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



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V-17102024

Trailer Towed :

9068/022012 13 RDAN160RP0004V02 50012012 13 A00007V0120134 IRDAN1 4V012018 19 A00029V0120139 IRDAN1 4V012018 19 A00029V0120189 IRDAN1 4V012018 19 A00002V01202021 IRDAN1 4V012018 19 A00002V01202021 IRDAN1 5V012012 13 A0001V02203134 IRDAN1 5V012012 13 A0001V0120203134 IRDAN1

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Uni Ser	t 1501&1502, 1 napati Bapat Ma	Insurance Limited 5th Floor, Tower 2, Oning, Prabhadevi, Mumb	ai – 400013			
Em	ail: care@libert			0000050		
	· ·		CIN: U66000MH2010F	2LG209656		
D		le Type and Usage				
1. 2. 3.	Fuel Type of the vehicle  Petrol  Diesel  Battery  Any Other Whether the Vehicle is driven by Non-Conventional source of Power  Yes  No If Yes, please give details  Bi-fuel  CNG  Private, Social, Pleasure and Professional Purposes  Yes  No b) Carriage of goods other than Samples or Personal Luggage					
4. 5. 6. 7.	□ Yes □ No  Whether the vehicle is used for Commercial purposes? □ Yes □ No  Whether the vehicle is used for Driving tutions? □ 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					
8. 9. 10. 11.	☐ Yes ☐ No Whether the ra Whether the ve Whether the ve ☐ Yes ☐ No I	Ily cover is required?  hicle is fitted with Fibre whicle belongs to the Eml f so, is the Duty element	age Car by Vintage & Clar Yes □ No Glass Tank? □ Yes □ I passy/Consulate of a fore is included in the IDV? er of the vehicle? □ Yes	No eign country? □ Yes □ No		
F	Previous Insura	ance Details				
Poli <b>Typ</b> NCI	icy/Covernote no	ackage (Comprehensive piring policy □□%	e) Policy  Act only Police	cy  Others  SOD		
	ear	Expiring Year (1)	Expiring Year (2)	Expiring Year (3)		
N	o, of Claims :	(·)	(_/	(5)		
	laims Amount :					
1. 2.	Date of purchase of the vehicle by the Proposer: d d m m y y y y  Whether the vehicle was new or second hand at the time of purchase?  New Second Hand Is the vehicle in good condition? Yes No					
4.	If NO, please g	ive details:		oposed vehicle?		
	Has any insurer ever declined/cancelled the insurance of the proposed vehicle?  ☐ Yes ☐ No					
5.	Policy Period; From dddmmyyyyy To dddmmyyyyy Are you entitled for No Claim Bonus on Renewal?  Yes No If yes, Please mention the					
6.	Is the vehicle fitted with Anti - Theft Device which is approved by ARAI? $\square$ Yes $\square$ No					
7.	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 :					
			Date of expiry:	d d m m y y y y		
Г	Driver's Detail					
1.		er has a valid driving lice	nce? ☐ Yes ☐ No			
		arily driver by				

Nam	e and Address o	of Previous Insurer					
	y/Covernote no						
		ackage (Comprehensive	e) Policy   Act only Policy	cy   Others   SOD			
		piring policy 🗆 🗆 %					
Clain	n lodged in last	three years:					
Ye	ar	Expiring Year (1)	Expiring Year (2)	Expiring Year (3)			
No	. of Claims :						
Cla	aims Amount :						
1.	Date of purcha	se of the vehicle by the F	Proposer: d d m m 3	у у у у			
2.	Whether the ve	hicle was new or second	hand at the time of pur	chase?			
	☐ New ☐ Sec	cond Hand					
3.	Is the vehicle in	n good condition?   Yes	s 🗆 No				
		ive details:					
4.	Has any insure  ☐ Yes ☐ No	r ever declined/cancelle	d the insurance of the pr	oposed vehicle?			
5.	Policy Period: I	From d d m m y y	y y To d d m m	у у у у			
		d for No Claim Bonus on					
	* If yes, Please	mention the □□%					
6.	Is the vehicle fi	tted with Anti - Theft Dev	rice which is approved by	y ARAI? ☐ Yes ☐ No			
	If answer of the	above question is Yes,	Please submit the certifi	cate for the same.			
7.	Are you a mem	ber of the Automobile As	ssociation of India?   Yes	es 🗆 No			
	If Yes, Please s	state :					
	Name of Assoc	ciation :					
	Membership N	0	Date of expiry:	d d m m y y y			
Di	river's Detail						
1.	Does the owne	r has a valid driving licer	nce?  Yes  No				
2.							
		R					
3.	Does the driver suffer from defective vision or hearing or any physical infirmity?						
	☐ Yes ☐ No G	Sive details	0 71	,			
4.	Driver's qualific	eation:	Driver's experience:	Yrs.			
5.	Age & Date of	Birth of the Owner: Age _	Yrs D	Date of Birth:			
		of Birth of the Driver: Age					
6.		ever been involved / con					
	☐ Yes ☐ No		,				
	If YES, give de	tails as under including t	he pending prosecutions	3:			
	Date of Accide						
	Loss / Cost (Rs	s.):					

# Additional Coverage Details

Inspection Reference No.:

Inspection Details

Circumstances of Accident/Loss

Conducted on (Mention Date & Time): \_

Does the vehicle stands fit for insurance?  $\square$  Yes  $\square$  No

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 Sri Lanka Maldives Pakistan Voluntary excess: Do you wish to take the Voluntary excess over an above the compulsory excess. If Yes please mention SI Rs. 2,500 Rs. 5,000 Rs. 7,500 Rs. 15,000 Do you require Unnamed PA Cover ☐ Yes ☐ No Name \_\_\_\_\_ Sum Insured \_\_\_\_ Name \_ Do you wish to cover Legal liability towards Sum Insured

☐ Self Inspection

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 | Yes | Yes | No | Yes | Yes | No | Yes Do you require PA cover for named persons? ☐ Yes ☐ No Name \_\_\_\_\_ CSI \_\_\_\_\_\_ Nominee Name CSI Nominee Relationship Relationship Relationship Relationship Relationship Relationship Res. 1,00,000/- for Two Wheelers and Rs. 7,50,000/- for other classes of vehicles. Do you wish to cover the additional limit?  $\square$  Yes  $\square$  No Legal liability to persons employed in connection with operation of the vehicle who are

Legal lability by persons employed in Cominection with Operation of the Vertice who are workmen'. The liability of the Employer under the Workmens' 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)(ii)(i) 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 second of the Coverage for Injury only a proper o

respect of:  $\square$  Owner Driver only  $\square$  Any person other than Paid Drive If 'YES', give details of such other persons:



Non fare Paying Passengers (No. of persons:

Note: 1. Section146 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 Section146 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

//ve hereby beclare and ondertake							
$\sqsupset$ *That, the vehicle proposed to be insured had, during the period in which it was no							
covered by valid and effective insurance policy issued by any insurer/s, met with an accider							
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							
with an accident more than once)							

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 sisued 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 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.

NCB Declaration

### 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

"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

Please give details, if you are no profit organization.

I hereby agree to receive a one pager policy document.

Prohibition of Rebates (Section 41) of the Insurance Act-1938

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 intio and the premium paid shall be forfeited to the Company.

I hereby confirm having a valid personal accident policy for sum Insured of minimum Rs.15 lakhs.

Please give details, if you are politically exposed person or relative of politically exposed person.

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.	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 lic
2.	with fine, as may be prescribed under Insurance Act, 1938 or any amendment thereto for the time being in force.	Insurance
F	For use by Intermediary only	era
Co	ver Note No. issued (if any)	Gen
Da	te of Issuance d d m m y y y y Time of Issuance h h m m	erty
Pe	riod of Insurance for Package Policy of 1 year & 3 years:	Ë
Fro	om (Time) h h m m (Date) d d m m y y y y	y the
То	the midnight of date d d m m y y y y	g pa
Pe	riod of Insurance for Bundled Cover :	sn p
Se	ction I - Own Damage: From (Time) h h m m (Date) d d m m y y y y	au
То	the midnight of date d d m m y y y y	Intra
Se	ction II - Liability : From (Time) h h m m (Date) d d m m y y y y	ty N
То	the midnight of date d d m m y y y y	icita
Pre	emium Amount (in Rs.):	e sol
Bai	nk Name :	atter of th ve belong
Ch	reque No. / DD No. / Cash :	ed abor
F	For Office use only	suk playe
	stomer ID :	is the o dis
Pro	oposal Number :	ance Log
Pol	licy / Cover Note Number :	rade
Pro	oposal Checked By :	=-
Dat	te of Receipt : d d m m y y y y	
Dat	te: d d m m y y y y Place:	
Pro	oposer Name : Proposer Sign :V-17	102024