

**INSURANCE OF MOTOR TRADE (ROAD RISKS) - PROPOSAL FORM**

Area Office Code/Service Centre Code	Code
Broker/Agent Name	

**Proposer's Details**

1. Name of the Proposer (as in RC Book)	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> M/s	F I R S T	M I D D L E	L A S T
2. Customer ID				
3. Address of the Proposer				
Plot No. / Door No.				
Building Name				
Road				
Area				
City				Pin Code
State				
Phone No.				
Email Id				
Pan No.				Fast Tag Id
4. Business of the Proposer				
5. Please state the type of cover required (Please put a tick mark <input checked="" type="checkbox"/> against <input type="checkbox"/> Trade Certificate Basis <input type="checkbox"/> Named Driver Basis				
6. Risk to be covered (Tick whichever is required).				
<input type="checkbox"/> Act Only <input type="checkbox"/> Comprehensive <input type="checkbox"/> Fire and Theft with Act Only <input type="checkbox"/> Fire with Act Only <input type="checkbox"/> Theft with Act Only <input type="checkbox"/> Fire and Theft Only				
7. Period of Insurance	From: DD / MM / YYYY Hrs of	HH / MM	To Mid Night of	DD / MM / YYYY Hrs of
8. In case of renewal, please mention (If renewal is required on modified terms, please complete relevant columns given below)				
Old Policy No.				
Expiry Date	DD / MM / YYYY			

**CKYC Details – Section I**

Date of Birth	DD / MM / YYYY		
PAN No. Available	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Please Provide PAN No.:	
If PAN No. Not available (Only Applicable for individuals)	Please attach Form 60 duly signed & attested.		

**Insured's CKYC Details – Section II (Individuals)**

CKYC No.: Available	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Please Provide CKYC No.:	
If CKYC Number is not available:	Please attach any one of the following documents with self-attestation. Please tick on the document that you are attaching:		
	1. <input type="checkbox"/> Driving License		
	2. <input type="checkbox"/> Passport		
	3. <input type="checkbox"/> Voter ID		



**Insured's CKYC Details – Section III (Other than Individuals)**

CKYC No.: Available  Yes  No If Yes, Please Provide CKYC No.:

Date of Incorporation DD / MM / YYYY

If CKYC Number is not available: Please attach any one of the following documents with self-attestation. Please tick on the document that is being attached:

1.  Certificate of Incorporation
2.  Memorandum and Articles of Association
3.  Registration Certificate (Partnership Firms)
4.  Partnership Deed (Partnership Firms)
5.  Trust Deed (Trusts and Foundations)

**Insured's CKYC Details – Section IV**

If Name and Address is not the same as per the attached documents

Please Submit a declaration stating the Name and the Address is of the same person (Please find attached the Annexure – II for the same)

**Particulars of Vehicle(s) to be Insured**

1. Trade Certificate No./Name of the Driver, with driving licence no and expiry date.(Please list out all the Trade Certificates and/or Names of the Drivers).

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2. Limit upto which the cover is sought

3. Cover required for Motor Trade cycles / Other than Motor Trade Cycles (strike out whichever is not applicable).

4. Will you Loan or Hire your vehicles to your customers?  
If so, specify Two Wheeler or Four Wheelers with Registration Nos.  
(to be covered separately under Private Car/Two Wheeler Policy on a declaration basis).

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1. Have any accidents occurred vehicles any time? (during the last 3 years)  
If so, give the following details.

Name of the Insurance Company	Policy No.	Date of Loss	Nature of Loss	Amount of claim (₹)

2. Have you ever been insured for Motor risks before? If so, please give the following details

Name of the Insurance Company	Policy No.	Date of Loss		Vehicle No.
		From	To	



3. Has any Company or Underwriter:

(a) Refused to renew or cancelled your Policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(b) Declined your Proposal for Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No
(c) Increased your premium or imposed special condition on renewal?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(d) Required you to bear any first portion of any claim?	<input type="checkbox"/> Yes <input type="checkbox"/> No

(For every yes, please furnish details)

4. Are you a member of a recognised Automobile Association?  Yes  No

If Yes

Name of the AA	Membership No.	Expiry Date

5. Are you or any named person to be covered for personal accident Insurance? If so, give names and amount (The sum insured under this option will be from ₹10,000 to a maximum of ₹200,000/-)

Name	Amount (₹)

6.

Are unnamed passengers to be covered for personal accident Insurance? If so, state number and amount (The sum insured under this option will range from ₹10,000 to a maximum of ₹200,000/-)	For Vehicles not having more than 7 seats. Each vehicle is deemed to have 4 passenger seats for the purpose of calculating premium. <input type="checkbox"/> Yes <input type="checkbox"/> No
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7. Do you wish to extend the policy to cover third party property damage beyond ₹6000/-. If yes, please state the amount of coverage required. (Rounded off to nearest ₹50,000/-)

₹ \_\_\_\_\_

**Please also answer the following questions if you wish to cover your vehicle for other than Act Only insurance**

1. Do you wish that cover against Risk of Riot & Strike be Excluded? (If excluded, a discount of 0.15% on I.E.V is allowed off the premium)	
2. Do you wish that cover against Risk of Flood, etc be Excluded? (If excluded, a discount of 0.15% on I.E.V is allowed off the premium)	
3. Do you wish that cover against Risk of Earthquake be Excluded? (If excluded, a discount of 0.10% on I.E.V is allowed off the premium)	
4. State whether the vehicle will be used only inside the owner's premises	<input type="checkbox"/> Yes <input type="checkbox"/> No (strike out whichever is not applicable)
5. Will the vehicles be used for social/domestic and pleasure purposes by yourselves, your member/director and/or employee	
6. Do you require Driving Extension – Demonstration	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Do you require extension for Driving Tuition (applicable to policies issued on the Named Driver Basis).	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Will the Proposer bear a portion of each claim for loss of or damage to vehicle? If so state amount.	Yes/No (strike out whichever is not applicable) If yes, ₹ _____



9. Bonus/Malus" from the previous Insurer's? If so, state the bonus/malus percentage (please attach their renewal notice showing the bonus/malus)	<input type="checkbox"/> Yes <input type="checkbox"/> No (strike out whichever is not applicable)
	Bonus _____% Malus _____%
10. State no. of driver(s) and/or cleaner(s) you wish to insure against legal liability under Workmen's Compensation Act, 1923 in addition to the liability required to be insured under the Motor Vehicle Act, 1939 (as mentioned under additional benefits)	No. of drivers
11. Do you want deletion of 50% clause for Brand New Chasis/Vehicle in respect of damage to tyres?	<input type="checkbox"/> Yes <input type="checkbox"/> No

#### PAYMENT DETAILS

Cheque  DD

Cheque or DD Amount

Amount in words

Bank Name

Cheque/DD No

Cheque/DD Date DD/MM/YYYY

#### PROPOSER'S BANK DETAILS

12. Name of the Bank Account Holder

Mr.  Ms.  Mrs. F I R S T M I D D L E L A S T

13. Bank Account No.:

14. Account:

Saving  Current

15. Name of the Bank

16. Branch

17. MICR Code (9 digit MICR code number of the bank and branch appearing on the cheque issued by the bank)

18. IFSC Code (11 character code appearing on your cheque leaf)

I understand that any refund due on the premium payment / any payment / claims to be directly credited to my aforesaid Bank Account.\*

\*As per IRDAI, its mandatory that all payments made to the insured are only through electronic mode.

#### PEP DECLARATION:

Are you a Politically Exposed Person (PEP)?

Yes  No

If yes, please mention the position held

Is any of your close relation or family member a PEP?

Yes  No

If yes, please mention the name and relation and the position held by such close relative/family member.

I hereby declare that in future if me, any of my close relatives or any of my family member attains a position of PEP then I shall confirm the same to IndusInd General Insurance Co. Ltd as a mandate. I understand that this is a crucial information under the PMLA Rules and AML/CFT Guidelines and shall confirm that the answers given by me is true. In case the company comes to know that this is a misrepresentation and concealment of information then the policy shall be put on hold for scrutiny by the company and I shall be solely responsible for the same.

#### Note :

"Politically Exposed Persons" (PEPs) shall have the meaning assigned to it under sub clause (db) of clause (1) of Rule 2 of the Prevention of Money Laundering (Maintenance of Records) Rules, 2005."

(db) "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".



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**GENERAL DECLARATION:**

I understand that as per the new AML/CFT Guidelines issued IndusInd General Insurance Co. Ltd will be verifying my details pertaining to KYC and PAN provided at the time of proposal.

I further, do hereby agree and consent that in the case of the event of a mismatch of information provided by me in the proposal form, identification proof, and address proof at the time of issuance of the policy. I request IndusInd General Insurance Company Limited to issue the policy with the details appearing as per my proposal form. I will be solely responsible for any consequences arising out of the difference in detail given by me during the verification of supporting documents provided by me at the time of issuance of the policy or otherwise.

**AML Guidelines**

1. I/We hereby confirm that all premiums have been/will be paid from bonafide sources and no premiums have been /will be paid out of proceeds of crime related to any of the offense listed in Prevention of Money Laundering Act,2002.
2. I understand that the Company has the right to call for document to established sources of funds.
3. The Insurance Company has right to cancel the insurance contract in case I am/have been found guilty by competent court of law under any of the statutes, directly or indirectly governing the prevention of money laundering in India.

PROPOSER'S SIGNATURE *	Date	Place	Time
Verified by providing OTP number sent to registered mobile no. (9xxxxxxx33) at (HH:MM:SS) on DD-MM-YYYY and confirmed at (HH:MM:SS) on DD-MM-YYYY			

\*Signature authentication: A One Time Password (OTP) authentication number has been sent on Your registered mobile number. By feeding in the said OTP number in the system, You hereby unconditionally and absolutely acknowledge and accept the declarations as stated above in its entirety, and the same would create a legally binding agreement between You and the Company.

**AGENT / INTERMEDIARY'S DECLARATION [IN CASE BUSINESS IS SOURCED THROUGH AN AGENT / INTERMEDIARY]**

[Agent / Intermediary confirmed using a tick box provided for recording following consent].

I, (Full Name) \_\_\_\_\_ in my capacity as an Insurance Advisor/ Specified Person of the Corporate Agent/Insurance Web Aggregator/Authorized employee of the Broker/Relationship Officer, 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 IndusInd General Insurance Company Limited and the Proposer, if this Proposal is accepted by IndusInd General Insurance Company Limited 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 and furthermore if there has been a non-disclosure of any material fact, the policy issued to his/her favor pursuant to this Proposal may be treated by IndusInd General Insurance Company Limited as null and void and all premiums paid under the Policy may be forfeited to IndusInd General Insurance Company Limited. The content of this form and its particulars have been explained by me in vernacular to the proposer who has understood and confirmed the same. I confirm that to the best of my knowledge all the material facts about the prospect and the insured relevant to insurance underwriting, including any adverse habits or income inconsistency has been disclosed herewith.

Agent / Intermediary Name \_\_\_\_\_

Agent / Intermediary Code \_\_\_\_\_

License No. \_\_\_\_\_

Place: \_\_\_\_\_ Date: DD / MM / YYYY

[Display 'Confirmed' when ticked]

Signature of Agent / Intermediary \_\_\_\_\_



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IRDAI Registration No. 103 IndusInd General Insurance Company Limited (Formerly known as Reliance General Insurance). An ISO 9001:2015 Certified Company For complete details on the benefits, coverage, terms & conditions and exclusions, do read the sales brochure, prospectus and policy wordings carefully before concluding sale. Registered & Corporate Office: 6th Floor, Oberoi Commerz, International Business Park, Oberoi Garden City, Off. Western Express Highway, Goregaon (E), Mumbai-400063. Corporate Identity Number: U66603MH2000PLC128300. Insurance of Motor Trade (Road Risks) UIN No.: IRDAN103RP0003V01200102. IGI/MCOM/CO/HII/PF/Ver. 1.0/300126.



**Declaration**

I/WE HEREBY DECLARE AND WARRANT that the above statements are true and complete. I/We desire to effect an insurance as described herein with the Company and I/We agree that this proposal and declarations shall be the basis of contract between me/us and the Company and I/We agree to accept a policy subject to the conditions prescribed by the Company;

I/We hereby declare that if any additions or alterations are carried out after the submission of the proposal form then the same would be conveyed to the insurers immediately

Place: \_\_\_\_\_

Date: D D / M M / Y Y Y Y

\_\_\_\_\_  
Signature of Proposer

Proposal form completed by: \_\_\_\_\_

Proposal Introduced by: \_\_\_\_\_

\_\_\_\_\_  
Name and Signature of the Agent

**Prohibition of Rebates - Section 41 of the Insurance Act, 1938 as amended by Insurance Laws (Amendment) Act, 2015.**

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.
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.

**ANY PERSON MAKING DEFAULT IN COMPLYING WITH THE PROVISIONS OF THIS SECTION SHALL BE PUNISHABLE WITH FINE WHICH MAY EXTEND TO FIVE HUNDRED RUPEES.**

**For Office use only**

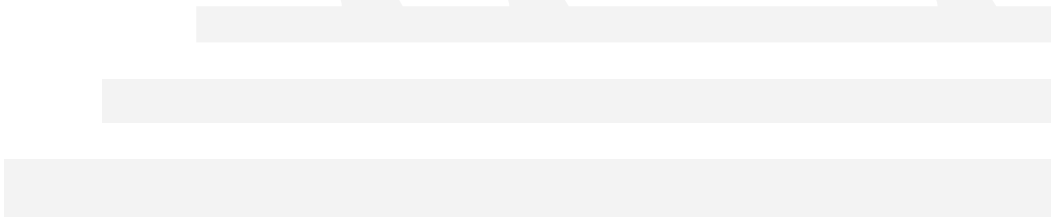
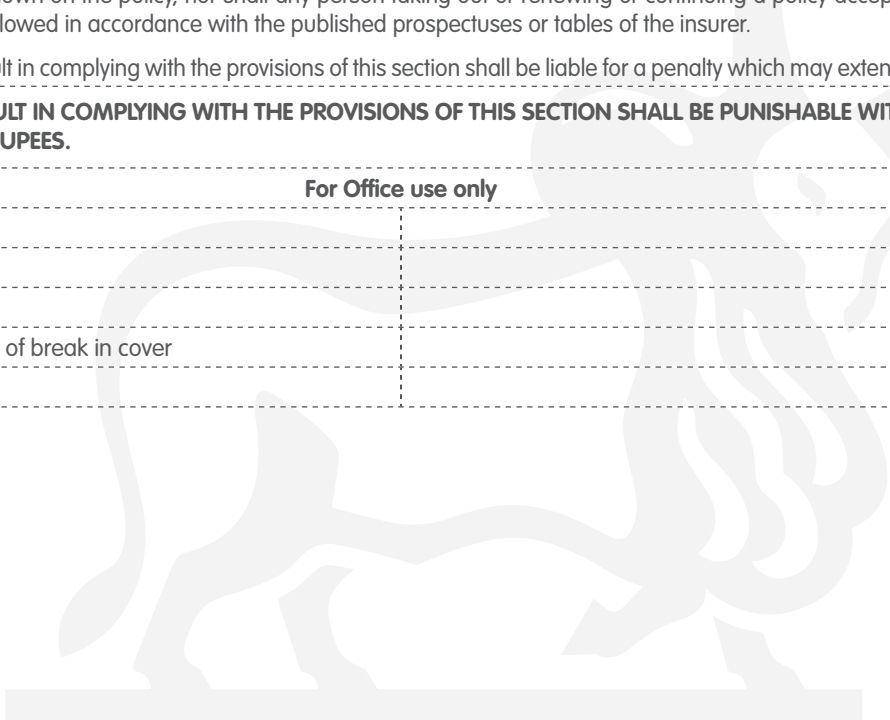
Cover Note no. if any issued

Acceptance authorised by

Policy no. allotted

Vehicle inspected by, in case of break in cover

Entered in to the system by



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