

Bajaj Allianz General Insurance Company Limited

Regd. & Head Office: GE Plaza, Airport Road, Yerwada, Pune 411006.

Proposer PAN Number

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IMD Code	
Sub IMD Code	
IMD Name & Contact No.	
LG / Emp. Code	

Bajaj Allianz Employee code, if Proposer is an Employee

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PROPOSAL FORM FOR COMMERCIAL VEHICLES PACKAGE POLICY (OTHER THAN MOTOR TRADE POLICY)

1. Please answer all questions in BLOCK letters
2. The Liability of the Company does not commence until this Proposal has been accepted by the Company and premium has been paid
3. This Proposal will be the basis of any subsequent policy that we issue to you. It is therefore essential that you provide all the information in this Proposal FULLY AND ACCURATELY and that you provide us with any and all additional information relevant to risk to be insured or our decision as to acceptance of the risk or the terms upon which it should be accepted

Proposer Details

1) Full Name: Title/ First Name/ Middle Name/ Surname

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2) Gender: Male Female 3) Date of Birth:

 4) Marital Status: Married Single

5 a) Permanent/Residential Address:

Address Line 1

Address Line 2

City

 State

 Pincode

Telephone (Res.)

 E-Mail

6) Occupation: _____

7) Period of Insurance: From:

 To:

8) Hypothecation Details:

Name of Financial Institution/Bank:

Loan Account Number:

Vehicle Details

1) Type of Vehicle: Goods Carrying Passenger Carrying Miscellaneous & Special Type of Vehicle

2) Usage of Vehicle: Private Carrie Public Carrier Stage/Contract Carriage Bus Taxi Maxi Cab

3) Type of Permit: Local National State

4) Nature of Goods: Hazardous Non-Hazardous

5) Type of Load Body High/half deck Chemical/Petrol/Diesel Tanker Transit Mixture Articulated Trailers any other_____

6) Vehicle Registration No

 7) Date of Registration:

8) Registration Authority

 9) Year of Manufacture:

10) Whether the vehicle was New or Second Hand at the time of purchase

11) Date of purchase of the vehicle by you

12) Vehicle Engine no:

 Vehicle Chassis No:

13) Vehicle Make:

 Vehicle Model:

Subtype:

14) Cubic capacity

 15) Max License Carrying Capacity: (RC Book) Driver (1) +

16) Gross Vehicle Weight (GVW):

17) Fuel Used: Petrol Diesel LPG CNG Electric any other_____

18) Trailer Registration Number: (17 blocks) 19) Trailer Chassis No: (17 blocks)

20) Whether any modifications/ conversions has been done on the maker's standard specification: Yes No

If yes, please give details _____

Previous Insurance Details

1) Name and address of the previous insurer

2) Previous Policy Number

 Policy expiry date:

3) Claims taken in previous policy: Yes / No If Yes, No. Of Claims

 Claim Amount:

4) NCB Earned on last policy (if applicable):

 % (Please attach a copy of renewal notice from the previous insurer)

5) Whether following coverages were opted in Previous Policy: IMT 23 IMT 47

Driver Details

1) Age of Owner Driver: Main Driver:

 Other Driver

2) Does the driver suffer from defective vision or hearing or any physical infirmity? Yes No

If "Yes" please give details.

3) Has the driver ever been involved/convicted/pending conviction for causing any accident or loss? Yes No

If "Yes" please give details.

