

Proposal For: New Bicycle Rollover Renewal (LGIL Policy No.) _____

Note:

1. Please answer all the questions completely. If a particular question is not applicable to you please mark that question as not applicable "N/A"
2. Please attach extra sheets wherever the space is insufficient to provide the additional underwriting information. Put a () mark wherever applicable.
3. Kindly contact the Company's Office or Intermediary for any doubts or clarifications on the Proposal Form.
4. The queries made / details stated below are the minimum requirements to be furnished by a proposer. (The Company may seek any other information as desired for underwriting purpose.)
5. All dates to be entered in DD/MM/YYYY format

LIBERTY BICYCLE PROTECT PLUS PROPOSAL FORM

The acceptance of the proposal is subject to receipt of the total premium and realization of payment will be as per the policy terms and conditions. Kindly fill the form completely in CAPITAL LETTERS to help us to serve you better. The Company is under no obligation to accept this Proposal. Receipt of this Proposal by the Company along with the premium payment, if applicable, does not tantamount to the acceptance of the Proposal by the Company and does not result in a concluded contract of insurance. Coverage is as per the terms and conditions of our Standard Policy Wordings. The Policy shall become voidable at the option of the Insurer, in the event of any untrue or incorrect statement, misrepresentation, non-description, failure to disclose or suppression of any material facts in response to the questions in the proposal form or on non-disclosure of any material particular.

Proposer Details

	First Name	Middle Name	Last Name
Proposer (Mr / Mrs / Ms) : _____			
Date of Birth: _____	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single	
Occupation: Service <input type="checkbox"/> Business <input type="checkbox"/> Self Employed <input type="checkbox"/> Others _____			
Monthly Income INR _____			
(To be mandatorily filled if opted for Coverage under Section II - Personal Accident Cover. To be correctly disclosed, failing which any claim under the policy is prejudiced)			
Nationality : Indian		Educational Qualification : _____	
Details of Existing Injury / Disability _____			
Address : _____			
City/Town : _____		State : _____	
District : _____		Pin Code : _____	
Tele (O) : _____		Tele (R) : _____	
Mobile : _____		E-mail : _____	
PAN number : _____		Aadhar number : _____	
Employee Code: _____ (applicable for Liberty General Insurance Company employees only)			

<p>Section I: Loss of or Damage to the Insured Bicycle</p> <p><input type="checkbox"/> Optional Covers being opted for under Section I (Please tick):</p> <p><input type="checkbox"/> Burglary and /or housebreaking or Theft Cover upto 75% of Sum Insured</p> <p><input type="checkbox"/> Burglary and /or housebreaking or Theft Cover upto 100% of Sum Insured</p> <p><input type="checkbox"/> Loss of Personal Belongings Cover</p> <p><input type="checkbox"/> Usage for Hire or Reward Cover</p> <p><input type="checkbox"/> Roadside Assistance Cover</p>	Mandatory
<p>Section II: Personal Accident Cover</p> <p>If Yes under Section II, please tick the Accidental Benefit (s) opted for under this Section:</p> <p>1. Accidental Death - Mandatory if Section II opted</p> <p>2. Permanent Total Disability - <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>3. Permanent Partial Disability - <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>4. Temporary Total Disability - <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Accidental Benefit(s) Cover includes the following inbuilt value added covers:</p> <p>1. Child Education Benefit</p> <p>2. Cost of Transporting Mortal Remains</p> <p>3. Cost of Performance of Funeral Ceremony</p> <p>Capital Sum Insured under Section II : INR _____</p> <p>Income Proof (if CSI more than INR 30 Lakhs): <input type="checkbox"/> Salary Slip <input type="checkbox"/> IT Return</p>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<p>Section III: Public Liability</p> <p>Limit of Liability under Section III : INR _____</p>	Yes <input type="checkbox"/> No <input type="checkbox"/>

UN: LVGHLIP15002/021415

Insurance is the subject matter of the solicitation. Product: Liberty Health Connect. Trade Logo displayed above belongs to Liberty Mutual and used by the Liberty General Insurance Limited under license.

BICYCLE DETAILS

Bicycle Type: Road Mountain Hybrid Others (Please Specify in case of Others _____)

Purchased: New Second hand

Origin: Indian Imported

Bicycle Body Type(eg. Carbon, Aluminium, Steel): _____

Outlet Name	Place of Purchase	Year of Manufacture	Make & Model of Bicycle	Serial No of Frame	Frame Type	Purchase Date	Invoice No.	Purchase Price (exclusive of taxes)

No	Accessories Details	Electrical / Non Electrical	Make & Model	Place of Purchase	Invoice No.	Purchase Date	Purchase Price (exclusive of taxes)
1							
2							
3							

(Attach additional sheet if required)

BICYCLE SUM INSURED (in INR)

For Bicycle	Electrical Accessories	Non Electrical Accessories	Total Sum Insured

Address where the Bicycle is usually kept _____

City/Town: _____ State: _____

District: _____ Pin Code: _____

Please select policy tenure:

Policy Tenure : 1 Year 2 Years 3 Years

Policy Period From Date : DD/MM/YYYY Time: HH:MM To Date - DD/MM/YYYY

Is any Anti-theft / Safety / Tracking device in use when Bicycle is left unattended? Yes No

If Yes, specify device details _____

Has any Insurer ever cancelled, declined or refused to renew your insurance or imposed special terms? Yes No

If Yes, give details _____

Are you a member of any cycling association? Yes No

If Yes, give details _____

Give details of ALL losses or claims suffered in the last 3 years (cycling related, whether insured or not)

Previous Bicycle Insurance Policy Details

Policy Name and Number: _____

Previous Insurer: _____

Policy Tenure: From DDMMYYYY To DDMMYYYY

Claim Details _____

Is the proposer already insured under or proposed for a Personal Accident policy with Liberty General Insurance Company Limited or any other insurance company? Yes No

If yes, please indicate below the Policy/ Application number(s) (Please mention application number in case of pending proposal)

(To be mandatorily filled, if opted for cover under Section II - Personal Accident Cover)

Sr. No	Insured Name	Policy No/ Appl No	Insurer	From Date	To Date	Sum Insured	No of Claims	Amount of Claims	Cumulative Bonus %	Cumulative Bonus Amount

Do you hold any other policy with Liberty General Insurance Limited, other than the Personal Accident Policy details mentioned above? Yes No

If yes, please provide the below mentioned details:

Policy Name and Number: _____

Insured Name: _____

Policy Tenure: From To

Nominee Details:

Nominee Name: _____

Relationship with Nominee: _____ Age of Nominee: _____

Name of Appointee (If Nominee is a Minor): _____

Nominee Address: _____

PREMIUM PAYMENT DETAILS:

Cash Cheque Demand Draft Credit Card Others

In the event of dishonor of Cheque (s), insurance cover provided under this document automatically stands cancelled from inception irrespective of whether a separate communication is sent or not.

Premium Amount (including taxes): _____ Cheque / DD No: _____ Cheque / DD Date: _____

Insured Bank Details:

Bank A/C No.: Bank Name _____

IFSC Code _____ Branch Name & Address _____

In case the annualized premium is more than INR 25,000/-, the proposer is requested to provide a cancelled cheque of his / her bank account if the premium is not paid from the same.

BREAK IN INSURANCE DECLARATION

"I / We hereby Declare and Undertake

*That, the bicycle 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 at (Add more date/s with time if bicycle had met with an accident more than once)

That, the bicycle 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 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".

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 here by 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".

ANY OTHER MATERIAL INFORMATION DECLARATION AND CONSENT

Do you agree to our sharing of aforesaid information with other entities? Yes No

- 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 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 confirm that I/We have read and understood the coverages, the terms and conditions and agree to accept the company's policy of insurance along with the said conditions prescribed by the Company.
- I/We also declare and undertake that if any additions or alterations are carried out by me/us in this proposal form or if there is any change in the information as submitted by me/us after the submission of this proposal form then the same would be conveyed to Liberty General Insurance Limited immediately failing which it is agreed and understood by me/us that the benefits under the policy would stand forfeited.
- I/We declare and consent to the company seeking medical information from any doctor or from the hospital who at any time has attended on the life to be insured or from any past or present employer concerning anything which affects the physical and mental health of the life to be insured and seeking information from any insurance company to which an application for insurance on the life to be insured has been made for the purpose of underwriting the proposal and/or claim settlement.
- I/We authorise the Company to share information pertaining to my proposal including the medical records for the sole purpose of proposal underwriting and/or claims settlement and with any Government and/or Regulatory Authority.
- I/We agree to the Company taking appropriate measures to capture the voice log for all such telephonic transactions carried out by me/us as required by the procedures/regulations internal or external to the Company and shall not hold the Company responsible or liable for relying/using such recorded telephonic conversation I/We agree that the insurance would be effective only on acceptance of this application by the Company and the payment of the requisite premium by me/us in advance. In the event of nonrealization of the cheque or non-receipt of the amount of premium by the Company the policy shall be deemed cancelled 'ab-initio' and the Company shall not be responsible for any liabilities of whatsoever nature under this Policy.
- 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.

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

Please give details, if you are no profit organization.

Date

Signature of Proposer

PROHIBITION OF REBATES Section 41 of the Insurance Act-1938

1. 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 of 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 in 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 published prospectus or tables of the insurer.
2. Any person making default in complying with the provisions of this section shall be punishable with fine which may extend to 10 lac rupees.

DECLARATION BY INTERMEDIARY/PROPOSER

I, the intermediary/ proposer hereby declare and confirm that I have explained/understood the features, terms and conditions of the policy and questions contained in the proposal form. I have also explained/understood 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 initio and the premium paid shall be forfeited to the Company.

IMD Name: _____ Proposer Name: _____

IMD Code: _____ Proposer Sign: _____

IMD Sign*: _____

*Stamp in case of Company

DECLARATION IN CASE THE PROPOSER IS ILLITERATE OR PROPOSAL FORM IS IN LANGUAGE OTHER THAN UNDERSTOOD BY PROPOSER

(To be signed by person who has explained the contents of the proposal form to the Proposer)

I, the declarant / proposer hereby declare and confirm that I have explained/understood the contents of the proposal form in _____ language understood by proposer/me and proposer have affixed his/her signature/thumb impression on the proposal form only after understanding the contents thereof.

Declarant's Name: _____

Proposer Name: _____

Signature: _____

Signature/thumb impression _____

FOR OFFICE USE ONLY

Intermediary Name: _____

Intermediary Code: _____ Intermediary Contact No: _____

Branch Name: _____ Branch Code: _____

Sales Manager Name: _____ Sales Manager Code: _____

RECEIPT OF ACKNOWLEDGEMENT

Application No: Date:

We acknowledge with thanks the receipt of your application and amount by Cash/Cheque/Demand Draft/Others _____ of the amount of Rs. _____ dated _____ drawn on _____.

The Company will have no liability until the proposal is accepted by the Company and communicated so to the proposer and on receipt of full premium against the proposal.

Please note the following:

1. This acknowledgment letter confirms only receipt of premium towards insurance policy. Issuance of this receipt neither confirms assumption of risk nor guarantees issuance of policy.
2. Assumption of risk is subject to realization of full premium amount and acceptance of risk in form of issuance of an insurance policy as per underwriting policy of the Company.
3. In case premium is not realized by the company due to any reason, Company shall not be on cover and contract of insurance shall be treated as void ab-initio.
4. In the event of any refund of premium or claim amount being payable under the policy, the same shall be paid directly to the Proposer/Insured/Nominee (as applicable), as per the details mentioned in duly filled proposal form.

Signature of the receiver & office Seal: _____

Please Note: For more details on risk factors, terms and conditions please read sales brochure carefully before concluding a sale.