

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

Business Type : New Business ; Rollover ; Renewal ; Endorsement Others (Please Specify) _____ (LGIL Policy No.) _____

Type Of Customer : Individual Government Co Public Co Pvt Co Partnership Firm/LLP HUF Trust Cooperative Society
 Section 8 Co. Others (Please Specify) _____

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. : _____
 Product Name : _____ Product Code : _____

Agent /Broker Name : _____

Proposer Name (individual) : FIRST _____ MIDDLE _____ LAST _____

Name of Organisation : _____

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

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

Nationality : Indian Other (Please specify) _____

Residential Status : Resident Indian ; Non Resident Indian ; Other Gender : Male Female Other Marital Status : Married Unmarried

Proposer DOB (Individual)/ Date of Incorporation DOB : DOI :

Email Id: _____ Mobile No: _____ Office No: _____

PAN _____ Form 60 : (If PAN Not available) _____ Aadhaar/ Driving License/Election Card/Passport/MNREGA Card No. _____

GST No (If Applicable) : _____ Relation with Insured (If Insured other than Proposer): _____

MY CKYC No. (Central Know Your Customer Registry Number), (if available): _____

I, _____, hereby grant explicit consent to Liberty General Insurance Company for the retrieval and downloading of my CKYC record from the Central KYC Records Registry. I understand that this information is essential for the purpose of ensuring accurate and updated records for insurance services. I acknowledge that Liberty General Insurance Company will handle my CKYC information in compliance with all applicable data protection laws and regulations. This consent is valid until revoked in writing by me. I have read and understood the terms and conditions regarding the usage of my CKYC information and voluntarily provide my consent.

Permanent Address / GST Regd Address _____

District : _____ City : _____ Pin Code : _____ State : _____ Country : _____

Present Address Is your present address same as permanent address? Yes No

District : _____ City : _____ Pin Code : _____ State : _____ Country : _____

Nature of Business / Work: _____

Occupation (Source Of Funds) Salaried , Professional , Self Employed , Other (Please specify) _____

I/We hereby confirm that all premiums have been/will be paid from bonafide sources and no premiums have been/will be paid out of proceeds of crime related to any of the offence as listed in Prevention of Money Laundering Act, 2002 & its subsequent amendments thereof I understand that the Company has the right to call for documents to establish sources of funds.

Differently Abled Status Type of Impairment _____ Percentage of Impairment _____ UDID (Unique Disability ID) Number _____

E Insurance Account No. _____ I would like to open E Insurance Account with _____ Insurance Repository

Whether Proposer /insured is a Non Profit Organization Yes No

If NPO, Please provide Darpan Registration No : _____

Politically Exposed Person (PEP): Are you or any of the proposed applicants a PEP* or Family member/ Close relatives/Associates of PEPs*?

YES NO If yes, please give details (Nature of relationship and position held by PEP): _____

*Politically Exposed Persons" (PEPs) are individuals who have been entrusted with prominent public functions by a foreign country, including the heads of States or Governments, senior politicians, senior government or judicial or military officers, senior executives of state-owned corporations and important political party officials.

DOB : Annual Income: Less than 5 Lacs ; Between 5 - 10 Lacs ; Between 10 - 20 Lacs ; 20 Lacs and above

Period of Insurance	From Time:	Date:	To the Midnight of Date:
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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/GVW
1.							
2.							
3.							
4.							

For Individual - Details of Beneficial Owner

Sr. No	Name of Ultimate Beneficial Owner	Percentage(%)*	Remark, if any

For Non Individual - Details of Beneficial Owner

Mention the details of individual persons who has/have the Beneficial Ownership in the captioned entity;

Full Name	Date of Birth	Nationality	Address	% Share holding	PAN	Politically Exposed Person (PED) Declaration
						<input type="checkbox"/> PEP <input type="checkbox"/> Family member/ <input type="checkbox"/> No Close relatives/ Associates to PEP
						<input type="checkbox"/> PEP <input type="checkbox"/> Family member/ <input type="checkbox"/> No Close relatives/ Associates to PEP

DETAILS OF THE PERSON(S) PROPOSED TO BE INSURED					
SR.NO	Name	Date of birth	Gender M/F/TG	Relationship with proposer	Politically Exposed Person (Y/N)
1					
2					
3					
4					
5					
6					

Nomination Details/Appointee Details

	1 st Nominee	2 nd Nominee	3 rd Nominee	4 th Nominee
Nominee Name and Relationship				
Date of birth of nominee				
Percentage of nominee	(%)	(%)	(%)	(%)
Mobile no. of nominee				
Email id of nominee				
Present and Permanent address of Nominee				
Bank Account Details:				
Beneficiary Name:				
Bank Name:				
Bank Account Number:				
IFSC CODE				
MICR NUMBER				
BRANCH				
If the Nominee is Minor, Name and Address of Appointee and relationship with Minor.				
Appointee Name if in case of Minor Nominee				
Appointee Relationship if in case of Minor Nominee				

2. 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.

Insurance Act, 1938, Section 41-Prohibition of Rebates

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 prospectuses or tables of the Insurer

Any person making default in complying with the provisions of this section shall be liable for a penalty, which may extend to Ten Lakh rupees.

For Office use only

Customer ID : _____
 Proposal Number : : _____
 Policy Number : : _____
 Proposal Checked By : : _____
 Date of Receipt : : _____
 Date : _____ Place : _____

Owner Driver's Detail

- Does the owner-driver has a valid driving license? Yes No
- Does the owner-driver suffer from defective vision or hearing or any physical infirmity? Yes No Give details _____
- Age & Date of Birth of the Owner-Driver: Age ____ Yrs ____ Date of Birth: _____

Bank Account Details for Process of Refund:

In case of cancellation of policy, if premium were paid through credit card the refund amount would be credited to your Source bank account.

I wish : Any refund due on the premium payment / any payment/claims will be directly credited to my aforesaid Bank Account.*

Premium Amount

Cheque No / EFT No	Date
Premium Payment Option : <input type="checkbox"/> Cheque <input type="checkbox"/> DD <input type="checkbox"/> EFT <input type="checkbox"/> Debit Card <input type="checkbox"/> Credit Card	
Name Of Account Holder:	
Bank Name:	
Bank Account No:	
Branch Name:	
IFSC Code:	
Card Details : <input type="checkbox"/> Master <input type="checkbox"/> Visa <input type="checkbox"/> Rupay	
Card No :	Card Expiry Date :
Name Of Account Holder:	
Bank Account Details for Process of Refund :	

In case of cancellation of policy, if premium were paid through credit card the refund amount would be credited to your Source bank account.

I wish Any refund due on the premium payment / any payment/claims will be directly credited to my aforesaid Bank Account.

Declaration:

o Declaration when the proposal form is filled by a person other than the proposer/ the proposer signs in a vernacular language/ proposer is illiterate or disabled

I hereby declare that I have read out and explained the content of this proposal form and all other connected documents incidental to availing the insurance policy from Liberty General Insurance Ltd. to the proposer and that he/ she confirmed that he/ she has understood the same and that he/ she agrees to abide by all the terms & conditions of the same.

I hereby declare that I have fully explained to the proposer the answers to the questions that form the basis of the contract of insurance have also explained the contents in this form to the proposer in _____ language, that I have truly and correctly recorded the answers given by the proposer and that the proposer has affixed his/ her thumb impression on the proposal form in my presence, after fully understanding the contents thereof. Further, this declaration does not confirm issuance of policy or assumption of risk there of.

I hereby state that the contents of the form and documents have been fully explained to me and that I have fully understood the significance of the proposed contract.

Name of Proposer: _____

Name of Witness: _____

Signature of Proposer: _____

Signature of Witness: _____

Date: _____

Place: _____

Relationship with Proposer: _____

Address of Witness: _____

o I/We hereby agree that this declaration shall form the basis of the contract between me/us and "LIBERTY GENERAL INSURANCE LIMITED" I/We also declare that if any additions or alterations are carried out after the submission of this proposal form, then the same would be conveyed to the insurers immediately.

o I/We desire to effect an insurance as described herein with the Company and I/We agree that this proposal and declarations shall be the basis of contract between me/us and the Company. I/We agree to accept a policy subject to the conditions prescribed by the Company.

o I/We further undertake that if this declaration is found to be incorrect, all benefits under the policy in respect of the Section I of the Policy will stand forfeited. The policy may however be continued at the sole discretion of, subject to payment of the amount payable as determined by the LIBERTY GENERAL INSURANCE LIMITED, resulting from the difference in the bonus / malus status. I affirm and undertake that I have read and understood the policy wordings, terms, conditions and exclusions governing the cover and agree to abide by them.

o I/We hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I/we undertake to inform you of any changes therein, immediately and not later than 30 days.

o In case any of the above information is found to be false or untrue or misleading or misrepresenting, I/We am/are aware that I/We may be held liable for it. Further, the Company has a right to cancel the insurance contract in case, I am/have been found guilty by any competent court of law under any statutes, directly or indirectly governing the prevention of money laundering.

o I hold a valid and effective PUC and/or fitness certificate, as applicable, for the vehicle mentioned herein and undertake to renew the same during the policy period.

o Sanction Limitation

Liberty General Insurance (LGI/Liberty") will not be deemed to provide cover nor be liable to pay any claim or provide any benefit hereunder to the extent that the provision of such cover, payment of such claim or provision of such benefit would expose Liberty or its parent to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of India, the European Union, United Kingdom, United States of America or other applicable jurisdiction.

o 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

o I Wish to avail physical policy document? Yes

o I 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 LGI (Liberty General Insurance) 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 / agen personnel liable for legal utilization of the submitted information / data.

o 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 I hereby consent to the collection, use and disclosure of my personal information for the assessment of this application and in accordance with Liberty General Insurance Privacy Notice ('Privacy Notice') available at <https://www.libertyinsurance.in/> which I have read, understood and agree to the contents of the Privacy Notice.

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 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).

Proposer Name : _____

Proposer Sign : _____

UIN : IRDANI50RFP034V01201213