

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 1306
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 Driving tuitions? Yes No
5. Whether the vehicle is limited to own premises? Yes No
6. 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
7. Whether the vehicle is certified as Vintage Car by Vintage & Classic Car Club of India? Yes No
8. Whether the rally cover is required? Yes No
9. Whether the vehicle is fitted with Fibre Glass Tank? Yes No
10. Whether the vehicle belongs to the Embassy/Consulate of a foreign country? Yes No If so, is the Duty element included in the IDV? Yes No
11. Whether insured is first registered owner of the vehicle? Yes No
12. Whether the vehicle is confined to Sites? (Applicable to Goods Carrying Vehicles) Yes No
13. Whether the commercial vehicle is also used for Private purposes (Excluding use for hire or reward)? Yes No
14. Whether Cover required for lamps, tyres /tubes mudguard/side parts. (IMT 23 Cover) Yes No
15. Whether Cover for Overturning loading required? (Applicable to MISC D only) Yes No
16. If the vehicle is owned by schools/corporate, will it be used exclusively for transportation of own staff / Students and guests? Yes No
17. Whether the vehicle is used for carries Hazardous/Non Hazardous etc. Yes No

Previous Insurance Details

Name and Address of Previous Insurer _____
Policy/Covernote no. _____

Type of Cover: Package (Comprehensive) Policy Act only Policy Others _____

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: [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
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]
6. Is the vehicle fitted with Anti - Theft Device which is approved by ARAI? Yes No
7. Are you a member of the Automobile Association of India? Yes No

Driver's Detail

- 1. Does the owner has a valid driving licence? Yes No
2. Vehicle is primarily driven by: Registered Owner Any other
3. Does the driver suffer from defective vision or hearing or any physical infirmity? Yes No
4. Driver's qualification: _____ Driver's experience: [][] Yrs.
5. Age & Date of Birth of the Owner: Age _____ Yrs Date of Birth: _____
6. Has the driver ever been involved / convicted for causing any accident of loss? Yes No

Inspection Details

- 1. Does the vehicle stands fit for insurance? Yes No Self Inspection
2. Inspection Reference No.: _____

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

Do you require Unnamed PA Cover Yes No

- 1. No. of Passengers _____
2. Sum Insured per person (unnamed passengers/hirer/pillion rider, two wheelers)
3. Do you wish to cover Legal liability towards
4. Do you wish to have the statutory Third Party Property Damage (TPPD) liability of Rs. 6,000/- only? Yes No
5. Do you require PA cover for named persons? Yes No
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

- 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
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 [d][d][m][m][y][y][y][y] at [h][h][m][m] (Add more date/s with time if vehicle had met 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
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".

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 a non profit organization.

"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.

- 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 [d][d][m][m][y][y][y][y] Time of Issuance [h][h][m][m]
Period of Insurance: From (Time) [h][h][m][m] (Date) [d][d][m][m][y][y][y][y]
To the midnight of [d][d][m][m][y][y][y][y] (Date) _____
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: _____ V-15062022

UIN : IRDAN150RP0033V01201213 / A0017V01201213 / A0019V01201213 / A0021V01201920, A0002V01201617

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