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 STAND-ALONE OWN DAMAGE POLICY FOR TWO-WHEELER

Proposal for : New Vehice	cle 🗌 Rollover 🗌 Ren	newal (LGIL Poli	cy No .)					
Note: 1) Please complete the p			es whichever applicab	ole				
 Attach additional shee The queries made/det 			s to be furnished by a	proposer. (The Com	pany may seek any o	ther informa	ition as desired for underwriting purpo	ose.)
Intermediary Details								
MD Name :					IMD Code :			
Branch Name :								
SM Name :					SM Code :			
MISP/POSP Name :					MISP/POS	P Code :		
PAN Card No. :					OR Aadhar Ca	rd No. :		
Mandatory to provide PAN C	ard No. or Aadhar Card	d No. in case of MIS	P/POSP)					
Γype of Cover : □Own Dan	nage only							
Vehicle Details								
Vehicle Make	Model	Variant	Year of Nanufacture & Month	Cubic Capacity	Seating	Capacity/L0	CC (Including Driver/Cleaner)	Body Type
		IV	lanuracture & Month	Сарасну				Туре
Insured Declare Valure							CNG/LPG Kit	
Year	For Vehicle Rs.	Electrical Accesso	ories Non Elec	ctrical Accessories	Trailers / Side Ca	ar (If Any)	(if not part of standard vehicle)	Total IDV Rs.
"Add On Covers" Selected:	Demonistics Co.	Canaumahl	- Cours - Dead C	Side Assistance Co.	in	Causa	GAP Value SI EV Secure (Batte	on Charres Dratest
	EV Secure Add-on exess amount for :Damage any Add on Coverage's on Coverage's	xcess: Do you wish to e to Battery / Charge	o take the EV Secure r, Da	e excess over an ab amage to Property	ove the compulsory	e	Liability Protection @ SI_ Battery & charger protection cove	
							d d m m y y y y	7
-					_			
Trailer Chassis No. (if any)					_	-	s ☐ Imported Rated under : ☐ Z	one A
s the vehicle attached with a							Capacity :	
s the vehicle made in India?	☐ Yes ☐ No Fi	nancier Details :	Hypothecation Agr	eement Hire F	Purchase Leas	e Agreeme	nt Body Type :	
Name of Financier & Address	:							
Name of Insured: (Mr/Mrs.	/M/s/Dr)							
PAN Card No. :		Aadhar Ca	ard No. :					
E Insurance Account No. :		Iw	ould like to open E Ir	nsurance Account	with		Insu	rance Repository
Communication Address :			·					
Area / Landmark : ———		State :		City / District			Pin Code :	
Contact Details : Mobile No. :		oldio .		sidence / Office :-			Till Gode .	
			1.65	siderice / Office :-				
Email ID :	m y y y y	1			GSTIN :			
Date of Birth : d m	III y y y	Business/Occ	upation (For Individu	ıal Customer) ——				
Registration Address :								
provided under this documen Premium Payment Details : Premium Amount (including s Cheque / DD No. : Cheuqe / DD Date :	t automatically stands c □ Cash □ Cheque □ De ervice tax) :	e refer overleaf. Any cancelled from incepremand Draft Cred	Limitations as to use tion irrespective of w it Card Online Ins Bai Bai	whether a separate sured Bank Details ink Name and Brannink A/C No. :SC Code :	Please refer overle communication is s :	ent or not.		
n case the annualized premi	um is more than Rs. 25,	,UUU/-, the proposer	is requested to provi	ide a cancelled che	eque of his/her bank	account if	the premium is not paid from the	same.
Details of Electrical Acces	ssories							
tem Details :	N	lake & Model :		Year o	of Manf. :		IDV :	
Details of Non-Electrical								
tem Details :	N	lake & Model :		Year	of Manf. :		IDV :	
Details of Vehicle Type and 1. Fuel Type of the vehicle	Petrol Diesel Any Oen by Non-Conventional LPG Externally Fit Poly used for: a) Private, \$ yoods other than Samples of for Commercial purpose of the Divining tutions? Dially designed for use of ether the same is endors aquired? Yes No with Fibre Glass Tank?	source of Power \(\) \(Fitted Professional Purpose e Yes No Mentally Challenged Yes No	"I/We hereby sse *That, the by valid and e ss accident more *That, the by valid and e (*Select the a I/we understat occurred prior Liberty Gener	effective insurance part at the end once) wehicle proposed to effective insurance propriate check bund that all and/or at to risk inception dual Insurance Limite	take be insured policy issue (Add more be insured policy issue pox and proveny kind of liet and time d in consider	had, during the period in which it d by any insurer/s, met with an ace e date/s with time if vehicle had made that had, during the period in which it d by any insurer/s, had NOT met vide relevant information against sabilities arising out of accident/s we as mentioned in the Policy Documention of these presents will be control be in any manner liable or held	was not covered with any accident elected entry) which had iment issued by ompletely out of

V-15062022

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If so, is the Duty element is included in the IDV? \Box Yes \Box No

11. Whether insured is first registered owner of the vehicle? \square Yes \square No

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.

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	istration number. 150	CIN. 000000IVII120 IUF	10209000			
				NCB Declaration		
Previous Insur				I / We declare that the rate of NCB claimed by mearisen in the expiring policy period (copy of the pol		
	s of Previous Insurer			that if this declaration is found to be incorrect, all b		
Policy/Covernote r	no Package (Comprehensive	A) Policy Act only Police	v 🗆 Others 🗆 SOD	of Section I of the policy will be forfeited.		
	expiring policy $\Box\Box\%$	7 T Olloy - Mot offly T ollo	y _ cuicio _ cob	Declaration		
Claim lodged in las	st three years:			"I am/we are aware that the complete terms and co		
Year	Expiring Year (1)	Expiring Year (2)	Expiring Year (3)	at the official website of the insurer (www.libertyins only the certificate and schedule of insurance up		
No. of Claims :			, , ,	complete policy terms and conditions will be made		
Claims Amount :	:			I hereby declare and confirm that the PUC certific		
Date of purcha	ase of the vehicle by the F	Proposer: d d m m y	у у у	valid as on date.		
2. Whether the v	ehicle was new or second			I hereby declare and confirm that the "Mandatorh		
□ New □ Sec		□ Na		for insurance is valid till		
If No, please of	in good condition? Yes	□ NO		"I agree and consent to Insurance Company sen- email id and/or mobile number."		
	er ever declined/cancelled	I the insurance of the pro	posed vehicle?	"In consideration of the premium for this extension		
☐ Yes ☐ No	_			the annual premium, it is hereby declared and ag		
	From d d m m y y ged for No Claim Bonus on		у у у	extension, this policy shall be renewed for a p difference between the extension premium now pa		
	e mention the $\Box\Box\%$	Reliewal? Tes No		period rate shall become payable by the insured."		
	fitted with Anti - Theft Dev	ice which is approved by	ARAI?	Any other Material Information Declaration a		
☐ Yes ☐ No				I/We hereby declare that the statements, answers		
	le above question is Yes, I mber of the Automobile As			to the best of my knowledge and belief and I/We h		
If Yes, Please		Sociation of india? fe	5 🗆 INO	the basis of the contract between me/us and the Lil understood and agreed that the statements, answe		
	ciation :			the basis on which this insurance is being granted		
Membership N	No	Date of expiry:	i d m m y y y y	is found that any of the statements, answers or		
Driver's Detail				respect, the company shall have no liability under the		
Does the own	er has a valid driving licen	ce? ☐ Yes ☐ No		I/We agree and undertake to convey to Liberty alterations carried out in the risk proposed for insur		
2. Vehicle is prim	narily driven by: Registe	ered Owner Any other		"I/We have insurable interest in the subject matter		
	Re		Age : 🗆 Yrs.	the Cost of the same and the premium for this ins		
	er suffer from defective vis	ion or hearing or any phy	sical infirmity?	I, the undersigned proposer hereby declare and c terms and conditions of the policy and question		
	Give details ication:	Driver's experience:	Vrs	understand that the answers to the questions conta		
	Birth of the Owner: Age _			the contract of insurance. If any information/staten		
	Birth of the Driver: Age _			the policy shall be treated as void ab intio and		
	ever been involved / conv	victed for causing any ac	cident of loss?	Company. Please give details, if you are politica exposed person.		
☐ Yes ☐ No	etails as under including th	a nanding procesutions				
Driver's Name		ie pending prosecutions		Please give details, if you are no profit organization		
Date of Accide				"I/We hereby declare that the premium for the said		
Loss / Cost (Rs.):			and assessed sources of my/our income."			
Circumstance	s of Accident/Loss			I hereby agree to receive a one pager policy d		
Inspection Deta	ails			Prohibition of Rebates (Section 41) of the Ins		
	cle stands fit for insurance	? 🗆 Yes 🗆 No 🗀 Self	Inspection	1. No person shall allow or offer to allow, either dire		
2. Inspection Re				person to take out or renew or continue an insuran		
Conducted on	(Mention Date & Time): _			lives or property in India, any rebate of the whole or rebate of the premium shown on the policy, nor sha		
Additional Cov	erage Details			continuing a policy accept any rebate except such		
Do you wish to cov	ver Geographical Area Ext	ension under your propo	sed insurance?	with the prospectus or tables of the Insurer.		
	Bhutan Nepal Sri L			Any person making default in complying with the punishable with fine, as may be prescribed under I		
excess. If Yes plea	Do you wish to take the Verse mention SI	oluntary excess over an	above the compulsory	there to for the time being in force.		
☐ Rs. 500 ☐ Rs		Rs. 1,500 Rs. 3,00	0	For use by Intermediary only		
Third Party Ins	urance Details			Cover Note No. issued (if any)		
Name of the Inst				Date of Issuance d d m m y y y y y Time		
Policy Number	uici			From (Time) h h m m (Date) d d m m y		
Period of insurar	nce					
i enou or msurar				To the midnight of date d d m m y y y y		
				Premium Amount (in Rs.):		
				Bank Name :		

NCB Declaration

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

Declaration

am/we are aware that the complete terms and conditions of this insurance policy are available the official website of the insurer (www.libertyinsurance.in). I/We hereby consent to receiving nly the certificate and schedule of insurance upon the undertaking of the insurer that the implete policy terms and conditions will be made available free of cost upon my/our request"

nereby declare and confirm that the PUC certificate of the vehicle proposed for insurance is

nereby declare and confirm that the "Mandatorhird Party Insurance" of the vehicle proposed r insurance is valid till

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

n consideration of the premium for this extension being calculated at a pro-rata proportion of e annual premium, it is hereby declared and agreed by the insured that upon expiry of this tension, this policy shall be renewed for a period of twelve months, failing which the fference between the extension premium now paid on pro rata basis and the premium at short riod 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 the best of my knowledge and belief and I/We hereby agree that this declaration shall form e basis of the contract between me/us and the Liberty General Insurance Limited. It is hereby nderstood and agreed that the statements, answers and particulars provided herein above are e basis on which this insurance is being granted and that if, after the insurance is effected, it found that any of the statements, answers or particulars are incorrect or untrue in any spect, the company shall have no liability under this Insurance.

We agree and undertake to convey to Liberty General Insurance Limited any change/

terations carried out in the risk proposed for insurance after submission of this proposal form. We have insurable interest in the subject matter of this insurance and we hereby declare that e Cost of the same and the premium for this insurance is paid from legal sources of funds." the undersigned proposer hereby declare and confirm that I have understood the features, rms and conditions of the policy and questions contained in the proposal form. I also nderstand that the answers to the questions contained in the proposal form, forms the basis of e contract of insurance. If any information/statement given in proposal is found to be untrue, e policy shall be treated as void ab intio and the premium paid shall be forfeited to the ompany. Please give details, if you are politically exposed person or relative of politically posed person.

•	lease give details, if you are no profit organization.
-	1/We hereby declare that the premium for the said policy is paid out of the legally declared
ć	and assessed sources of my/our income."

I hereby agree to receive a one pager policy document.

Rebates (Section 41) of the Insurance

No person shall allow or offer to allow, either directly or indirectly as an inducement to any erson to take out or renew or continue an insurance in respect of any kind or risk relating to ses or property in India, any rebate of the whole or part of the commission payable or any bate of the premium shown on the policy, nor shall any person taking out or renewing or ontinuing a policy accept any rebate except such rebate as may be allowed in accordance ith the prospectus or tables of the Insurer.

Any person making default in complying with the provision/s of this section shall be unishable with fine, as may be prescribed under Insurance Act, 1938 or any amendment ere to for the time being in force.

For use	by	Intermediary	only
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Cover Note No. issued (if any)					
Date of Issuance ddmmyyyyy Time of Issuance hhmm					
From (Time) h h m m (Date) d d m m y y y y					
To the midnight of date ddmmyyyyyy					
Premium Amount (in Rs.):					
Bank Name :					
Cheque No. / DD No. / Cash :					
	Date d d m m y y y y				
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:					
Proposer Name :	Proposer Sign				

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