

Liberty General Insurance Limited

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



UN : IRDAN150RPO034V01201213

25.	Payment Details 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 Account No: _____	Bank Name: _____
IFSC Code: _____	Branch Name: _____
Card Details : <input type="checkbox"/> Master <input type="checkbox"/> Visa <input type="checkbox"/> Rupay	
Card No : _____	Card Expiry Date : _____

26.	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 <input type="checkbox"/> : Any refund due on the premium payment / any payment/claims will be directly credited to my aforesaid Bank Account.*	

B. Questions that provide additional covers as per IMT Endorsements

27.	Addl.: TPPD (GR-39)
The Policy provides additional Third Party Property Damage liability limit of Rs.7,50,000/- for commercial vehicles. Do you wish to cover the additional limit? Yes / No [Refer to Q.No.23]	

28.	Additional Liability to Workmen (IMT-28)
Do you wish to cover wider legal liability to employees who are 'workmen'? [This information is sought to cover in addition to liability under the Employees Compensation Act-1923, also liability under the Fatal Accidents Act-1855 and the Common Law] Yes / No Note: The additional liability under Common Law and Fatal Accidents Act in respect of employees who are workmen is covered under this endorsement. [Refer to Q.No.24]	

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

If there is break in insurance coverage, you may require 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.

29.	Liability to Employees who are not Employee (IMT-29)
Do you wish to cover wider legal liability to employees who are NOT 'workmen'? Yes / No Note: The liability under Common Law and Fatal Accidents Act-1855 in respect of employees who are not Employees can be covered under this endorsement.	

Below bank details field not added:

Account Holder Name: _____ Bank Name: _____
Bank Ac no : _____ IFSC Code : _____
MICR No : _____ Branch : _____

Declaration:

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.

30.	Personal Accident Cover For Owner Driver
Personal Accident Cover for Owner Driver is compulsory in the Liability Only Cover. Please give details of nomination: (a) Name of the Nominee & Age : _____ (b) Relationship : _____ (c) Name of the Appointee (If Nominee is a Minor) : _____ (d) Relationship to the Nominee : _____ Note : Personal Accident cover for Owner Driver is compulsory for Sum Insured of Rs. 15,00,000/-.	

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.

31.	PA Cover for Named Occupants (IMT-15)			
Do you wish to include Personal Accident cover for named persons? Yes / No If YES, give name and Capital Sum Insured (CSI) opted for:				
Sr. No.	Name	CSI Opted (Rs.)	Nominee	Relationship
1.				
2.				
3.				
Note: The maximum CSI available per person is Rs.2 Lakhs in case of Commercial Vehicles)				

32.	PA Cover for Un-Named Occupants (IMT-16)
Do you wish to include Personal Accident cover for Un-named Passengers/hirer/pillion passengers (Two Wheelers)? Yes / No If YES, give number of persons and Capital Sum Insured (CSI) Opted: No. of Persons: _____ C.S.I (Per Person): _____ Note: The maximum CSI available per person is Rs.2 Lakhs in case of Commercial Vehicles)	

33.	Geographical Extension (IMT-1)		
Whether extension of geographical area to the following countries required?			
1. Bangladesh	<input type="checkbox"/> Yes <input type="checkbox"/> No	2. Bhutan	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Maldives	<input type="checkbox"/> Yes <input type="checkbox"/> No	4. Nepal	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Pakistan	<input type="checkbox"/> Yes <input type="checkbox"/> No	6. Sri Lanka	<input type="checkbox"/> Yes <input type="checkbox"/> No
Note: Presently the territory covered is geographical area of India. Extension of geographical area cover can be availed by use of this endorsement			

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Insurance is the subject matter of the solicitation. Trade Logo displayed above belongs to Liberty Mutual and used by the Liberty General Insurance Limited under license.

C. Questions that are elicited for information and data collection purposes

34.
Previous History:
a. Date of purchase of the vehicle by the Proposer: <input type="text" value="ddmmYYYY"/>
b. Whether the vehicle was new or second hand at the time of purchase? <input type="checkbox"/> New <input type="checkbox"/> Second Hand
c. Will the vehicle be used exclusively for
(i) Private, Social, Domestic, Pleasure & Professional purpose? <input type="checkbox"/> Yes <input type="checkbox"/> No
(ii) Carriage of goods other than samples or Personal luggage? <input type="checkbox"/> Yes <input type="checkbox"/> No

Driver's Name:	
Date of Accident:	
Loss / Cost (Rs.):	
Circumstances of Accident/Loss:	

- I hereby agree to receive a one pager policy document.
 I hereby confirm having a valid personal accident policy for sum Insured of minimum

Date : Place : _____

Proposer Name : _____

Proposer Sign : _____

Note: Denial of "Third Party Liability Only Cover by Insurer, for reasons other than fraud/misrepresentation by proposer, will antal Regulatory action

Declaration:

- 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: _____

Signature of Proposer: _____

Date: _____

Relationship with Proposer: _____

Address of Witness: _____

Name of Witness: _____

Signature of Witness: _____

Place: _____

- 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.

- 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.

- 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.

- 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.

- 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.

- 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.

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.

C. Questions that are elicited for information and data collection purposes

35.																
d Is the vehicle is in good condition? <input type="checkbox"/> Yes <input type="checkbox"/> No If NO, please give details:																
e Name and Address of the previous insurance company:																
f Previous policy number: _____																
g Period of Insurance : From _____ To _____																
h Claims lodged during the preceding 3 years:																
<table border="1"> <thead> <tr> <th>Sr. No.</th> <th>Year</th> <th>No. of Claims</th> <th>Claim Amount (RS.)</th> </tr> </thead> <tbody> <tr> <td>1.</td> <td>Expiring Year (1)</td> <td></td> <td></td> </tr> <tr> <td>2.</td> <td>Expiring Year (2)</td> <td></td> <td></td> </tr> <tr> <td>3.</td> <td>Expiring Year (3)</td> <td></td> <td></td> </tr> </tbody> </table>	Sr. No.	Year	No. of Claims	Claim Amount (RS.)	1.	Expiring Year (1)			2.	Expiring Year (2)			3.	Expiring Year (3)		
Sr. No.	Year	No. of Claims	Claim Amount (RS.)													
1.	Expiring Year (1)															
2.	Expiring Year (2)															
3.	Expiring Year (3)															

36.	Driver Details
Details of the Driver:	
1. Does the owner has a valid driving licence? <input type="checkbox"/> Yes <input type="checkbox"/> No Rs.15	
a. Age & Date of Birth of the Owner: Age _____ Yrs _____	
*Date of Birth: <input type="text" value="ddmmYYYY"/>	
b. Age & Date of Birth of the Driver: Age _____ Yrs _____	
*Date of Birth: <input type="text" value="ddmmYYYY"/>	
c. Does the driver suffer from defective vision or hearing or any physical infirmity?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
If YES, please give details of such infirmity: _____	

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UIN : IRDANI50RPO03AV01201213

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

I Wish to avail physical policy document? Yes

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 / agency / personnel liable for legal utilization of the submitted information / data.

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

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.

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 : _____