



PROPOSAL FORM PRIVATE CAR PACKAGE POLICY

Proposal for: [] New Vehicle [] Rollover [] Endorsement [] Renewal (LGIL Policy No.) Fast tag Number

- Note: 1) Please complete the proposal form in BLOCK LETTERS and tick boxes whichever applicable
2) Attach additional sheets if space given is insufficient
3) The queries made/details stated below are the minimum requirements to be furnished by a proposer.

Intermediary Details

IMD Name: IMD Code:
Branch Name: Branch Code:
SM Name: SM Code:
MISP/POSP Name: MISP/POSP Code:
PAN Card No.: OR Aadhar Card No.:

(Mandatory to provide PAN Card No. or Aadhar Card No. in case of MISP/POSP)
Type of Cover: [] Package (Comprehensive) Policy for 1 year [] Package (Comprehensive) Policy for 3 years [] Bundled Cover (1 year Own Damage & 3 years Third Party)

Vehicle Details

Table with 8 columns: Vehicle Make, Model, Variant, Year of Manufacture & Month, CC / KW, Gross Vehicle Weight (GVW), Seating Capacity/LCC, Body Type

Insured Declare Value

Table with 6 columns: Year, For Vehicle Rs., Electrical Accessories, Non Electrical Accessories, Trailers / Side Car, CNG/LPG Kit, Total IDV Rs.

Add On Covers Selected: [] Depreciation Cover [] Consumable Cover [] Passenger Assist Cover [] Road Side Assistance Cover [] Engine Safe Cover
[] Key Loss Cover IDV: [] Gap Value Cover [] Gap with Reg/Tax Charges [] Daily Allowance [] NCB Protection - Same
NCB Slab [] NCB Protection - NCB one Slab down [] Loss of personal belongings [] Towing Expenses cover [] EMI Protection [] EV Secure (Battery & Charger Protection covers :

Damage to Battery @ SI, Damage to Charger @ SI, Damage to Property @ SI, Charger Liability Protection @ SI
Battery Serial Number: EV Secure Add-on excess: Do you wish to take the EV Secure excess over an above the compulsory excess for Battery & charger protection cover ?
If Yes please mention the Excess amount for : Damage to Battery / Charger, Damage to Property
[] Tyre Protect Tyre Serial no.1, Serial no.2, Serial no.3, Serial no.4, Serial no.5

Whether you have opted for any Add on Coverage's last year. [] Yes [] No
If yes, please specify the Add on Coverage's
Vehicle Registration No. Colour of Vehicle
Engine No. Chassis No.
Place of Registration Date of Registration

Trailer Chassis No. (if any)
Is the vehicle attached with any of the Fleet? [] Yes [] No No. of vehicles attached with fleet:
Is the vehicle made in India? [] Yes [] No
Vehicle type [] Indigenous [] Imported Rated under : [] Zone A [] Zone B

Financier Details: [] Hypothecation Agreement [] Hire Purchase [] Lease Agreement Body Type:
Name of Financier & Address:
Name of Insured: (Mr/Mrs/Ms/Dr)
*PAN Card No.: Aadhar Card No. KYCR No.

E Insurance Account No.: I would like to open E Insurance Account with Insurance Repository
Communication Address:
Area / Landmark: State: City / District: Pin Code:
Contact Details: Mobile No.: Residence / Office:
Email ID: GSTIN
*Date of Birth: Business/Occupation (For Individual Customer)

Registration Address:
Any other details:
Period of Insurance for Package Policy of 1 year & 3 years:
From Time: Date: To the Midnight of Date:
Period of Insurance for PA Owner Driver Cover: From Time: Date: To the Midnight of Date:
Period of Insurance for Bundled Cover :

Section I - Own Damage From Time: Date: To the Midnight of Date:
Section II - Liability :From Time: Date: To the Midnight of Date:
Please give details of nomination:
Table with 7 columns: Particulars, Name of Passenger, Name of Nominee/ Existing Nominee, Name of New Nominee (In case of change of existing Nominee), Age, Relationship, Name of Appointee (If Nominee is a minor), Relationship with the nominee

(In case of more than 1 named passengers, please provide details in the above format on a separate sheet)
Additional Nominee details
Table with 4 columns: Mobile No., Email Id, Present & Permanent Address, Bank Account

Note: • Personal Accident Cover for Owner Driver is compulsory for Sum Insured of Rs 15,00,000/- • Compulsory PA cover to Owner Driver cannot be granted where a vehicle is owned by a company, a partnership firm or a similar body corporate or where the owner driver does not hold an effective driving license.
Persons or classes of Person entitled to drive: Please refer overleaf. Any Limitations as to use of Motor vehicle: Please refer overleaf.
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 Payment Details: [] Cash [] Cheque [] Demand Draft [] Credit Card [] Online Insured Bank Details:
Premium Amount (including service tax): Bank Name and Branch:
Cheque / DD No.: Bank A/C No.:
Cheque / DD Date: IFSC Code:

In case the annualized premium is more than Rs. 25000/-, the proposer is requested to provide a cancelled cheque of his/her bank account if the premium is not paid from the same.
Details of Electrical Accessories
Item Details: Make & Model: Year of Manf.: IDV:

Details of Non-Electrical Accessories
Item Details: Make & Model: Year of Manf.: IDV:
Trailer IDV
Trailer Towed: Trailer IDV:

Vertical reference text on the left margin containing various identifiers and numbers.

Vertical reference text on the right margin containing various identifiers and numbers.

Liberty General Insurance Limited

Unit 1501&1502, 15th Floor, Tower 2, One International Center, Senapati Bapat Marg, Prabhadevi, Mumbai - 400013 Phone: +91 22 6700 1313 Fax: +91 22 6700 1606 Email: care@libertyinsurance.in IRDA of India registration number: 150 • CIN: U66000MH2010PLC209656



Details of Vehicle Type 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 Yes No If Yes, please give details Bi-fuel CNG LPG Externally Fitted Manufactured Fitted
3. 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
4. Whether the vehicle is used for Commercial purposes? Yes No
5. Whether the vehicle is used for Driving tuitions? Yes No
6. Whether the vehicle is limited to own premises? Yes No
7. 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? Yes No
8. Whether the vehicle is certified as Vintage Car by Vintage & Classic Car Club of India? Yes No
9. Whether the rally cover is required? Yes No
10. Whether the vehicle is fitted with Fibre Glass Tank? Yes No
11. Whether the vehicle belongs to the Embassy/Consulate of a foreign country? Yes No If so, is the Duty element is included in the IDV? Yes No
12. Whether insured is first registered owner of the vehicle? Yes 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:

Table with 4 columns: Year, Expiring Year (1), Expiring Year (2), Expiring Year (3). Rows for No. of Claims and Claims Amount.

- 1. Date of purchase of the vehicle by the Proposer:
2. Whether the vehicle was new or second hand at the time of purchase? New Second Hand
3. Is the vehicle in good condition? Yes No If NO, please give details:
4. Has any insurer ever declined/cancelled the insurance of the proposed vehicle? Yes No
5. Policy Period; From To Are you entitled for No Claim Bonus on Renewal? Yes No * If yes, Please mention the %
6. Is the vehicle fitted with Anti - Theft Device which is approved by ARAI? Yes No If answer of the above question is Yes, Please submit the certificate for the same.
7. Are you a member of the Automobile Association of India? Yes No If Yes, Please state : Name of Association : Membership No. Date of expiry:

Driver's Detail

- 1. Does the owner has a valid driving licence? Yes No
2. Vehicle is primarily driven by: Registered Owner Any other Name: Relationship: Age: Yrs.
3. Does the driver suffer from defective vision or hearing or any physical infirmity? Yes No No Give details
4. Driver's qualification: Driver's experience: Yrs. Age & Date of Birth of the Owner: Age Yrs Date of Birth: b. Age & Date of Birth of the Driver: Age Yrs Date of Birth:
6. 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.): Circumstances of Accident/Loss

Inspection Details

- 1. Does the vehicle stands fit for insurance? Yes No Self Inspection
2. 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 excess. If Yes please mention \$! Rs. 2,500 Rs. 5,000 Rs. 7,500 Rs. 15,000

Do you require Unnamed PA Cover Yes No

- 1. No. of Passengers
2. Sum Insured per person (unnamed passengers/hirer/pillion rider, two wheelers) Name Sum Insured Name Sum Insured
3. Do you wish to cover Legal liability towards a) Driver/Cleaner/Conductor (No. of Persons) Yes No b) Unnamed Passengers (No. of Persons) Yes No c) Other employees (No. of Persons) Yes No d) Soldier/Sailor/Airman employed as Driver Yes No
4. Do you wish to have the statutory Third Party Property Damage (TPPD) liability of Rs. 6,000/- only? (IMT 20) Yes No
5. Do you require PA cover for named persons? Yes No Name CSI Nominee Relationship
6. 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? Yes No
7. Legal liability to persons employed in connection with operation of the vehicle who are 'workmen'. The liability of the Employer under the Workmen's 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)(l) covers liability to employees who are workmen within the meaning of the Workmen's Compensation Act-1923.)
8. 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:

Non fare Paying Passengers (No. of persons:) Note: 1. Section 146 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 Section 146 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 at (Add more date/s with time if vehicle had met with 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 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 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

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 initio 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 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

- 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 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.
2. 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 by Intermediary only

Cover Note No. issued (if any) Date of Issuance Time of Issuance Period of Insurance for Package Policy of 1 year & 3 years: From (Time) (Date) To the midnight of date Period of Insurance for Bundled Cover : Section I - Own Damage: From (Time) (Date) To the midnight of date Section II - Liability : From (Time) (Date) To the midnight of date 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 : Date : Place : Proposer Name : Proposer Sign :