IRDA of India registration number: 150 • CIN: U66000MH2010PLC209656



# STANDARD PROPOSAL FORM FOR LIABILITY ONLY POLICY

(For Private Cars / Two Wheelers)

Inte	rmedi	ary Details									
	ame :										
		Name :		de :							
	ard No	o. : to provide PAN Card No. or Aadhar Card N		D. :							
A. Qu	estion	·	ing the cover as per the Motor Vehicles Act-1988.								
	1.	Proposer's (Owner's) Full Name (In capital letters)									
	2.	Address (where the vehicle is normally kept)									
		(In capital letters, with pin code)	City / District : State :								
ails			Pin Code : Fax Number	er: Mobile N	No. :						
Det			Mail ID : GSTIN :								
Personal Details	3.	Occupation / Business									
Pers	4.	Type of Cover	Liability Only Policy								
	5.	Period of Insurance	Policy Tenure: 1 Year 2 Years (Applicable for Two Wheelers only) 3 Years (Applicable for Two Wheelers & New Private Car only) 5 Years (Applicable for New Two Wheelers only)  From 4 4 7 7 7 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y								
	6.	Period of Insurance for PA Owner Driver Cover	From Time: h h m m Date: d d m m Y Y Y Y To the Midnigh	t of Date: d d m m y y	у у						
		Card No. : urance Account No. :	Aadhar Card No. : I would like to open E Insurance Account with		Insurance Repository.						
A (II) )			I would like to open E insurance Account with		insurance repository.						
A (II) V	7.	Pedails  Registration Number of the Vehicle									
	8.	Date of Registration of the Vehicle									
	9.	Registering Authority and Location									
	-	0 0 ,									
	10.	Year of Manufacture Engine Number									
	11.	0									
	12.	Chassis Number									
	13.	Make of the Vehicle									
2	14.	Model Type of Rody									
atior	15.	Type of Body  Othic Constitution (the White									
cific	16. 17.	Cubic Capacity of the Vehicle									
Vehicle Specifications	18.	Seating Capacity including driver  Whether the vehicle is driven by non-conve If yes, please give details.	Yes	No							
>	19.	Whether the use of vehicle is limited to own	nremises?	Yes	No						
	20.	Whether the vehicle is used for commercia	·	Yes	No						
	21.	Whether the vehicle is used for driving tuiti		res	INU						
	22.	Details of Hire Purchase / Hypothecation / I	, ,								
	22.	a) Is the vehicle proposed for insurance is		Yes	No						
		(i) Under Hire Purchase? (ii) Under Lease Agreement?		Yes Yes	No No						
		(iii) Under Hypothecation?		Yes	No						
		If 'YES", give name and address of concern (Note: Conies of R.C. Book, Permit & Fitnes	ned party/parties s Certificate should be submitted along with the proposal form)								
A (III)	l iabili	ty Section: Coverage	o continuate should be cubinitied along with the proposal form)								
, (,	23.	Third Party Risks: Death/Bodily Injury									
Cove		or liability against Third Party Risks (Death or	Bodily Injury) required in respect of:								
(i) O	vner D	river only Yes / No re details of such other persons:	(ii) Any person other than Paid Driver Yes / No								
2											
3											
			andatory for the owner of the vehicle to ensure that he or any other person auth on146 exempts the paid driver. 2. As per Section 147 (2)(a) The liability is 'as in								
	24.	Third Party Risks: TPPD (IMT-20)									
		n to have the statutory Third Party Property Danal TPPD limits, please see Q. No. 25]	amage (TPPD) liability of Rs. 6000/- only? Yes / No								
	25.	Third Party Risks: Liability to 'Employee	under W.C.Act-1923 (Compulsorily to be covered by M.V Act-1988)								
unde	r the M	lotor Vehicles Act-1988.]	eration of the vehicle who are 'workmen'. [The liability of the Employer under	the Employees Compensation	Act-1923 is covered						
Note	: The N	(No. of persons:)  Motor Vehicles Act-1988 under Sec.147(1)(ii)(i) al coverage, please refer to <b>Q.No.26</b>	Employees (Workmen): (No. of persons:) covers liability to employees who are workmen within the meaning of the Workm	en's Compensation Act-1923.							
		s that provide additional covers as per IMT	Endorsements								
The	26. Policy	Addl.: TPPD (GR-39) provides additional Third Party Property Dama	age liability limits of Rs.1,00,000/- for Two Wheelers and Rs.7,50,000/- for oth	er classes of vehicles. Do you	u wish to cover the						
	additional limit? Yes / No [Refer to Q.No.23]										

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 Employees is covered under this endorsement.

[Refer to Q.No.24]

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.

27. Additional Liability to Employee (IMT-28)

Email: care@libertyinsurance.in
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	20.		
Do yo	ou wisl	h to cover wider legal liability to employees who are <b>NOT</b> 'Employees'? Yes /	No
Note	: The I	iability under Common Law and Fatal Accidents Act-1855 in respect of	
empl	oyees	who are not Employee can be covered under this endorsement.	

Citipio	Jy000	Willo die not Employee	can be covered	a dildor tillo oridoroci	nont.		
	29.	Personal Accident C	over For Owne	r Driver			
	Personal Accident Cover for Owner Driver is compulsory in the Liability Only Cover. Please						
give o	details	of nomination:					
	(a) Name of the Nominee & Age :						
		nship :					
(c) N	ame c	of the Appointee (If Nom	nee is a Minor)	:			
(d) R	Relation	nship to the Nominee : _					
Note	: 1. Pe	ersonal Accident cover f	or Owner Driver	is compulsory for Su	ım Insured of		
Rs. 1	5,00,0	00/					
2. Co	mpuls	ory PA cover to owner d	river cannot be	granted where a veh	icle is owned by a		
comp	any, a	a partnership firm or a si	milar body corp	orate or where the ov	vner-driver does not		
hold a	an effe	ctive driving license.					
	30.	PA Cover for Named	Occupants (IM	T-15)			
Do yo	ou wisl	n to include Personal Ac	cident cover for	named persons? Ye	s / No		
If YES	S, give	name and Capital Sum	Insured (CSI) o	pted 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 Private Cars and Rs.1 Lakh in the case of Motorized Two Wheelers.						

If YES, give number of persons and Capital Sum Insured (CSI) Opted:									
No. o	No. of Persons: C.S.I (Per Person):								
Note	Note: The maximum CSI available per person is Rs.2 Lakhs in case of Private Cars and								
Rs.1 Lakh in the case of Motorized Two Wheelers.									
	32.	2. Geographical Extension (IMT-1)							
Whet	her ex	tension o	of geogra	phical area to	he following countries	required?			
1. Bangladesh ☐ Yes ☐ No 2. Bhutan ☐ Yes ☐ No				☐ No					
3. Maldives ☐ Yes ☐ No		<ol><li>Nepal</li></ol>	☐ Yes	□ No					
<ol> <li>Pakistan ☐ Yes ☐ No</li> </ol>		6. Sri Lanka	☐ Yes	☐ No					
Note	Note: Presently the territory covered is geographical area of India. Extension of								

Do you wish to include Personal Accident cover for Un-named Passengers/hirer/pillion

31. PA Cover for Un-Named Occupants (IMT-16)

geographical area cover can be availed by use of this endorsement

passengers (Two Wheelers)? Yes / No

C. Questi	ons that are elicited for info	rmation and data coll	ection p	urposes
33.				
Previous F	listory:			
a. Date of	purchase of the vehicle by the Prop	poser: d d m m y y y .	У	
b. Whethe	r the vehicle was new or second ha	and at the time of purchase	? ☐ New	☐ Second
				Hand
c. Will the	vehicle be used exclusively for			
(i) Pri	vate, Social, Domestic, Pleasure &	Professional purpose?	☐ Yes	☐ No
(ii) Ca	rriage of goods other than samples	s or Personal luggage?	☐ Yes	☐ No
d. Is the ve	ehicle in good condition?		☐ Yes	☐ No
If NO, p	lease give details:			
e. Name a	nd Address of the previous insuran	nce company:		
f. Previou	s policy number:			
g. Period o	of Insurance : From	To		
C. Questi	ons that are elicited for info	rmation and data coll	ection p	urposes

Sr. No.		Year	No. of Claims	Claim Amount (RS.)			
1.							
2.							
3.							
	35. Driver Details						

D	etalis u	ii tiile	יווט	ei.
1	Does	the c	wno	r h

IRDAN150RP0034V01201213, IRDAN150RP0005V01201415, IRDAN150RP0005V01201819, IRDAN150RP0008V01201819, IRDAN150RP0008V01201819

a. Age & Date of Birth of the Owner: Age Yrs

Date of Birth: d d m m y y y y b. Age & Date of Birth of the Driver: Age Yrs

Date of Birth: d d m m y y y y c. Does the driver suffer from defective vision or hearing or any physical infirmity?

If YES, please give details of such infirmity: \_

d. 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:



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											V		u	CIIC	ı a		isu	1 (11)	CC 111
Driver'	e Na	ma.																	
Date o			t:																$-\parallel$
Loss /	Cost	(Rs	.):																
Circum	stan	ces	of A	ccide	nt/L	oss:													
Break in Insurance Declaration:  I/We hereby Déclare 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      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																			
covere any ad	ed by cide	vali nt.	d an	d eff	ectiv	e ins	surar	ice p	olicy	issu	ied l	by ar	ny ins	urer	/s, ha	ad N	OT r	net v	
(* Select	the a	appr	opria	te ch	neck	box	and	prov	ide r	elev	ant i	nforr	natio	n ag	ainst	sele	ected	l enti	y)
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"																			
Premiun	n Pay	/me	nt D	etail	s:														
☐ Chequ	ie		ema	nd D	raft		Cre	dit C	ard		Cas	h				_			
Instrume	nt Nu	ımbe	er (C	hequ	ne or	DD)	)												
Date	d	d	m	m	У	У	У	У											

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				
Amount (in Figures and Words)				
Insured Bank Details:				
Bank Name and Branch				
Bank A/C Number				
IFSC Code				

# 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"

## Declaration by the Insured

I/We hereby declare that the statements made by me/us in this Proposal Form are true to the best of my/our 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.

I/We also declare that any additions or alterations are carried out after the submission of this proposal form then the same would be conveyed to the Insurance Company immediately.

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 declare and confirm that the PUC certificate of the vehicle proposed for insu	rance
is valid as on date.	

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.
Place:
Proposer Name :
Proposer Sign :

### Prohibition of Rebates (Insurance Act-1938, Section 41)

- 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 of 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 in the policy, nor shall any person taking out of 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 which may extend to ten lac rupees

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