

PROPOSAL FORM COMMERCIAL VEHICLE PACKAGE POLICY

Proposal for : New Vehicle 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 : _____ IMD Code : _____
 Branch Name : _____ Branch Code : _____
 SM Name : _____ SM Code : _____
 MISP/POSP Name : _____ MISP/POSP Code : _____
 PAN Card No. : _____ OR Aadhar Card No. : _____

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

Type of Cover : Package (Comprehensive) Policy

Purpose for which vehicle will be used: Goods Carrying (Private Carrier) Passenger Carrying Goods Carrying (Public Carrier) Misc. D

Type of Vehicle : Four Wheeler Three Wheeler Other (Please Specify) _____

Vehicle Details

| Vehicle Make | Model | Variant | Year of Manufacture | Cubic Capacity | Gross Vehicle Weight (GVW) For Goods carrying Vehicle | Seating Capacity/LCC (Including Driver/Cleaner) | Body Type |
|--------------|-------|---------|---------------------|----------------|---|---|-----------|
| | | | | | | | |

Insured Declare Value

| For Vehicle Rs. | Electrical Accessories | Non Electrical Accessories | Trailers/ Side Car (if any) | CNG/LPG kit (if not part of standard vehicle) | Total IDV Rs. |
|-----------------|------------------------|----------------------------|-----------------------------|---|---------------|
| | | | | | |

"Add On Covers" Selected: Depreciation Cover Consumable Cover Goods Transfer Expense Cover (Applicable for Goods Carrying Vehicle only, Sum Insured _____ in Rs.)

Whether you have opted for any Add on Coverage's last year. Yes No

If yes, please specify the Add on Coverage's _____

Vehicle Registration No. _____ Colour of Vehicle _____

Engine No. _____ Chassis No. _____

Place of Registration _____ Date of Registration

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Trailer Chassis No. (if any) _____ Vehicle type Indigenous Imported Rated under : Zone A Zone B

Is the vehicle attached with any of the Fleet? Yes No No. of vehicles attached with fleet : _____ Cubic Capacity : _____

Is the vehicle made in India? Yes No

Financier Details : Hypothecation Agreement Hire Purchase Lease Agreement Body Type : _____

Name of Financier & Address : _____

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

PAN Card No. :

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 Aadhar Card No. :

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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 :

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Date of Birth :

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 Business/Occupation (For Individual Customer) _____

Registration Address : _____

Any other details : _____

Period of Insurance From Time:

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Date:

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To the Midnight of Date:

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Please give details of nomination:

| 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 |
|---------------------------|-------------------|-----------------------------------|---|-----|--------------|---|-------------------------------|
| 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)

Note: ● Personal Accident Cover for Owner Driver is compulsory for Sum Insured of Rs 15,00,000/- ● Compulsory PA cover to Owner Driver cannot be granted where a vehicle is owned by a company, a partnership firm or a similar body corporate or where the owner driver does not hold an effective driving license.

Persons or classes of Person entitled to drive: Please refer overleaf. Any Limitations as to use of Motor vehicle: Please refer overleaf.

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.

Premium Payment Details: Cash Cheque Demand Draft Credit Card **Insured Bank Details:** _____

Premium Amount (including service tax): _____ **Bank Name and Branch:** _____

Cheque / DD No.: _____ **Bank A/C No.:** _____

Cheque / DD Date: _____ **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.

Details of Electrical Accessories

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

Details of Non-Electrical Accessories

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

Trailer IDV

Trailer Towed : _____ Trailer IDV : _____

Details of Vehicle Type and Usage

- Fuel Type of the vehicle Petrol Diesel Any Other
- 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
- 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
- Whether the vehicle is used for Driving tuitions? Yes No
- Whether the vehicle is limited to own premises? Yes No
- 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
- Whether the vehicle is certified as Vintage Car by Vintage & Classic Car Club of India? Yes No
- Whether the rally cover is required? Yes No
- Whether the vehicle is fitted with Fibre Glass Tank? Yes No
- 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
- Whether insured is first registered owner of the vehicle? Yes No
- Whether the vehicle is confined to Sites? (Applicable to Goods Carrying Vehicles) Yes No
- Whether the commercial vehicle is also used for Private purposes (Excluding use for hire or reward)? Yes No
- Whether Cover required for lamps, tyres /tubes mudguard/side parts. (IMT 23 Cover) Yes No
- Whether Cover for Overturning loading required? (Applicable to MISC D only) Yes No
- If the vehicle is owned by schools/corporate, will it be used exclusively for transportation of own staff / Students and guests? 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:

| Year | No. of Claims : | Claims Amount : |
|------|-----------------|-----------------|
| | | |
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- Date of purchase of the vehicle by the Proposer:
- Whether the vehicle was new or second hand at the time of purchase?
 New Second Hand
- Is the vehicle in good condition? Yes No
 If NO, please give details: _____
- Has any insurer ever declined/cancelled the insurance of the proposed vehicle?
 Yes No
- Policy Period; From To
 Are you entitled for No Claim Bonus on Renewal? Yes No
 * If Yes, Please mention the %
- 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.
- Are you a member of the Automobile Association of India? Yes No
 If Yes, Please state : _____
 Name of Association : _____
 Membership No. _____ Date of expiry:

Driver's Detail

- Does the owner has a valid driving licence? Yes No
- Vehicle is primarily driven by: Registered Owner Any other
 Name: _____ Relationship: _____ Age : Yrs.
- Does the driver suffer from defective vision or hearing or any physical infirmity?
 Yes No Give details _____
- Driver's qualification: _____ Driver's experience: Yrs.
- 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: _____
- 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 _____

Inspection Details

- Does the vehicle stands fit for insurance? Yes No Self Inspection
- Inspection Reference No.: _____
 Conducted on (Mention Date & Time): _____

Additional Coverage Details

Do you require PA cover for Paid Driver, Cleaners and Conductors? Yes No
 Name _____ CSI _____
 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

- No. of Passengers _____
- Sum Insured per person (unnamed passengers/hirer/pillion rider, two wheelers)
 Name _____ Sum Insured _____ Name _____ Sum Insured _____
- 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
- Do you wish to have the statutory Third Party Property Damage (TPPD) liability of Rs. 6,000/- only? (IMT 20) Yes No
- Do you require PA cover for named persons? Yes No
 Name _____ CSI _____ Nominee _____ Relationship _____
- 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
- 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)(i)(l) covers liability to employees who are workmen within the meaning of the Workmen's Compensation Act-1923.)

- 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: _____
 Non fare Paying Passengers (No. of persons: _____)
 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 at (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
 (*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".

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.

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 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

- 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.
- 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 : 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 : _____