

[illegible]

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



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	percentage
For PA to owner Driver								
For PA to Named Passenger								
(In case of more than 1 named passengers, please provide details in the above format on a separate sheet)								

Mobile No.	Email Id	Present & Permanent Address	Bank Account

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.

Insured Bank Details: _____

Bank Name and Branch: _____

Bank A/C No.: _____

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.

Item Details: Make & Model: Year of Manf.: IDV:

Item Details: _____ Make & Model: _____ Year of Manf.: _____ IDV: _____

Non fare Paying Passengers (No. of persons:)

1. Not late paying passengers (No. of persons): _____ Trailer IDV: _____
 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)

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

Name and Address of Previous Insurer _____
Policy/Covernote no. _____
Type of Cover: ☐ Package (Comprehensive) Policy ☐ Act only Policy ☐ Others ☐ SO
NCB*/Loading in expiring policy ☐%
Claim lodged in last three years: _____

Year	Expiring Year (1)	Expiring Year (2)	Expiring Year (3)
No. of Claims :			
Claims Amount :			

1. Date of purchase of the vehicle by the Proposer: [d][d][m][m][y][y][y][y]
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 [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 ☐ %
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: [d][d][m][m][y][y][y][y]

1. Does the owner have 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 Give details _____
4. Driver's qualification: _____ Driver's experience: Yrs.
5. 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 _____

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

a	b	c	d	e	f	g	h	i	j	k	l	m	n	o	p	q	r	s	t	u	v	w	x	y	z
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

 at

a	b	c	d	e	f	g	h	i	j	k	l	m	n	o	p	q	r	s	t	u	v	w	x	y	z
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

 (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.

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.

I/We hereby agree that this declaration shall form the basis of the contract between me/us and "LIBERTY GENERAL INSURANCE LIMITED ";

I/We also declare that if any additions or alterations are carried out after the submission of this proposal form, then the same would be conveyed to the insurers immediately. I/We desire to effect an insurance as described herein with the Company and I/We agree that this proposal and declarations shall be the basis of contract between me/us and the Company. I/We agree to accept a policy subject to the conditions prescribed by the Company. I/We further undertake that if this declaration is found to be incorrect, all benefits under the policy in respect of the Section I of the Policy will stand forfeited. The policy may however be continued at the sole discretion of, subject to payment of the amount payable as determined by the LIBERTY GENERAL INSURANCE LIMITED, resulting from the difference in the bonus / malus status. I affirm and undertake that I have read and understood the policy wordings, terms, conditions and exclusions governing the cover and agree to abide by them. I/We hereby give my/our consent to the Company to verify and obtain my/our identity/address proof for the purpose of undertaking KYC.

- I/We hereby declare and confirm that the premium has been paid out of legally acquired sources of income and the subsequent premiums if any, will continue to be paid out of legally declared and assessed source of income.
- I/We understand that the Company has right to call for documents to establish source of funds
- I/We hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I/we undertake to inform you of any changes therein, immediately and not later than 30 days.
- In case any of the above information is found to be false or untrue or misleading or misrepresenting, I/We am/are aware that I/We may be held liable for it. Further, the Company has a right to cancel the insurance contract in case, I
- am/have been found guilty by any competent court of law under any statutes, directly or indirectly governing the prevention of money laundering. I hold a valid and effective PUC and/or fitness certificate, as applicable, for the vehicle mentioned herein and undertake to renew the same during the policy period.
- I agree to receive a One Page Motor Insurance policy in physical form. (By agreeing to this, I understand that this shall be read along with the standard terms, conditions available on the website www.libertyinsurance.in
- I wish to avail physical policy documents
- I wish to get policy related communications on My WhatsApp number.

Declaration when the proposal form is filled by a person other than the proposer/ the proposer signs in a vernacular language/ proposer is illiterate or disabled I hereby declare that I have read out and explained the content of this proposal form and all other connected documents incidental to availing the insurance policy from LIBERTY GENERAL INSURANCE LIMITED to the proposer and that he/ she confirmed that he/ she has understood the same and that he/ she agrees to abide by all the terms & conditions of the same.

I hereby declare that I have fully explained to the proposer the answers to the questions that form the basis of the contract of insurance have also explained the contents in this form to the proposer in _____ language, that I have truly and correctly recorded the answers given by the proposer and that the proposer has affixed his/ her thumb impression on the proposal form in my presence, after fully understanding the contents thereof. Further, this declaration does not confirm issuance of policy or assumption of risk thereof.

I hereby state that the contents of the form and documents have been fully explained to me and that I have fully understood the significance of the proposed contract.

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 SI _____
☐ 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 _____
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: _____

Disclaimer:

- o Subject to sub-regulation (1), information collected from the proposal form during the course of solicitation of an insurance policy or issuance of an insurance policy shall not be parted or shared with any third party without the explicit consent of the policyholder, except
- a. with the statutory authorities in accordance with the existing statutory laws; or
- b. for the purpose of underwriting the policy or settling a claim under the policy; or
- c. policy servicing; or
- d. with any other institution as authorised by the Authority.
- (3) No insurer shall insert any clause or condition in the proposal form which, by default, allows the insurer to part or share policyholder's information to any third party.
- o I declare that I consent to the company seeking medical information from any doctor or hospital who/which at any time has attended on the person to be insured/proposer or from any past or present employer concerning anything which affects the physical or mental health of the person to be insured/proposer and seeking information from any insurer to whom an application for insurance on the person to be insured /proposer has been made for the purpose of underwriting the proposal and/or claim settlement.
- o I authorize the company to share information pertaining to my proposal including the medical records of the insured/proposer for the sole purpose of underwriting the proposal and/or claims settlement and with any Governmental and/or Regulatory authority.
- o I/we aware of premium loading, (if any declared above) for diseases as declared / mentioned by me or us above.
- o I/We hereby provide consent to share my/our medical records with the insurer or TPA and encourage creation of ABHA ID for all Policy holders at www.healthid.ndhm.gov.in and may notify in case customer wishes to the same with Insurer.
- o I hereby give my consent to receive phone calls, SMS/E mail on the below mentioned registered number/ E mail address from / on behalf of Liberty General Insurance with respect to my insurance policy/regarding servicing of insurance policies/enhancing insurance awareness/ notifying about the status of Claim etc
- o I/We hereby extend my/our consent to the Company for sharing my/our personal data with Liberty Insurance Group entities/affiliates for the specific purpose of claim settlement quality, data analysis purpose, reinsurance related services (please strike this clause in case you do not wish to disclose the personal data).
- o I agree to receive service related information from Liberty General Insurance and its service providers, through electronic and telecom modes including WhatsApp and further understand that no unsolicited information will be sent to me. The information/ data provided by me through this Proposal Form, to Liberty General Insurance and / or Liberty General Insurance authorized personnel / agency shall be stored by Liberty General Insurance, throughout the term of my relationship with Liberty General Insurance and used for the purpose relating to my proposal for insurance cover and/or servicing policies issued in my favour, whether by FGIICL or its authorized partners. I also understand that the said storage is necessary for my consumption of the services and consent to not hold Liberty General Insurance and / or its authorized partners / agency / personnel liable for legal utilization of the submitted information / data. [You can use abbreviated form for Liberty General Insurance as "LGI"]
- o I hereby give my/our consent to Liberty General Insurance to collect, use, process, and share my/our personal information for policy servicing, claim settlement quality, and data analysis purpose, which may be carried out by an empanelled third-party vendors o Yes / o No

I hereby consent to the collection, use and disclosure of my personal information for the assessment of this application and in accordance with Liberty General Insurance Privacy Notice ('Privacy Notice') available at <https://www.libertyinsurance.in/> which I have read, understood and agree to the contents of the Privacy Notice.

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 : _____

V-17102024

Proposer Name : _____ Proposer Sign : _____