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 TWO WHEELER PACKAGE POLICY

	hicle 🗌 Rollover 🗌 Endo		•									
<ol><li>Attach additional sl</li></ol>	ne proposal form in BLOCK LI neets if space given is insuffic details stated below are the n	ient			Company m	nay seek any other in	formation as	desired for underwritir	ng purpose.)			
ntermediary Details												
Name :												
Branch Name :					Branch Code :							
Name :						SM Code :						
N Card No. :						R Aadhar Card No						
pe of Cover : 🗆 Pa	AN Card No. or Aadhar Ca ackage (Comprehensive) Po kage (Comprehensive) Poli	olicy for 1 yea	ar 🗌 Package		-	-	Package	(Comprehensive) Po	olicy for (	years		
Vehicle Details  Vehicle Make	Model	Variant	Year of	CC / KW		/ehicle Weight (GVV		Seating Capacity/L	_CC	Body		
venicie Make	Model	variani	Manufacture & Month	CC/KW	For Go	oods carrying V ehi	cle	(Including Driver/Cle	aner)	Туре		
nsured Declare Valu	•											
Year	For Vehicle Rs.	Electrical Acc	essories Non	Electrical Accesso	ories Tr	ailers / Side Car ( If	Any )	CNG/LPG Kit	., Т	otal IDV Rs.		
1							,	(if not part of standard vehic	cle)			
dd On Covers" Select	ed: Depreciation Cove	er 🗆 Consur	nable Cover   (	GAP Value Cover	☐ Roa	d Side Assistance	Cover 🗆	Engine Safe Cover				
EV Secure (Battery &	Charger Protection covers :	Damage to Batt	, -		0 0		0					
	) Battery Serial Numb							ess over an above the	e compulsor	y excess for		
	on cover ?If Yes please mer for any Add on Coverage's		-	to Battery / Charg	ger	, Damage t	o Property	<del></del>				
	or any Add on Coverage's  Add on Coverage's											
nicle Registration No.					Co	lour of Vehicle _						
gine No					Ch	assis No						
ce of Registration					Da	te of Registration	d d	m m y y	уу			
iler Chassis No. (if any	')				Ve	hicle type 🗌 Indig	genous 🗆 I	mported Rated under	er : 🗌 Zone	A □ Zone B		
ne vehicle attached with	h any of the Fleet?	s 🗆 No No.	of vehicles attached	I with fleet :			CC/	KW :				
ne vehicle made in Indi	•											
ancier Details: 🗌 Hy	pothecation Agreement	Hire Purchase	e 🗆 Lease Agreen	nent			Body Type	:				
me of Financier & A	ddress :											
me of Insured : (Mr/	Mrs/M/s/Dr)											
N Card No. :		Aadhar	Card No. :									
nsurance Account No	). :		I would like to oper	n E Insurance Ac	count with	<u> </u>			Insuranc	e Repository		
mmunication Addre			·						_			
ea / Landmark :		State :		City / Dis	trict :			Pin Code :				
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nail ID :						GSTIN						
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y other details :												
	r Package Policy of 1 y	ear & 3 vears:										
om Time: h h n				idnight of Date:	d d	m m y y	уу					
	r PA Owner Driver Cove			Date: d d m	<del>'                                    </del>	<del></del>		ht of Date: d d	m m y	у у у		
eriod of Insurance fo												
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ection II - Liability :F		m Date: d		у у у То		ight of Date: d	d m n	<del>                                      </del>	,			
ease give details of		Date.	G       7	7 7 7 10	the Midi	ight of Date.	u   III   II	1 7 7 7 7				
Particulars	Name of Passenger		of Nominee/ ng Nominee	Name of New Nor (In case of char of existing Nomir	nge A	ge Relationship		e of Appointee ninee is a minor)	Relations the no	ship with minee		
or PA to owner Driver												
r PA to Named ssenger												
	(In case of mo	re than 1 name	d passengers, please	e provide details ir	n the abov	e format on a sepa	rate sheet)					
	nt Cover for Owner Driver is com or a similar body corporate					er to Owner Driver o	annot be gra	inted where a vehicle is	s owned by			
	n entitled to drive: Please refe heque(s), insurance cover pro						hether a sep	arate communication is	s sent or not			
	ls: 🗆 Cash 🗆 Cheque 🗆			-	-	•						
	ling service tax):											
euqe / DD Date:				IFSC Code								
•	emium is more than Rs. 250	000/-, the propos	ser is requested to pr	rovide a cancelled	cheque of	his/her bank acco	unt if the pr	emium is not paid fro	m the same	·.		
Details of Electrical A					,							
m Details: Details of Non-Electr	ical Accessories	lake & Model:		\	Year of Ma	anf.:		IDV:				
	M	aka & Madali		V-	ar of Morf			IDV/·				
Details	IVI	and a Model: _		Ye	aı vi ivlant			iDV				

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Details of Vehicle Ty	me and Usage

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

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

Whether the vehicle is fitted with Fibre Glass Tank? ☐ Yes ☐ No

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	ear Expiring Year (1)		Expiring Year (3)				
No. of Claims :							
Claims Amount :							
Date of purchase of the vehicle by the Proposer: d d m m y y y y  Whether the vehicle was new or second hand at the time of purchase?							
☐ New ☐ Seco	nd Hand						

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?  $\Box$  Yes  $\ \Box$  No

Policy Period; From d d m m y y y y To d d m m y y y y Are you entitled for No Claim Bonus on Renewal? ☐ Yes ☐ No 'If yes. Please mention the \Box

Is the vehicle fitted with Anti - Theft Device which is approved by ARAI?

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

# Driver's Detail

Does the owner has a valid driving licence? ☐ Yes ☐ No Vehicle is primarily driven by:  $\square$  Registered Owner  $\square$  Any other Name: Relationship: Does the driver suffer from defective vision or hearing or any physical infirmity?

☐ Yes ☐ No Give details —

Driver's qualification: \_\_\_\_\_\_Age & Date of Birth of the Owner: Age\_ Driver's experience: \_ Date of Birth: \_\_Yrs\_

b. Age & Date of Birth of the Driver: Age \_ Date of Birth: \_Yrs\_ Has the driver ever been involved / convicted for causing any accident of loss? Yes 
No

If YES, give details as under including the pending prosecutions: Driver's Name: Date of Accident: Loss / Cost (Rs.):

# Inspection Details

Does the vehicle stands fit for insurance? ☐ Yes ☐ No ☐ Self Inspection Inspection Reference No.: \_\_\_\_\_\_
Conducted on (Mention Date & Time):

### Additional Coverage Details

Circumstances of Accident/Loss

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  $\ \square$  Yes  $\ \square$  No No. of Passengers \_

Sum Insured per person (unnamed passengers/hirer/pillion rider, two wheelers)
Name \_\_\_\_\_\_ Sum Insured \_\_\_\_\_\_ Name \_\_\_\_\_ Sum Insured Do you wish to cover Legal liability towards
a) Driver/Cleaner/Conductor (No. of Persons □□) ☐ Yes ☐ No

b) Unnamed Passengers (No. of Persons  $\square$ ) Yes  $\square$  No c) Other employees (No. of Persons  $\square$ ) ☐ Yes ☐ No ☐ Yes ☐ No d) Soldier/Sailor/Airman employed as Driver ☐ Yes ☐ No Do you wish to have the statutory Third Party Property Damage (TPPD) liability of

Rs. 6,000/- only? (IMT 20)  $\ \square$  Yes  $\ \square$  No Do you require PA cover for named persons?  $\ \square$  Yes  $\ \square$  No

Name CSI Nominee Relationship
The Policy provides additional Third Party Property Damage liability limits of Relationship

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

Drivers (No. of persons: \_\_\_\_\_) Employees (Workmen) (No. of persons: \_\_\_\_\_)

(Note: The Motor Vehicles Act-1988 under Sec.147(1)(ii)(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: 

Owner Driver only 
Any person other than Paid Driver If 'YES', give details of such other persons:

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

"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 dd mmyyyyy at hhmmm (Add more date/s with time if venicie nad met
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 occurre
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
anid Deline and anid Commone will not be in any manner liable or held recognished therefore

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.

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 request". I hereby declare and confirm that the PUC 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 remail id and/or methile number."

registered email id and/or mobile number."
"In consideration of the premium for this extension being calculated at a pro-rate 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

### Any other Material Information Declaration and Consent

I/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 which may extend to ten lakh Rupees.

Cover Note No. issued (if any)

Date of Issuance d d m m y y y y y Time of Issuance h h m m
Period of Insurance for Package Policy of 1 year & 3 years:
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
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
To 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
To the midnight of date d d m m y y y y
Premium Amount (in Rs.):
Bank Name :
Cheque No. / DD No. / Cash:
-

neque No. / DD No. / Cash :	
·	Date d d m m y y y
For Office use only	

For Office use only		Date			_
Customer ID :					
roposal Number :					
Policy / Cover Note Number	r:				

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:

www.libertyinsurance.in

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