1828 1820 A0003001201320 A0003001201320 A000401201320 A00014001201320 A0014001201320 A0014001201320 A00014001201320 A0001401201320 A00014001201320 A00034001201320 A0003400130 A00

Email: care@libertyinsurance.in
IRDA of India registration number: 150 • CIN: U66000MH2010PLC209656



PROPOSAL FORM STAND ALONE OWN DAMAGE POLICY FOR PRIVATE CAR

roposal for : New Vehicle Nete: 1) Please complete the propose 2) Attach additional sheets if	sal form in BLOCK LET	TERS and tick boxes whicheven						Fast tag Numbe			
The queries made/details: Intermediary Details	stated below are the mini	mum requirements to be furnis	shed by a propos	ser (The Company may	y seek	k any other information	as desired f	or underwriting purpos	se)		
ID Name :				IMD	Code :						
anch Name :											
M Name :				Branch Code : SM Code :							
ISP/POSP Name :											
AN Card No. :						har Card No. :					
landatory to provide PAN Ca		d No. in case of MISP/POS	SP)								
pe of Cover: Own Dama	ge only										
Vehicle Make Model		del Vari	Variant		Year of Manufacture Month		Seating Capacity/LCC (Including Driver/Cleaner		ıding	Body Type	
insured Deciare Value	L .					l l					
				Non Electrical	DELECTRICAL CESSORIES Trailers / Side Car (If Any) CNG/LPG Kit (if not part of standard Tot				otal IDV Rs.		
Teal Tolly	Year For Vehicle Rs.		Electrical Accessories		IIa	ners / Side Car (il Ali)	(11	(if not part of standard vehicle		otal IDV Its.	
1											
llue Cover □ Gap with Reg/Ta; otection □ Tyre Protect:Tyre S amage to Battery @ Sl	erial no.1S, Damage to C EV Sector Solution on Coverage's last	erial no.2Serial harger @ SI ure Add-on excess: Do you to Battery / Charger t year. □ Yes □ No	no.3, Damage to F wish to take the	Serial no.4 Property @ SI te EV Secure excess	over a	Serial no.5, Charger Liability	□ EV Se	ecure (Battery & Cha @ SI	arger Pr	otection cover	
res, please specify the Add on hicle Registration No.				Colo	Colour of V ehicle						
ace of Registration							d m n				
iller Chassis No. (if any)					icle ty	/pe - Indigenous -		Rated under : Zone	e A 🗆 Zo	one B	
he vehicle attached with any		No No. of vehicles at	tached with flee	et :		Cubic Ca	pacity :				
he vehicle made in India?		iro Duroboso = Losso As	roomont			Pody Typ					
ancier Details: Hypothecume of Financier & Address	-	ire Purchase 🗈 Lease Ag	reement			воау тур	e:				
ame of Insured : (Mr/Mrs/M/s		7									
N Card No. :											
Insurance Account No.:		I would like to	open E Insu	rance Account with				Insurai	nce Re	pository.	
mmunication Address:											
ea / Landmark :		State :	(City / District :			F	Pin Code :			
ontact Details : Mobile No. :			Residen	ice / Office :							
nail ID :					_ GS	STN:					
ate of Birth : d d m m	у у у у	Business/Occupation (For Individual	Customer)							
y other details :											
eriod of Insurance:											
wn Damage From T	me: h h m m	Date: d d m m	у у у	y To the Midnigh	ht of I	Date: d d m	т у у	уу			
rsons or classes of Person entitle tomatically stands cancelled from	inception irrespective of	whether a separate communic	cation is sent or	not.					vided und	der this docum	
emium Payment Details: 🗆 (•										
remium Amount (including s						·					
neque / DD No.:	Bank A/C No.:										
heuqe / DD Date:				IFSC Code:							
case the annualized premiu etails of Electrical Access	ories				-						
n Details: Make & Model: tails of Non - Electrical Accessories				rear or want.:			ימו	/			
em Details:		e & Model:		Year of Manf			ID/	/ :			
etails of Vehicle Type & Usa								•			
Fuel Type of the vehicle Pet	_	er				e Declaration					
Whether the Vehicle is driven re details \square Bi-fuel \square CNG \square LI Will the vehicle be exclusively	by Non-Conventional s PG = Externally Fitted bused for: a) Private, So	ource of Power Yes No Manufactured Fitted ocial, Pleasure and Professi	onal Purposes	valid and effectiv	icle pr /e ins at_	and Undertake roposed to be insured urance policy issued I(Add mo	by any insu	rer/s, met with an ac	ccident o	on	
Yes □ No b) Carriage of goods Whether the vehicle is used for			NO	more than once)							
Whether the vehicle is used to		□ *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									
Whether the vehicle is limited		s 🗆 No			urance policy issued i ite check box and pro						
(A/In - 4In 4In In In In In In 1 - I		Rlind/Handisannad/ Mantally	. 01111	(Select the appl	. opiid	or look box ariu bio	releva	iiiioiiiiauoii ayallis		ou onuy)	

- Person \square Yes \square No If so, whether the same is endorsed as such by RTA? \square Yes \square No
- 8. Whether the vehicle is certified as Vintage Car by Vintage & Classic Car Club of India? \hdots Yes
- 9. Whether the rally cover is required? \square Yes \square No
- 10. Whether the vehicle is fitted with Fibre Glass Tank? \square Yes \square No
- 11. Whether the vehicle belongs to the Embassy/Consulate of a foreign country? \Box Yes \Box No If so, is the Duty element is included in the IDV? \Box Yes \Box No
- 12. Whether insured is first registered owner of the vehicle? □ Yes □ No

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 as per Company's discretion. Issuance of policy is subject to positive inspection report & underwriting guidelines of the Company.

Liberty General Insurance Limited

Oth 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



Durations Incomes	Deteile			NCD Devleration					
Previous Insurance				NCB Declaration					
	revious Insurer			I/We declare that the rate of NCB claimed by me/us is correct and that no claim as arisen in the					
Policy/Covernote no	age (Comprehensive) Po	lieu - Aet enlu Delieu -	Others - COD	expiring policy period (copy of the policy enclosed) I/We further undertake that if this declaration					
NCB*/Loading in expirin		icy - Act only Policy -	Others a SOD	is found to be incorrect, all benefits under the policy in respect of Section I of the policy will be					
Claim lodged in last thre				forfeited.					
Year	Expiring Year (1)	Expiring Year (2)	Expiring Year (3)	Declaration					
No. of Claims :	Expiring real (1)	Expiring rour (E)	Expiring real (o)	"I am/we are aware that the complete terms and conditions of this insurance policy are available					
Claims Amount :				at the official website of the insurer (www.libertyinsurance.in). I/We hereby consent to receiving					
	ne vehicle by the Propose	er:	1	only the certificate and schedule of insurance upon the undertaking of the insurer that the					
	vas new or second hand		P □ New □ Second Hand	complete policy terms and conditions will be made available free of cost upon my/our request."					
3. Is the vehicle in good		·		"I agree and consent to Insurance Company sending the policy documents to my registered					
If NO, please give details	s:			email id and/or mobile number."					
4. Has any insurer ever	declined/cancelled the in-	surance of the proposed	d vehicle? □ Yes □ No	I hereby declare and confirm that the PUC certificate of the vehicle proposed for insurance is					
	d d m m y y y y			valid as on date.					
	Claim Bonus on Renewal			I hereby declare and confirm that the "Mandatory Third Party Insurance" of the vehicle proposed					
	th Anti - Theft Device whi			for insurance is valid till					
	uestion is Yes, Please su		ne same.	"In consideration of the premium for this extension being calculated at a pro-rata proportion of the					
	the Automobile Association			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					
If Yes, Please state :									
Name of Association :		Data of ovning		extension premium now paid on pro rata basis and the premium at short period rate shall become					
wembership No		Date of expiry.	d m m y y y y	payable by the insured."					
Driver's Detail				Any other Material Information Declaration and Consent					
1 Does the owner has a	a valid driving licence? '	Yes □ No		I/We hereby declare that the statements, answers given by me /us in this proposal form are true					
	iven by: Registered Ow			to the best of my knowledge and belief and I/We hereby agree that this declaration shall form					
	Relations		Age: Yrs.	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					
	from defective vision or I								
Give details			•	above are the basis on which this insurance is being granted and that if, after the insurance is					
4. Driver's qualification:		river's experience: 🗆	Yrs.	effected, it is found that any of the statements, answers or particulars are incorrect or untrue any respect, the company shall have no liability under this Insurance.					
Age & Date of Birth of	f the Owner: AgeY	rsDate of Birth:_		I/We agree and undertake to convey to Liberty General Insurance Limited any change/ alter					
Age & Date of Birth of th	ne Driver: AgeYrs _	Date of Birth:		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 the Cost of the same and the premium for this insurance is paid from legal sources of funds."					
	een involved / convicted f		of loss? Yes No						
. 0	nder including the pendin	g prosecutions:							
Driver's Name:				I, the undersigned proposer hereby declare and confirm that I have understood the features,					
Date of Accident:				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					
Loss / Cost (Rs.):	ent/Loss								
Circumstances of Accide	envLoss			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.					
Inspection Details				Please give details, if you are politically exposed person or relative of politically exposed person.					
1 Does the vehicle star	— nds fit for insurance? □ Y	es □ No □ Self Inspecti	on	r lease give details, if you are politically exposed person of relative of politically exposed person.					
2. Inspection Reference		oo a rro a con mopoon		Please give details, if you are no profit organization					
Conducted on (Mention									
				 I hereby agree to receive a one pager policy document. I/We hereby declare that the premium for the said policy is paid out of the legally declared and 					
Additional Coverag	je Details			assessed sources of my/our income					
Do you wish to cover Ge	eographical Area Extensi	on under your propose	d insurance?	Prohibition of Rebates (Section 41) of the Insurance Act-1938					
	□ Nepal □ Sri Lanka □ M			1. No person shall allow or offer to allow, either directly or indirectly as an inducement to any					
	ou wish to take the Volun	tary excess over an abo	ove the compulsory	person to take out or renew or continue an insurance in respect of any kind or risk relating to live					
excess. If Yes please me		•		or property in India, any rebate of the whole or part of the commission payable or any rebate of					
□ RS. 2,500 □ RS. 5,000	□ Rs. 7,500 □ Rs. 15,00	U		the premium shown on the policy, nor shall any person taking out or renewing or continuing a					
Third Party Insuran	aca Dataila			policy accept any rebate except such rebate as may be allowed in accordance with the					
Tilliu Faity Ilisurali	ice Details			prospectus or tables of the Insurer.					
				2. Any person making default in complying with the provision/s of this section shall be punishable					
Name of the Insurer				with fine, as may be prescribed under Insurance Act, 1938 or any amendment thereto for the time being in force.					
				being in force.					
				For use by Intermediary only					
Policy Number									
				Cover Note No. issued (if any)					
Period of Insurance				Date of Issuance d d m m y y y y y Time of Issuance h h m m					
Period of illisurance				From (Time) h h m m (Date) d d m m y y y y					
				To the midnight of date d d m m y y y y					
				Premium Amount (in Rs.) :					
				Bank Name :					
				Cheque No. / DD No. / Cash : Date					
				For Office use only					
				Customer ID :					
				Proposal Number :					
				Policy / Cover Note Number:					

Proposal Checked By :_

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