan	YES	NO
4	Nepal	YES	NO	
6	Sri Lanka	YES	NO	
IMT 1	Note: Presently the territory covered is geographical area of India. Extension of geographical area cover can be availed by use of this endorsement)			
C. Other Vehicle related Information				
	31.	Previous History :		
	a.	Date of purchase of the vehicle by the Proposer:DD	DD	MM
				YR
	b.	Whether the vehicle was 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 detailse.			
	f.	Previous policy number:		
	g.	Period of Insurance	FROM	TO
	h.	Claims lodged during the preceding 3 years		
	YEAR	NO. OF CLAIMS	CLAIMS AMOUNT (Rs.)	
	32.	Details of Driver:		
	a.	Age and Date of Birth of the Owner	Age (in Year)	Date of Birth
	b.	Age and Date of Birth of the Driver	Age (in Year)	Date of Birth
	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: [Rs.]			
	Circumstances of Accident:			

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 New India Assurance Company Limited.

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 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.

Universal Sampo General Insurance Co. Ltd.

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CIN: U66010MH2007PLC166770, VERSION : USG184, NH001

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