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

UIN: IRDAN150RP0001V03201920 IRDAN150RP0001V01201920/A0003V01201920 IRDAN150RP0001V01201920/A0015V01201920 IRDAN150RP0001V01201920 IRDAN150RP0001V0120

Email: care@libertyinsurance.in IRDA of India registration number: 150 ● CIN: U66000MH2010PLC209656



PROPOSAL FORM STAND ALONE OWN DAMAGE POLICY FOR PRIVATE CAR

Note: 1) Please	: New Vehicle Rene complete the proposal form i	n BLOCK LETTERS a	,	LGIL Policy No.)		Fast t	ag Number	
3) The qu		en is insufficient ow are the minimum r	equirements to be furnished	by a proposer (The Company ma	ay seek any other information	as desired for underw	riting purpose)	
Intermedia	ry Details				IMD Code :			
	:				Branch Code :			
SM Name : _					SM Code :			
MISP/POSP N	lame :				MISP/POSP Code :			
PAN Card No.				OF	R Aadhar Card No. :			
	o <i>provide PAN Card No. ol</i> r:	r Aadhar Card No.	in case of MISP/POSP)					
Vehicle De								
,	/ehicle Make	Model	Variant	Year of Manufact Month	cure Cubic Capacity	Seating Capacity/ Driver/C		Body
				WiOnth		Driver/C	leaner	Туре
								j
	eciare Vaiue			Non Electrical		CNG/LP0	G Kit	
Year	For Vehicle Rs		Electrical Accessories	Accessories	Trailers / Side Car (If An	(if not part of vehicl		otal IDV Rs.
1								
Value Cover Protection The Damage to Bastery Serial If Yes please repay As You Displacement Pay As You Displacement	Gap with Reg/Tax Charges yre Protect:Tyre Serial no.1 ttery @ SI, Number : nention the Excess amount rive if yes, (Kilometer - 30	Daily Allowance Daily Allowance Serial r Damage to Charge EV Secure Ad for :Damage to Bat	NCB Protection - Same I o.2 Serial no. r @ SI, D. d-on excess: Do you wish tery / Charger 9000/12000/15000)	or Assist Cover □ Road Side AssinCB Slab □ NCB Protection - N 3	ICB one Slab down Doss Serial no.5 Charger Liability over an above the comput Diberty Con	of personal belongin BV Secure (Ba Protection @ SI Sory excess for Batte plete Assistance (Pleon Policy Start Date	ngs □ Towing Expe ttery & Charger Pr □) ery & charger prote lan _	ection cover ?
If yes, please	specify the Add on Coverag	e's						
	ation No.				our of Vehicle			
Engine No					assis No.			
Place of Regist	ration			Dat	te of Registration d	d m m y y	у у	
	No. (if any)				nicle type Indigenous			
Is the vehicle	attached with any of the Fle made in India? □ Yes □ N uncier & Address :	No Financier Deta	ails: Hypothecation A	led with fleet : Agreement □ Hire Purchase	□ Lease Agreement Boo			
	red : (Mr/Mrs/M/s/Dr)			Nationality :		Gender:		
*PAN Card No/I	`		Aadhar Card No. :		CKYCR No			
				Percentage of Impairment				
				en E Insurance Account with				
	on Address :							
Area / Landm	ark :		State :	City / District :		Pin Code	:	
Contact Deta				Residence / Office :				
Email ID :					_ GSTN:			
*Date of Birth	d d m m y y	У У В	ısiness/Occupation (Fo	r Individual Customer)				
Registration A	Address :							
-			•	ves/Associates of PEPs*? Yes	No			
	idual – Other details (Aut							
Current residenti	al address:							
	d document containing photogra	-	atory:					
	idual – Details of Benefici							
viention the deta	ils of Political exposed persons						Politically Exp	need Paren
	Full Name	Date of birth	Nationality	Address	% share holding	PAN	(PED) Dec	
								amily member/ ose relatives/ ssociates to PEP
							CI	amily member/ ose relatives/ ssociates to PEP
Period of Insi	ırance:	•					-	
Own Damage		h m m Da	te: d d m m y	y y y To the Midnig	ht of Date: d d m	m y y y		
	ses of Person entitled to drive ands cancelled from inception			of Motor vehicle: Please refer over on is sent or not.	leaf. In the event of dishonor o	of Cheque(s), insurance	e cover provided un	der this docume
-	ment Details: 🗆 Cash 🗆 C	•		nline Insured Bank Deta	ils:			
	ount (including service ta				anch:			
	Maria							
	No.: Date:							

V-17102024

IRDA of India registration number: 150 • CIN: U66000MH2010PLC209656



PROPOSAL FORM AGE POLICY FOR PRIVATE CAR

In case the convenience		D ALONE OWN DAMAC		
Details of Electrical	Accessories			r bank account if the premium is not paid from the same.
Item Details:	Matrical Accessories	ke & Model:	Year of Manf.:	IDV:
		xe & Model:	Year of Manf.:	IDV:
Details of Vehicle Type	e & Usage			_
	le Petrol Diesel Any Othe		Break In Insurance Declarati "I/We hereby Declare and Undert	
		ource of Power Yes No If Yes, please	•	be insured had, during the period in which it was not covered
	NG - LPG - Externally Fitted -		valid and effective insurance police	cy issued by any insurer/s, met with an accident on
	lusively used for: a) Private, So f goods other than Samples or	cial, Pleasure and Professional Purposes		_ (Add more date/s with time if vehicle had met with an accide
, ,	used for Commercial purposes	00 0	more than once)	
	used for Driving tutions ? Yes			be insured had, during the period in which it was not covered by issued by any insurer/s, had NOT met with any accident
	limited to own premises? Yes			ox and provide relevant information against selected entry)
		lind/Handicapped/ Mentally Challenged		ny kind of liabilities arising out of accident/s which had occurre
	whether the same is endorsed certified as Vintage Car by Vin	as such by RTA? □ Yes □ No age & Classic Car Club of India? □ Yes		ne as mentioned in the Policy Document issued by Liberty
□ No	certified as viritage Car by Viri	age & Classic Cai Club of Illula ! 1 Tes		sideration of these presents will be completely out of ambit of
	r is required? Yes No			Il not be in any manner liable or held responsible therefore. declaration and/or any of its part is found to be incorrect in
	s fitted with Fibre Glass Tank?			r the Policy will then stand forfeited and the contract of
	pelongs to the Embassy/Consul		insurance will be treated as void	
	uty element is included in the II st registered owner of the vehic			erage, you may be required to produce your vehicle for
12. WHETHER HISURED IS III	at registered owner of the verili	de: - 163 - 140	report & underwriting guidelines of	cretion. Issuance of policy is subject to positive inspection of the Company.
Previous Insurance	. Dotails		NCB Declaration	• •
				B claimed by me/us is correct and that no claim as arisen in th
Policy/Covernote no			 expiring policy period (copy of the 	ne policy enclosed) I/We further undertake that if this declaration
NCB*/Loading in expirin		Act only Policy □ Others □ SOD		fits under the policy in respect of Section I of the policy will be
Claim lodged in last thre			forfeited. Declaration	
Year	Expiring Year (1) Ex	piring Year (2) Expiring Year (3)		ration shall form the basis of the contrast between me /us and
No. of Claims :			&guot:LIBERTY GENERAL INSUR	ration shall form the basis of the contract between me/us and ANCE LIMITED "
Claims Amount :	he vehicle by the Proposer:		I/We also declare that if any addit	ions or alterations are carried out after the submission of this uld be conveyed to the insurers immediately. I/We desire to effec
2. Whether the vehicle v	vas new or second hand at the	time of purchase? □ New □ Second Hand	an insurance as described herein	with the Company and I/We agree that this proposal and
3. Is the vehicle in good			declarations shall be the basis of o	contract between me/us and the Company. I/We agree to accept a rescribed by the Company. I/We further undertake that if this
If NO, please give detail		ce of the proposed vehicle? Yes No	declaration is found to be incorre	ct, all benefits under the policy in respect of the Section I of the
	d d m m y y y y		payment of the amount payable a	licy may however be continued at the sole discretion of , subject as determined by the LIBERTY GENERAL INSURANCE LIMITED,
		s □ No* If yes, Please mention the □□ %	resulting from the difference in th	ne bonus / malus status. I affirm and undertake that I have read an terms, conditions and exclusions governing the cover and agree t
		approved by ARAI? Yes No	abide by them. I/We hereby give	my/our consent to the Company to verify and obtain my/our
	uestion is Yes, Please submit t the Automobile Association of		identity/address proof for the pur	rpose of undertaking KYC. n that the premium has been paid out of legally acquired sources.
If Yes, Please state :			income and the subsequent prem	niums if any, will continue to be paid out of legally declared and
Name of Association :		ate of expiry:	assessed source of income. • I/We understand that the Comp	any has right to call for documents to establish source of funds
		ate or expiry: d d m m y y y y y	I/We hereby declare that the declare that the declare and belief and I/we up	tails furnished above are true and correct to the best of my/our ndertake to inform you of any changes therein, immediately and r
Driver's Detail			later than 30 days.	
	a valid driving licence? Yes		 In case any of the above information I/We am/are aware that I/We may 	ation is found to be false or untrue or misleading or misrepresenti The held liable for it. Further, the Company has a right to cancel the
Name:	iven by: Registered Owner Relationship:	Any other Age : \Box Yrs.	insurance contract in case, I	y competent court of law under any statutes, directly or indirectly
		Age : □□ Yrs. g or any physical infirmity? □ Yes □ No	governing the prevention of mon	ey laundering. I hold a valid and effective PUC and/or fitness rehicle mentioned herein and undertake to renew the same durin
Give details 4. Driver's qualification:	Driver's		certificate, as applicable, for the v the policy period.	ehicle mentioned herein and undertake to renew the same durin
Age & Date of Birth of	f the Owner: AgeYrs	Date of Birth:	 I agree to receive a One Page Mo 	otor Insurance policy in physical form. (By agreeing to this, I
Age & Date of Birth of th	ne Driver: AgeYrs	Date of Birth: sing any accident of loss? Yes No	www.libertyinsurance.in	l along with the standard terms, conditions available on the webs
	een involved / convicted for cau		I wish to avail physical policy do I wish to get policy related com-	cuments nunications on My WhatsApp number.
Driver's Name:	nder including the pending pro-	secutions.	Declaration when the proposal fo	rm is filled by a person other than the proposer/ the proposer sign
Date of Accident:			in a vernacular language/ propose explained the content of this pro	er is illiterate or disabled I hereby declare that I have read out and posal form and all other connected documents incidental to availi
Loss / Cost (Rs.):			the insurance policy from LIBERT	Y GENERAL INSURANCE LIMITED to the proposer and that he/sh stood the same and that he/she agrees to abide by all the terms
	_		& conditions of the same.	•
Inspection Details			I hereby declare that I have fully e the basis of the contract of insura	explained to the proposer the answers to the questions that form ance have also explained the contents in this form to the proposer
	nds fit for insurance? Yes		in language, that I have tr	uly and correctly recorded the answers given by the proposer and
Conducted on (Mention	n Date & Time):			her thumb impression on the proposal form in my presence, afte thereof. Further, this declaration does not confirm issuance of po
Additional Coverag			or assumption of risk thereof.	
		der your proposed insurance?	I hereby state that the contents o I have fully understood the signifi	f the form and documents have been fully explained to me and the
□ Bangladesh □ Bhutan	🛮 Nepal 🗈 Sri Lanka 🗈 Maldive	s 🛮 Pakistan		• •
		xcess over an above the compulsory		ection 41) of the Insurance Act-1938
excess. If Yes please m	Rs. 7,500 Rs. 15,000			to allow, either directly or indirectly as an inducement to any continue an insurance in respect of any kind or risk relating to
			or property in India, any rebate	of the whole or part of the commission payable or any rebate
Third Party Insurar	nce Details			ey, nor shall any person taking out or renewing or continuing a
			policy accept any repate except prospectus or tables of the Insu	such rebate as may be allowed in accordance with the rer.
Name of the Insurer			2. Any person making default in	complying with the provision/s of this section shall be punished
			with fine, as may be prescribed being in force.	under Insurance Act, 1938 or any amendment thereto for the
Policy Number				
			For use by Intermediary of	nlly —
Period of Insurance			Cover Note No. issued (if any)	V V V Time of la v v v V
	A.1.1141	1-4-11-		y y y y Time of Issuance h h m m
	Additional Nominee		From (Time) h h m m (Date	
Mobile No.	Email Id	Bank Account	To the midnight of date	
			Premium Amount (in Rs.):	

UIN: IRDAN150RP0001V03201920 IRDAN150RP0001V01201920/A0003V01201920 IRDAN150RP0001V01201920/A00013V01201920 IRDAN150RP0001V01201920/A00013V01201920 IRDAN150RP0001V01201920/A0009V01201920/A0009V01201920

Break In Insurance Declaration

NCB Declaration

Declaration

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 person to take out of refresh or continued an insulance in respect of any kind of risk relating to live 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

For use b	v Intermed	liany only

Cover Note No. issued (if any)	
Date of Issuance	h h m m
rom (Time) h h m m (Date) d d m m y y y y	
o the midnight of date ddmmyyyyy	
remium Amount (in Rs.) :	
ank Name :	
Cheque No. / DD No. / Cash :D	ate

Frade Logo displayed above

used by the Liberty General Insurance Limited

Address

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



PROPOSAL FORM STAND ALONE OWN DAMAGE POLICY FOR PRIVATE CAR

	For Office use only
Сι	ustomer ID :
Pr	roposal Number :
	olicy / Cover Note Number :
Pr	roposal Checked By :
	ate of Receipt: d d m m y y y y y
	ate: dddmmyyyyy Place:
Pr	roposer Name: Proposer Sign:
D	isclaimer:
0	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.
0	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.
0	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.
О	I/we aware of premium loading, (if any declared above) for diseases as declared / mentioned by me or us above.
0	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.
0	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
0	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).
0	l 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"]
0	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
	hereby consent to the collection, use and disclosure of my personal information for the assessment of this application and in accordance with Liberty General surance Privacy Notice ('Privacy Notice') available at https://www.libertyinsurance.in/ which I have read, understood and agree to the contents of the Privacy Notice.
	Proposer Name : Proposer Sign :