**Liberty General Insurance Limited** 

10th Floor, Tower A, Peninsula Business Park, Ganpatrao Kadam Marg, Lower Parel, Mumbai - 400 013 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 TWO-WHEELER

Proposal for :   New Vehice	cle 🗌 Rollover 🗌 Ren	newal (LGIL Poli	cy No .)					
Note: 1) Please complete the p			es whichever applicab	ole				
<ol> <li>Attach additional shee</li> <li>The queries made/det</li> </ol>			s to be furnished by a	proposer. (The Com	pany may seek any o	ther informa	ition as desired for underwriting purpo	ose.)
Intermediary Details								
MD Name :					IMD Code :			
Branch Name :								
SM Name :					SM Code :			
MISP/POSP Name :					MISP/POS	P Code :		
PAN Card No. :					OR Aadhar Ca	rd No. :		
Mandatory to provide PAN C	ard No. or Aadhar Card	d No. in case of MIS	P/POSP)					
Γype of Cover : □Own Dan	nage only							
Vehicle Details								
Vehicle Make	Model	Variant	Year of Nanufacture & Month	Cubic Capacity	Seating	Capacity/L0	CC (Including Driver/Cleaner)	Body Type
		IV	lanuracture & Month	Сараспу				Туре
Insured Declare Valure							CNG/LPG Kit	
Year	For Vehicle Rs.	Electrical Accesso	ories Non Elec	ctrical Accessories	Trailers / Side Ca	ar (If Any)	(if not part of standard vehicle)	Total IDV Rs.
"Add On Covers" Selected:	Demonistics Co.	Canaumahl	- Cours - Dead C	Side Assistance Co.	in	Causa	GAP Value SI   EV Secure (Batte	on Charres Dratest
	EV Secure Add-on exess amount for :Damage any Add on Coverage's on Coverage's	xcess: Do you wish to e to Battery / Charge	o take the EV Secure r, Da	e excess over an ab amage to Property	ove the compulsory	e	Liability Protection @ SI_ Battery & charger protection cove	
							d d m m y y y y	7
-					_			
Trailer Chassis No. (if any)					_	-	s ☐ Imported Rated under : ☐ Z	one A
s the vehicle attached with a							Capacity :	
s the vehicle made in India?	☐ Yes ☐ No Fi	nancier Details :	Hypothecation Agr	eement  Hire F	Purchase   Leas	e Agreeme	nt Body Type :	
Name of Financier & Address	:							
Name of Insured: (Mr/Mrs.	/M/s/Dr)							
PAN Card No. :		Aadhar Ca	ard No. :					
E Insurance Account No. :		Iw	ould like to open E Ir	nsurance Account	with		Insu	rance Repository
Communication Address :			·					
Area / Landmark : ———		State :		City / District			Pin Code :	
Contact Details : Mobile No. :		oldio .		sidence / Office :-			Till Gode .	
			1.65	siderice / Office :-				
Email ID :	m y y y y	1			GSTIN :			
Date of Birth : d m	III y y y	Business/Occ	upation (For Individu	ıal Customer) ——				
Registration Address :								
provided under this documen Premium Payment Details :  Premium Amount (including s Cheque / DD No. : Cheuqe / DD Date :	t automatically stands c □ Cash □ Cheque □ De ervice tax) :	e refer overleaf. Any cancelled from incepremand Draft   Cred	Limitations as to use tion irrespective of w it Card  Online Ins Bai Bai	whether a separate sured Bank Details ink Name and Brannink A/C No. :SC Code :	Please refer overle communication is s :	ent or not.		
n case the annualized premi	um is more than Rs. 25,	,UUU/-, the proposer	is requested to provi	ide a cancelled che	eque of his/her bank	account if	the premium is not paid from the	same.
Details of Electrical Acces	ssories							
tem Details :	N	lake & Model :		Year o	of Manf. :		IDV :	
Details of Non-Electrical								
tem Details :	N	lake & Model :		Year	of Manf. :		IDV :	
Details of Vehicle Type and 1. Fuel Type of the vehicle	Petrol Diesel Any Oen by Non-Conventional LPG Externally Fit Poly used for: a) Private, \$ yoods other than Samples of for Commercial purpose of the Divining tutions? Dially designed for use of ether the same is endors aquired? Yes No with Fibre Glass Tank?	source of Power \( \) \(	Fitted Professional Purpose e  Yes  No  Mentally Challenged Yes  No	"I/We hereby sse   *That, the by valid and e ss accident more   *That, the by valid and e (*Select the a I/we understat occurred prior Liberty Gener	effective insurance part at the end once) wehicle proposed to effective insurance propriate check bund that all and/or at to risk inception dural Insurance Limite	take be insured policy issue (Add more be insured policy issue pox and proveny kind of liet and time d in consider	had, during the period in which it d by any insurer/s, met with an ace e date/s with time if vehicle had made that had, during the period in which it d by any insurer/s, had NOT met vide relevant information against sabilities arising out of accident/s we as mentioned in the Policy Documention of these presents will be control be in any manner liable or held	was not covered with any accident elected entry) which had iment issued by ompletely out of

V-15062022

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If so, is the Duty element is included in the IDV?  $\Box$  Yes  $\Box$  No

11. Whether insured is first registered owner of the vehicle?  $\square$  Yes  $\square$  No

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.

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Phone: +91 22 6700 1313 Fax: +91 22 6700 1606 Email: care@libertyinsurance.in



	gistration number. 150 •	CIN. 000000IVIIIZ010F	10209000	
				NCB Declaration
Previous Insu				I / We declare that the rate of NCB claimed by mearisen in the expiring policy period (copy of the pol
	ss of Previous Insurer			that if this declaration is found to be incorrect, all b
Policy/Covernote	no   Package (Comprehensive	A) Policy  Act only Police	v 🗆 Others 🗆 SOD	of Section I of the policy will be forfeited.
	expiring policy \( \square\)	, r oney - riot only r one	y - outero - cob	Declaration
Claim lodged in la	st three years:			"I am/we are aware that the complete terms and co
Year	Expiring Year (1)	Expiring Year (2)	Expiring Year (3)	at the official website of the insurer (www.libertyins only the certificate and schedule of insurance up
No. of Claims :	, , , , , , , , , , , , , , , , , , , ,			complete policy terms and conditions will be made
Claims Amount	:			I hereby declare and confirm that the PUC certific
	ase of the vehicle by the F	roposer: d d m m y	ууу	valid as on date.
2. Whether the v	vehicle was new or second			I hereby declare and confirm that the "Mandatorh
☐ New ☐ Sec				for insurance is valid till
If No, please	in good condition?   Yes	∐ No		"I agree and consent to Insurance Company sen- email id and/or mobile number."
	rer ever declined/cancelled	the insurance of the pro	posed vehicle?	"In consideration of the premium for this extension
☐ Yes ☐ No		•	•	the annual premium, it is hereby declared and ag
	; From d d m m y y		у у у	extension, this policy shall be renewed for a p
	ed for No Claim Bonus on se mention the □□%	Renewal?   Yes   No		difference between the extension premium now pa period rate shall become payable by the insured."
	fitted with Anti - Theft Dev	ice which is approved by	ARAI?	Any other Material Information Declaration a
☐ Yes ☐ No	nited Williams Their Ber	oo maar io approvou by	7.1.0.1.	I/We hereby declare that the statements, answers
	he above question is Yes, I			to the best of my knowledge and belief and I/We h
	mber of the Automobile As	sociation of India?   Ye	s 🗆 No	the basis of the contract between me/us and the Lil
If Yes, Please	ociation :			understood and agreed that the statements, answe the basis on which this insurance is being granted
Membership I	No	Date of expiry:	i d m m y y y y	is found that any of the statements, answers or
Driver's Detail				respect, the company shall have no liability under the
	ner has a valid driving licen	oo2 □ Voo □ No		I/We agree and undertake to convey to Liberty
	narily driven by:  Registe			alterations carried out in the risk proposed for insur "I/We have insurable interest in the subject matter
	Re		Age : □□ Yrs.	the Cost of the same and the premium for this ins
	er suffer from defective vis	ion or hearing or any phy	sical infirmity?	I, the undersigned proposer hereby declare and o
	Give details	5		terms and conditions of the policy and question understand that the answers to the questions conta
	fication: f Birth of the Owner: Age _			the contract of insurance. If any information/staten
	f Birth of the Driver: Age _			the policy shall be treated as void ab intio and
	r ever been involved / conv			Company. Please give details, if you are political
☐ Yes ☐ No				exposed person.
	letails as under including the	ne pending prosecutions		Please give details, if you are no profit organization
Driver's Name Date of Accide				"I/We hereby declare that the premium for the said
Loss / Cost (F				and assessed sources of my/our income."
	es of Accident/Loss			I hereby agree to receive a one pager policy d
Inspection Det	ails			Prohibition of Rebates (Section 41) of the Ins
	icle stands fit for insurance	? ☐ Yes ☐ No ☐ Self	Inspection	No person shall allow or offer to allow, either directions
2. Inspection Re	eference No.:			person to take out or renew or continue an insuran
Conducted on (Mention Date & Time):				lives or property in India, any rebate of the whole of
Additional Cov	verage Details			rebate of the premium shown on the policy, nor sho continuing a policy accept any rebate except such
Do you wish to co	ver Geographical Area Ext	ension under vour propo	sed insurance?	with the prospectus or tables of the Insurer.
	Bhutan 🗌 Nepal 🗎 Sri L			2. Any person making default in complying with the
	Do you wish to take the V	oluntary excess over an	above the compulsory	punishable with fine, as may be prescribed under I
excess. If Yes plea		Rs. 1,500 Rs. 3,00	n	there to for the time being in force.
		113. 1,300 🗀 113. 3,00	0	For use by Intermediary only
Third Party Ins	surance Details			Cover Note No. issued (if any)
Name of the Ins	surer			Date of Issuance ddmmyyyy Time
Policy Number				From (Time) h h m m (Date) d d m m y
Period of insura	ince			To the midnight of date d d m m y y y y
				Premium Amount (in Rs.):
				Bank Name :

#### NCB Declaration

We declare that the rate of NCB claimed by me/us is correct and that no claim as isen in the expiring policy period (copy of the policy enclosed) I/We further undertake at if this declaration is found to be incorrect, all benefits under the policy in respect Section I of the policy will be forfeited.

## Declaration

am/we are aware that the complete terms and conditions of this insurance policy are available the official website of the insurer (www.libertyinsurance.in). I/We hereby consent to receiving nly the certificate and schedule of insurance upon the undertaking of the insurer that the implete policy terms and conditions will be made available free of cost upon my/our request"

nereby declare and confirm that the PUC certificate of the vehicle proposed for insurance is

nereby declare and confirm that the "Mandatorhird Party Insurance" of the vehicle proposed r insurance is valid till

agree and consent to Insurance Company sending the policy documents to my registered nail id and/or mobile number.

n consideration of the premium for this extension being calculated at a pro-rata proportion of e annual premium, it is hereby declared and agreed by the insured that upon expiry of this tension, this policy shall be renewed for a period of twelve months, failing which the fference between the extension premium now paid on pro rata basis and the premium at short riod rate shall become payable by the insured."

## Any other Material Information Declaration and Consent

We hereby declare that the statements, answers given by me /us in this proposal form are true the best of my knowledge and belief and I/We hereby agree that this declaration shall form e basis of the contract between me/us and the Liberty General Insurance Limited. It is hereby nderstood and agreed that the statements, answers and particulars provided herein above are e basis on which this insurance is being granted and that if, after the insurance is effected, it found that any of the statements, answers or particulars are incorrect or untrue in any spect, the company shall have no liability under this Insurance.

We agree and undertake to convey to Liberty General Insurance Limited any change/

terations carried out in the risk proposed for insurance after submission of this proposal form. We have insurable interest in the subject matter of this insurance and we hereby declare that e Cost of the same and the premium for this insurance is paid from legal sources of funds." the undersigned proposer hereby declare and confirm that I have understood the features, rms and conditions of the policy and questions contained in the proposal form. I also nderstand that the answers to the questions contained in the proposal form, forms the basis of e contract of insurance. If any information/statement given in proposal is found to be untrue, e policy shall be treated as void ab intio and the premium paid shall be forfeited to the ompany. Please give details, if you are politically exposed person or relative of politically posed person.

•	lease give details, if you are no profit organization.
-	1/We hereby declare that the premium for the said policy is paid out of the legally declared
ć	and assessed sources of my/our income."

I hereby agree to receive a one pager policy document.

#### Rebates (Section 41) of the Insurance

No person shall allow or offer to allow, either directly or indirectly as an inducement to any erson to take out or renew or continue an insurance in respect of any kind or risk relating to ses or property in India, any rebate of the whole or part of the commission payable or any bate of the premium shown on the policy, nor shall any person taking out or renewing or ontinuing a policy accept any rebate except such rebate as may be allowed in accordance ith the prospectus or tables of the Insurer.

Any person making default in complying with the provision/s of this section shall be unishable with fine, as may be prescribed under Insurance Act, 1938 or any amendment ere to for the time being in force.

For use	by	Intermediary	only
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Cover Note No. issued (if any)					
Date of Issuance ddmmyyyyy Time of Issuance hhmm					
From (Time) h h m m (Date) d d m m y y y y					
To the midnight of date ddmmyyyyyy					
Premium Amount (in Rs.):					
Bank Name :					
Cheque No. / DD No. / Cash :					
	Date d d m m y y y y				
For Office use only					
Customer ID :					
Proposal Number :					
Policy / Cover Note Number :					
Proposal Checked By :					
Date of Receipt : d d m m y y y y					
Date: d d m m y y y y Place:					
Proposer Name :	Proposer Sign				

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