Liberty General Insurance Limited

10th Floor, Tower A, Peninsula Business Park,
Ganpatrao Kadam Marg, Lower Parel, Mumbai - 400 013

Phone: +91 22 6700 1313 Fax: +91 22 6700 1606

Email: care@libertyinsurance.in

IRDA of India registration number: 150 ◆ CIN: U66000MH2010PLC209656



PROPOSAL FORM PRIVATE CAR PACKAGE POLICY

pood. 101 14044 V6	enicie 🗆 Rollover 🗆 Endo	orsement Renewal	(LGIL Policy N	lo.)		Fa	st tag Number	
	he proposal form in BLOCK L heets if space given is insuffic		never applicable					
			urnished by a prop	poser. (The Co	ompany may	seek any other infor	mation as desired for underwrit	ting purpose.)
Intermediary Details								
MD Name :						MD Code :		
Branch Name :								
SM Name :								
PAN Card No. :	PAN Card No. or Aadhar C	ard No. in accord MISD/D	OSB)		OR A	adhar Card No. : _		
			,	ive) Policy	for 3 year	s □ Bundled 0	Cover (1 year Own Damage 8	& 3 vears Third Party
Vehicle Details		, , –			,		. ,	
Vehicle Make	Model	Variant Y	ear of	CC / KW		cle Weight (GVW)	Seating Capacity	
verlicle Make	Model	Manufa	cture & Month	CC/KW	For Good:	s carrying V ehicle	(Including Driver/Cl	eaner) Type
Insured Declare Valu							ONO// PO Kit	
Year	For Vehicle Rs.	Electrical Accessories	Non Electric	cal Accessorie	es Traile	rs / Side Car (If An	y) CNG/LPG Kit (if not part of standard veh	nicle) Total IDV Rs.
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Vhether you have opted	for any Add on Coverage's	last year. ☐ Yes ☐ No						
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V-06152022

Ganpatrao Kadam Marg, Lower Parel, Mumbai - 400 013 Phone: +91 22 6700 1313 Fax: +91 22 6700 1606

Email: care@libertvinsurance.in

IRDA of India registration number: 150 • CIN: U66000MH2010PLC209656

Dotaile (of Vehicle 1	Type and I	lleage

Fuel Type of the vehicle ☐ Petrol ☐ Diesel ☐ Battery ☐ Any Other
Whether the Vehicle is driven by Non-Conventional source of Power ☐ Yes ☐ No If Yes,
please give details ☐ Bi-fuel ☐ CNG ☐ LPG ☐ Externally Fitted ☐ Manufactured Fitted

Will the vehicle be exclusively used for: a) Private, Social, Pleasure and Professional Purposes \square Yes \square No b) Carriage of goods other than Samples or Personal Luggage 3 ☐ Yes ☐ No

- □ Yes □ NO
 Whether the vehicle is used for Commercial purposes? □ Yes □ No
 Whether the vehicle is used for Driving tutions? □ Yes □ No
 Whether the vehicle is limited to own premises? □ Yes □ No
 Whether the vehicle is specially designed for use of Blind/Handicapped/ Mentally
 Challenged Person □ Yes □ No If so, whether the same is endorsed as such by RTA?
- Whether the vehicle is certified as Vintage Car by Vintage & Classic Car Club of India? 8. Yes □ No
- Whether the rally cover is required? ☐ Yes ☐ No
- Whether the vehicle is fitted with Fibre Glass Tank? ☐ Yes ☐ No 10.
- Whether the vehicle belongs to the Embassy/Consulate of a foreign country? \square Yes \square No If so, is the Duty element is included in the IDV? \square Yes \square No
- Whether insured is first registered owner of the vehicle? \square Yes \square No

Previous Insurance Details

Name and Address of Previous Insurer

Policy/Covernote no.

Type of Cover:

Package (Comprehensive) Policy

Act only Policy

Others

SOD NCB*/Loading in expiring policy □□%

Claim lodged in last three years:

Year	Expiring Year (1)	Expiring Year (2)	Expiring Year (3)
No. of Claims:			
Claims Amount :			

2.

☐ New ☐ Second Hand

3. Is the vehicle in good condition? $\hfill\square$ Yes $\hfill\square$ No If NO, please give details:

Has any insurer ever declined/cancelled the insurance of the proposed vehicle? 4.

☐ Yes ☐ No Policy Period; From ddmmyyyyy To ddmmyyyyy Are you entitled for No Claim Bonus on Renewal? See No

If yes, Please mention the □□% Is the vehicle fitted with Anti - Theft Device which is approved by ARAI? \square Yes \square No If answer of the above question is Yes. Please submit the certificate for the same

Are you a member of the Automobile Association of India? \square Yes \square No If Yes, Please state Name of Association :

Membership No. Driver's Detail

213, A001 5V01 201213, A0020V01201213, A0021V01201213, A0006V01201314, A0007V01201314, A0008V01201314, A0009V01201314, A0010V01201314, A0012V01201314, A0012V01201314, A0002V012011181, A0012V01201314, A0002V012011819, A0012V01201314, A0002V01201819, A0012V01201819, A0012V01201819, A0012V01201819, A0012V01201819, A0013V0120120, A0014V0120122, A0014V012012, A0014V01

UIN:IRDAN150RP0035V01201213,A001 A0023V01201920,A0018V0220121 A0026V01201819,A0025V0120181

Does the owner has a valid driving licence? \square Yes \square No

Vehicle is primarily driven by: ☐ Registered Owner ☐ Any other 2. Relationship:

Date of expiry: d d m m y y y y

Does the driver suffer from defective vision or hearing or any physical infirmity? ☐ Yes ☐ No Give details

Driver's qualification: Driver's experience:

Age & Date of Birth of the Owner: Age _ __ Date of Birth: _Yrs_ b. Age & Date of Birth of the Driver: Age_ Yrs Date of Birth:

Has the driver ever been involved / convicted for causing any accident of loss?

If YES, give details as under including the pending prosecutions: Driver's Name: Date of Accident:

Loss / Cost (Rs.): Circumstances of Accident/Loss

Inspection Details

Does the vehicle stands fit for insurance? ☐ Yes ☐ No ☐ Self Inspection

Inspection Reference No.:

Conducted on (Mention Date & Time): _

Additional Coverage Details

Do you require PA cover for Paid Driver, Cleaners and Conductors? ☐ Yes ☐ No Do you wish to cover Geographical Area Extension under your proposed insurance?

☐ Bangladesh ☐ Bhutan ☐ Nepal ☐ Sri Lanka ☐ Maldives ☐ Pakistan

Voluntary excess: Do you wish to take the Voluntary excess over an above the compulsory

Do you require Unnamed PA Cover ☐ Yes ☐ No

Name Sum Insured _ Name _ Sum Insured Do you wish to cover Legal liability towards

a) Driver/Cleaner/Conductor (No. of Persons
b) Unnamed Passengers (No. of Persons
c) Other employees (No. of Persons
d) Soldier/Sailor/Airman employed as Driver ☐ Yes ☐ No ☐ Yes ☐ No

5.

Do you require PA cover for named persons? Yes No Name CSI Nominee The Policy provides additional Third Party Property Damage liability limits of Rs. 1,00,000/- for Two Wheelers and Rs. 7,50,000/- for other classes of vehicles. Do you

wish to cover the additional limit? \square Yes \square No Legal liability to persons employed in connection with operation of the vehicle who are 'workmen'. The liability of the Employer under the Workmens' Compensation Act-1923 is covered under the Motor Vehicles Act-1988. ☐ Yes ☐ No

covered under the Motor venicies Act-1988. ☐ Yes ☐ No Drivers (No. of persons: _____) Employees (Workmen) (No. of persons: _____) (Note: The Motor Vehicles Act-1988 under Sec.147(1)(iii)(I) covers liability to employees who are workmen within the meaning of the Workmen's Compensation Act-1923.) Coverage for liability against Third Party Risks (Death or Bodily Injury) required in respect of: \square Owner Driver only \square Any person other than Paid Driver If 'YES', give details of such other persons:



Non fare Paying Passengers (No. of persons:

Note: 1. Section146 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 Section146 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)

Any other Coverage details

Break In Insurance Declaration

"I/We hereby Declare and Undertake

"That, the vehicle proposed to be insured had, during the period in which it was not covered by valid and effective insurance policy issued by any insurer/s, met with an accident on ddmmyyyyyy at hhmmm (Add more date/s with time if vehicle had met with with an accident more than once)

with an accident more than once)

"That, the vehicle proposed to be insured had, during the period in which it was not covered by valid and effective insurance policy issued by any insurer/s, had NOT met with any accident ("Select the appropriate check box and provide relevant information against selected entry) I/we understand that all and/or any kind of liabilities arising out of accident's which had occurred prior to risk inception date and time as mentioned in the Policy Document issued by Liberty General Insurance Limited in consideration of these presents will be completely out of ambit of said Policy and said Company will not be in any manner liable or held responsible therefore.

I/we further undertake that if this declaration and/or any of its part is found to be incorrect in any manner, all the benefits under the Policy will then stand forfeited and the contract of insurance will be treated as void ab-initio".

If there is break in insurance coverage, you may be required to produce your vehicle for inspection

If there is break in insurance coverage, you may be required to produce your vehicle for inspection as per Company's discretion. Issuance of policy is subject to positive inspection report & underwriting guidelines of the Company.

NCB Declaration

I/We declare that the rate of NCB claimed by me/us is correct and that no claim as arisen in the expiring policy period (copy of the policy enclosed) I/We further undertake that if this declaration is found to be incorrect, all benefits under the policy in respect of Section I of the policy will be forfeited.

Declaration

"I am/we are aware that the complete terms and conditions of this insurance policy are available at the official website of the insurer (www.libertyinsurance.in).
"I/We hereby consent to receiving only the certificate and schedule of insurance upon the undertaking of the

insurer that the complete policy terms and conditions will be made available free of cost upon my/our

"I hereby declare and confirm that the PUC and Fitness certificate of the vehicle proposed for insurance is valid as on date.

"I agree and consent to Insurance Company sending the policy documents to my registered email id and/or mobile number."

"In consideration of the premium for this extension being calculated at a pro-rata proportion of the annual premium, it is hereby declared and agreed by the insured that upon expiry of this extension, this policy shall be renewed for a period of twelve months, failing which the difference between the extension premium now paid on pro rata basis and the premium at short period rate shall become payable by the insured."

Any other Material Information Declaration and Consent

We hereby declare that the statements, answers given by me /us in this proposal form are true to the best of my knowledge and belief and I/We hereby agree that this declaration shall form the basis of the contract between me/us and the Liberty General Insurance Limited. It is hereby understood and agreed that the statements, answers and particulars provided herein above are the basis on which this insurance is being granted and that if, after the insurance is effected, it is found that any of the statements, answers or particulars are incorrect or untrue in any respect, the company shall have no liability under this Insurance.

I/We agree and undertake to convey to Liberty General Insurance Limited any change/alterations carried out in the risk proposed for insurance after submission of this proposal form.

"I/We have insurable interest in the subject matter of this insurance and we hereby declare that the Cost of the same and the premium for this insurance is paid from legal sources of funds." I, the undersigned proposer hereby declare and confirm that I have understood the features, terms and conditions of the policy and questions contained in the proposal form. I also understand that the answers to the questions contained in the proposal form, forms the basis of the contract of insurance. If any information/statement given in proposal is found to be untrue, the policy shall be treated as void ab intio and the premium paid shall be forfeited to the Company.

Please give details, if you are politically exposed person or relative of politically exposed person.

Please give details, if you are no profit organization

I/We hereby declare that the premium for the said policy is paid out of the legally declared and assessed sources of my/our income

I hereby agree to receive a one pager policy document.

I hereby confirm having a valid personal accident policy for sum Insured of minimum Rs.15 lakhs.

Prohibition of Rebates (Section 41) of the Insurance Act-1938

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 or 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 prospectus or tables of the Insurer.

Any person making default in complying with the provision/s of this section shall be punishable with fine, as may be prescribed under Insurance Act, 1938 or any amendment thereto for the

time being in force.

For use b	by Interme	diary only
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Cover Note No. issued (if anv)

Proposal Checked By:

Proposer Name:

Date of Receipt : d d m m y y y y Date: d d m m y y y y Place:

Date of Issuance d d m m y y y y y I Ime of Issuance h h m m
Period of Insurance for Package Policy of 1 year & 3 years:
rom (Time) h h m m (Date) d d m m y y y y
o the midnight of date d d m m y y y y
Period of Insurance for Bundled Cover :
Section I - Own Damage: From (Time) h h m m (Date) d d m m y y y y
o the midnight of date d d m m y y y y
Section II - Liability : From (Time) h h m m (Date) d d m m y y y y
o the midnight of date d d m m y y y y
Premium Amount (in Rs.):
Bank Name :
Cheque No. / DD No. / Cash :
For Office use only
Customer ID :
Proposal Number:
Policy / Cover Note Number:

	s the subject matter of the solicitation.	odisplayed above belongs to Liberty Mutual and used by the Liberty General Insura
	lns e	Trade Logo displayed a
-06	15	202

Proposer Sign: