

PROPOSAL FORM

Compulsory Personal Accident Cover for Owner – Driver under Motor Insurance

UIN : IRDAN150RP0045V02201819

Note -If an owner-driver already has a 24 hour Personal Accident cover against Death and Permanent Disability (Total and Partial) for CSI of at least Rs.15 lacs, there is no need for a separate CPA cover to be taken

Proposal for : New Rollover Endorsement Renewal

(LGIL Policy No.) _____

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. (The Company may seek any other information as desired for underwriting purpose.)

Intermediary Details

IMD Name : _____
 Branch Name : _____
 SM Name : _____
 MIS/POSP Name : _____
 PAN Card No. : _____

IMD Code : _____
 Branch Code : _____
 SM Code : _____
 MIS/POSP Code: _____
 OR Aadhar Card No. : _____

(Mandatory to provide PAN Card No. or Aadhar Card No. in case of MIS/POSP)

Name of Insured : (Mr/Mrs/M/s/Dr) _____

*PAN Card No. : _____ Aadhar Card No. : _____ CKYC 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 _____

Period of Insurance	From Time:	Date:	To the Midnight of Date:

Sum Insured	
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Vehicle Details:

S.No.	Vehicle Usage / Product	Registration Mark & No.	Year of Manufacture	Engine No.	Chassis No.	Make / Model / Type of Body / Fuel	CC/HP/GVV
1.							
2.							
3.							
4.							

Please give details of nomination:

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

Additional Nominee details

Mobile No.	Email Id	Present & Permanent Address	Bank Account

Premium Payment Details: Cash Cheque Demand Draft Credit Card

Premium Amount (including GST): _____

Cheque / DD No.: _____

Cheque / DD Date: _____

Insured Bank Details: _____

Bank Name and Branch: _____

Bank A/C No.: _____

IFSC Code: _____

Owner Driver's Detail

1. Does the owner-driver has a valid driving license? Yes No
 2. Does the owner-driver suffer from defective vision or hearing or any physical infirmity? Yes
 No Give details _____
 3. Age & Date of Birth of the Owner-Driver: Age _____ Yrs _____ Date of Birth: _____
 4. Has the owner-driver ever been involved / convicted for causing any accident of loss? Yes
 No
 If YES, give details as under including the pending prosecutions:
 Date of Accident: _____
 Injury / Death Details: _____
 Circumstances of Accident/Loss _____

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

I hereby agree to receive a one pager policy document.

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

Date of Issuance _____ Time of Issuance _____

Period of Insurance	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 Number : _____

Proposal Checked By : _____

Date of Receipt : _____

Date : _____ **Place :** _____

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/We hereby declare that the premium for the said policy is paid out of the legally declared and assessed sources of my/our income.

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.

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



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, 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.

Proposer Name : _____

Proposer Sign : _____