



General Insurance

A Policy for Act Liability Insurance (Private Car-Liability Insurance Proposal Form)

(The	liability of the Company com	mences only when this proposal is accepted by the Company and the pre	mium is received.)
P	rivate Car	Two Wheelers	
For	Office Use Only		
Poli	cy Number		Date didmim yiyiyiy
Inte	rmediary Details (To be fille	ed in BLOCK LETTERS)	
Inte	rmediary Name		Code
Bran	nch Name		Code
Sale	es Manager Name		Code
Pro	poser's/Owner Details (To	be filled in BLOCK LETTERS)	
1.	Proposer/Owner's Full Na	me Mr. Mrs.	
2.	Address (where the Vehic	le is normally kept)	
	Flat/Building	Road/Street/Sec	otor
	Area		City
	Pin Code	State	Country
	Phone	Mobile	
	Emergency Contact No.	Blood Group	
	Email	Fax L L	
	PAN No.:	UID Aadhaar No.	
	Source of Funds	☐ Business ☐ Profession ☐ Salary ☐ Agricultural Income	ome Savings Others
	Monthly Income	Upto ₹ 20,000	00,000
3.	Occupation / Business		
4.	Type of Cover	Liability Only Policy	
5.	Period of Insurance	From hrs on d d m m y y y y y To	hrs on [d_1_d] m_1 m
Deta	ails of the Vehicle		
6.	Registration Number	7. Date of Registration	
8.	Registering Authority & Lo	cation	
9.	Year & Month of Manufactor	ure 10. Engine Number	
11.	Chassis Number	12. Make of Vehicle	
13.	Type of Body/Model		
14.	Cubic Capacity	15. Seating capacity incl	uding Driver
Deta	ails of the Vehicle Type and	d Use	
16.	Whether the Vehicle is driv	ven by Non-conventional source of power?	☐ Yes ☐ No
	If Yes, please give details		☐ Bi Fuel ☐ CNG ☐ LPG
17.	Whether the use of vehicle	e is limited to own premises?	☐ Yes ☐ No
18.		ed for Commercial purposes?	Yes No
19.	Whether the Vehicle is use	ed for Driving Tuitions?	Yes No

An ISO 9001:2008 Certified Company

Reliance General Insurance Company Limited. Registered Office: 19, Reliance Centre, Walchand Hirachand Marg, Ballard Estate, Mumbai - 400001. Corporate Office: Reliance Centre, South Wing, 4th Floor, Off. Western Express Highway, Santacruz (East), Mumbai - 400 055. Corporate Identity Number U66603MH2000PLC128300. Trade Logo displayed above belongs to Anil Dhirubhai Ambani Ventures Private Limited and used by Reliance General Insurance Company Limited under License. RGI/MCOM/CO/MOT-02/PVT-CAR-PF/Ver, 1.1/050416.

Deta	ils of Hire Purchase / Hypo	othecation / Lease									
20.	Please state if the vehicle is	under Hi	re purch	ase	Lease Agree	ement	Hypoth	ecation Agre	ement		
	If so, give name and address of concerned party/parties.										
	Full Name	M/s									
	Address		1 1								
								Pin Code L			
Liab	ility Coverage										
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 Pa	aid Driver					Yes	☐ No			
	If 'Yes', give details of such	other persons									
	a		1 1						1 1	1 1	
	b									1 1	
	c		1 1							1 1	
	Note: 1. Section 146 of Motor Vehicle 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) t	he liability is 'as incur	red' in th	e case of death/b	odily injury of a	third party					
22.	Do you wish to have the statu	utory Third Party Pro	perty Dai	mage (TPPD) liab	ility of Rs.6000)/- only?	☐ Yes	☐ No			
23.	Legal liability to persons emp The liability of the Employer Motor Vehicles Act 1988		-				Yes	□ No			
	a. Drivers	No. of persons:									
	b. 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 Workmen's Compensation Act 1923										
24.	The Policy provides addition Two Wheelers and ₹. 7,50,00		•	-			Yes	☐ No			
25.	Do you wish to cover wider le (This information is sought to 1855 and the Common Law)	cover in addition to			n's Compensa	tion Act 1923	Yes , also liability	No No y under the F	atal Accid	lents A	.ct
	Note: The additional liability who are workmen is covered			al Accidents Act ir	respect of em	ployees					
26.	Do you wish to cover wider le	egal liability to emplo	yees who	are NOT 'workm	en'?		Yes	☐ No			
	Note: The additional liability who are NOT workmen is co				355 in respect o	of employees	3				
27.	Personal Accident Cover for Owner Driver is compulsory in the Liability Only Cover. Please give details of nomination:										
	Name of the N	ominee	Age	Relationship	Name	of the Appoi	intee	Relations	ship to the	e Nom	inee
				<u> </u> 							

Note:

i) 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 Cards

ii) 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

	s', give name and Capital Sun	minourou (O		Onto d (₹)	1	Na			Deletieneleie		
	Name		CSI	Opted (₹.)		No	minee		Relationship		
			<u></u>								
	Note: The maximum CSI ava	ailable per p	erson is Rs.2,	00,000/- in a	case of Priv	ate Car and Rs.1	,00,000/- ir	the case o	f Motorised Two Wheelers		
	Do you wish to include Personal Accident cover for Un-named Passengers/hirer/pillion passengers										
	If 'Yes', give number of perso	ns and Capi	tal Sum Insur	ed (CSI) opt	:ed:						
	No. of persons:				CSI (per	person):					
	Do you wish the Geographical Area of the coverage by the policy to be extended to the following countries?										
	Please tick relevant boxes.	Banglad	desh 🗌 B	hutan	☐ Nepa	l Pak	kistan	Sri La	nka Maldives		
	Note: Presently the territory	covered is g	eographical a	rea of India.	. Extension	of geographical	area cover	can be ava	iled by use of this endorseme		
	Is of Previous History										
a	is of Previous History										
	Date of purchase of the veh	icle by the F	Proposer:	d _I d m _I	m y y	<u>/_ y_ y</u>					
	Whether the vehicle was ne	w or second	d hand at the	time of pure	chase			New	Second Hand		
	Will the vehicle be used exc	clusively for:									
	i) Private, Social, Domestic,	, Pleasure &	Professional	Purpose?				Yes	□ No		
	ii) Carriage of goods other than samples or personal language?								□ No		
	Is the vehicle is in good con	idition?						☐ Yes	□ No		
	If 'No' please give details										
	Name of previous insurer	M/s.									
	Address of previous insurer										
	•					Dood/5	Ctroot/Coot				
	Flat Building					Road/s	street/Secti		1		
	Area			01-1-	1			City			
	Pin Code			State		84-1-11-		Country			
	Phone					Mobile					
	Email					Fax					
	Previous Policy Number			1 4 4	<u> </u>			m ml v			
	Period of Insurance		d d m m	<u> </u>	<u>yı y</u>	То	d d l	111 1111)	<u> </u>		
. Claim lodged during the preceding 3 years											
	Year		No. of claims						Claim Amount (Rs.)		
/6	r Details										
	Date of Birth of the Owner:	C	d d m m	y _I y _I	у _г у	Age:					
		1.2	d d lm m	y ₁ y ₁	v v1						
	Date of Birth of the Driver:	-	d d m m	у у	у у	Age:					

43.	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:					
	Circumstances of Accident / Loss:					
Payı	nent Details					
	Cheque DD					
Che	ue or DD Amount /- Amount in words ()					
Banl	Name					
Che	ue/DD No. Lululululululululululululululululululul					
	oser's Bank Details					
	Name of the Bank Account Holder Mr. Mrs. Ms. FIRST MIDDLE Current Bank Account No.: 46. Account: Saving Current Name of the Bank Microscope (9 digit Microscope appearing on your cheque leaf) IFSC Code (11 character code appearing on your cheque leaf) IFSC Code (11 character code appearing on your cheque leaf) IFSC Saving Current Any refund due on the premium payment / any payment / claims to be directly credited to my aforesaid Bank Account.* IFSC In the saving Current Any refund due on the premium payment / any payment / claims to be directly credited to my aforesaid Bank Account.* IFSC In the saving Current Any refund due on the premium payment / any payment / claims to be directly credited to my aforesaid Bank Account.*					
Dec	aration					
agree that, imm the strate that, under recelliable declestan declestan declestan option option who conditions agree that, under that, under recelliable declestan declestan declestan declestan option option option options agree that, and the strategies are the strategies agree that the strategies agree t	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 that this declaration shall form the basis of the contract between me/us and RELIANCE General Insurance Company Limited. I/We also declare if any additions or alterations are carried out after the submission of this proposal form, then the same would be conveyed to the insurers detailed. I/We hereby declare that the contents of the form and documents have been fully explained to me/us and that I/We have fully understood ignificance of the proposed contract. I/We agree to accept a policy subject to the condition prescribed by the company. • I/We declare that the of NCB stated above by me/us is correct and that no claim has arisen in the expiring policy (copy of the policy enclosed). I/We further undertake if this declaration is found to be incorrect, all benefits under the policy in respect of section I of the policy will stand forfeited. • I/We further stand and agree that RELIANCE General Insurance will seek confirmation of above stated details from my/our previous insurers. Pending of onecessary confirmation, I/We agree that, though coverage under the policy will be available to me/us, RELIANCE General Insurance will be to release the payment towards any claims under section I of the policy only after a confirmation in this regard is received. In the event this retain is found to be incorrect, any and all coverage available under section I of the policy from the date of commencement of the policy shall automatically forfeited. Further, any survey arranged/allowed by RELIANCE General Insurance of the motor vehicle, pending confirmation of the ration from my/our previous insurers, shall be without prejudice to any of the rights and remedies available to RELIANCE General Insurance as inced herein and under the relevant laws and regulations. • I/We also shall avour to procure the renewal notice and pass on the same to RELIANCE General Insurance immediately upon the receipt of					
	further agree and undertake not to receive from Reliance General Insurance Company Limited any rebate other than that mentioned in the shed prospectus in accordance with the provisions Section 41 of the Insurance Act, 1938 as amended by Insurance Laws (Amendment) Act,					
Plac	:: d d m m y y y					
Prol	ibition 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.					

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.

IMPORTANT NOTICE

- IMPORTANT NOTICE

 1. In the event of a claim, please immediately call our 24 hour call centre only. Improper intimation or delay in intimating claim to call centre can lead to delay in settlement/denial of claim.

 2. For preferred cashless garage list, please logon to our website or speak to customer care executive. RGICL cannot provide cashless claim settlement at garages other than those in our network list*.

 3. Please intimate us your mobile number and we shall keep you updated of the status of the claim by way of SMS periodically. You can download our claim form and claim procedure.

 Also view claim status on our website.

 * conditions apply.