



UNITED INDIA INSURANCE COMPANY LIMITED
MOTOR INSURANCE PROPOSAL FORM –Commercial / Miscellaneous Type-vehicles

MOU / Development Officer's Name & Code:
Broker's/Agent's Name & Code:

Proposer's Name				PAN Number :			
Address for Correspondence							
Telephone & Fax Number							
E-mail Address							
HPA/Hypothecation							
Type of Policy Required		Package			Liability		
Period of Insurance		From			To		
Details of Vehicle							
Regn.No.	Eng.No.& Chassis No.	Year of Make	Make& Model / Type of Body	Cubic Capacity/ HP	Seating Capacity	Gross Vehicle Weight	Fuel Used
Value of the Vehicle:							
Invoice Value	Electric/ Electronic Accessories	Non-Electrical Accessories	Trailer	LPG/CNG Kit	Total Value	IDV	
History of Vehicle:							
Previous Policy No	Type of cover	Name of Insurer & Place	Entitlement of No Claim Bonus	Date of Expiry	Claim Experience for last 3 years	Date of first Purchase & Regn.	
Usage of the Vehicle:							
Nature of Permit	National/Zone/State		Details of Driver		Self/Paid		
Private Carrier			Name & Age				
Public Carrier			Driving License No & Type				
Stage/Contract Carriage	Bus/Taxi/Auto Maxicab		Date of Expiry				
Miscellaneous types of vehicle			No. of accidents involved				
Has any Insurance Company declined your proposal or cancelled your Motor Policy							
Discounts & Loading:							
Is the vehicle fitted with the any Anti-Theft Device approved by ARAI				Yes/No If yes, attach certificate of installation issued by AASI			
Whether the vehicle is driven by non-conventional source				Yes/No If yes, please specify the details			
Whether the vehicle is driven by Bi-fuel kit / Fibre Glass Tank Fitted				Yes/No If yes, please specify the details			
Do you wish to restrict TPPD cover to Statutory limit of Rs.6000/-only				Yes/No			
Add-on Covers required							
Legal Liability to Driver, Cleaner, Conductor							

Legal Liability to Other Workmen					
Legal Liability to Non Fare Paying Passengers					
Legal Liability to Passengers					
PA cover to Driver/Cleaner/Conductor					
PA to unnamed hirer/driver					
Other Details					
Whether use of vehicle is confined to sites		Yes/No			
Whether the vehicle is designed for use of blind/handicapped/mentally challenged persons		Yes/No If yes, please specify the details of Endorsement by RTA			
Whether the vehicle is used for Driving Tuitions		Yes/No			
Whether extension of Geographical Area is required		Yes/No If yes, State the Name of the Country Nepal Bangladesh,Bhutan,Maldives, Pakistan,SriLanka			
Do you wish to have a one page policy?		Yes/No			
P * Policy terms and conditions are as per India Motor Tariff and are displayed at www.uiic.co.in					
Driver Details					
Name	Age	DL No., Date of first issue and Issuing Authority	Type of licence held, Badge number	Endorsements	Details of physical infirmities, if any

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 his declaration shall form the basis of the contract between me/us and the UNITED INDIA INSURANCE CO. LTD.

I/We also hereby declare that any additions or alterations carried out after the submission of this Proposal Form then the same would be conveyed to the Insurers immediately.

I/we wish to confirm that there has been no accident to my/our vehicle since the last Policy Expiry Date till now. I/We confirm that I/We have remitted the premium at.....on..... For the insurance of the above vehicle with you. It is understood and agreed that you have no liability or whatsoever nature for any Loss/Damage/Liability arising out of any accident earlier to(time).

I/We declare that the vehicle is in perfect state and roadworthy condition..

PLACE:

DATE:

SIGNATURE OF THE PROPOSER

VEHICLE INSPECTION REPORT

INSPECTED BY					
DESIGNATION					
TIME & DATE					
COLOUR	REGN.NO	ENGINE NO	CHASIS NO	KM READING	

I confirm that the vehicle is in externally good condition and recommended for acceptance of coverage for IDV as declared by the Insured.

PLACE:

DATE:

SIGNATURE OF THE INSPECTING PERSON