

Intermediary Details

IMD Name : _____

IMD Code : _____

MISP/POSP Name : _____

MISP/POSP Code : _____

PAN Card No. : _____

OR Aadhar Card No. : _____

A. Questions that are necessarily to be listed for granting the cover as per the Motor Vehicles Act-1988.

Personal Details	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 : _____																												
			Pin Code : _____ Telephone : _____ Fax Number : _____ Mobile No. : _____																												
			Mail ID : _____ GSTIN : <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																												
	3.	Occupation / Business																													
4.	Type of Cover	Liability Only Policy																													
5.	Period of Insurance	Policy Tenure : <input type="checkbox"/> 1 Year <input type="checkbox"/> 2 Years (Applicable for Two Wheelers only) <input type="checkbox"/> 3 Years (Applicable for Two Wheelers & New Private Car only) <input type="checkbox"/> 5 Years (Applicable for New Two Wheelers only) From <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>d</td><td>d</td><td>m</td><td>m</td><td>y</td><td>y</td><td>y</td><td>y</td></tr></table> Hrs on _____ To <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>d</td><td>d</td><td>m</td><td>m</td><td>y</td><td>y</td><td>y</td><td>y</td></tr></table> Hrs on _____		d	d	m	m	y	y	y	y	d	d	m	m	y	y	y	y												
d	d	m	m	y	y	y	y																								
d	d	m	m	y	y	y	y																								
6.	Period of Insurance for PA Owner Driver Cover	From Time: <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>h</td><td>h</td><td>m</td><td>m</td></tr></table> Date: <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>d</td><td>d</td><td>m</td><td>m</td><td>y</td><td>y</td><td>y</td><td>y</td></tr></table> To the Midnight of Date: <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>d</td><td>d</td><td>m</td><td>m</td><td>y</td><td>y</td><td>y</td><td>y</td></tr></table>		h	h	m	m	d	d	m	m	y	y	y	y	d	d	m	m	y	y	y	y								
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E Insurance Account No. : _____		I would like to open E Insurance Account with _____ Insurance Repository																													

Vehicle Specifications	7.	Registration Number of the Vehicle		
	8.	Date of Registration of the Vehicle		
	9.	Registering Authority and Location		
	10.	Year of Manufacture		
	11.	Engine Number		
	12.	Chassis Number		
	13.	Make of the Vehicle		
	14.	Model		
	15.	Type of Body		
	16.	Cubic Capacity of the Vehicle		
	17.	Seating Capacity including driver		
	18.	Whether the vehicle is driven by non-conventional source of power / CNG / LPG / Bi-Fuel? If yes, please give details.	Yes	No
	19.	Whether the use of vehicle is limited to own premises?	Yes	No
	20.	Whether the vehicle is used for commercial purpose?	Yes	No
	21.	Whether the vehicle is used for driving tuitions? (GR-44)		
	22.	Details of Hire Purchase / Hypothecation / Lease (IMT-5) / (IMT-7) / (IMT-6) a) Is the vehicle proposed for insurance is: (i) Under Hire Purchase? (ii) Under Lease Agreement? (iii) Under Hypothecation? If 'YES', give name and address of concerned party/parties (Note: Copies of R.C Book, Permit & Fitness Certificate should be submitted along with the proposal form)	Yes Yes Yes Yes	No No No No

23.	Third Party Risks: Death/Bodily Injury
Coverage for liability against Third Party Risks (Death or Bodily Injury) required in respect of:	
(i) Owner Driver only	Yes / No
(ii) Any person other than Paid Driver	Yes / No
If 'YES', give details of such other persons:	
1. _____	
2. _____	
3. _____	
<p>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].</p>	

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]

24.	Third Party Risks: TPPD (IMT-20)
Do you wish to have the statutory Third Party Property Damage (TPPD) liability of Rs. 6000/- only? Yes / No	
[For additional TPPD limits, please see Q. No. 25]	
25.	Third Party Risks: Liability to 'Employee' under W.C.Act-1923 (Compulsorily to be covered by M.V Act-1988)
Legal liability to persons employed in connection with operation of the vehicle who are 'workmen'. [The liability of the Employer under the Employees Compensation Act-1923 is covered under the Motor Vehicles Act-1988.]	
1) Drivers: (No. of persons: _____) 2) 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.	
For additional coverage, please refer to Q.No.26	

26.	Addl.: TPPD (GR-39)
<p>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</p> <p>[Refer to Q.No.23]</p>	

27.	Additional Liability to Employee (IMT-28)
<p>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</p> <p>Note: The additional liability under Common Law and Fatal Accidents Act in respect of employees who are Employees is covered under this endorsement.</p> <p>[Refer to Q.No.24]</p>	

32.	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			

33.	
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Previous History:

a. Date of purchase of the vehicle by the Proposer:

a	a	m	m	y	y	y	y
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b. Whether the vehicle was new or second hand at the time of purchase? ☐ New ☐ Second Hand

c. Will the vehicle be used exclusively for

(i) Private, Social, Domestic, Pleasure & Professional purpose? ☐ Yes ☐ No

(ii) Carriage of goods other than samples or Personal luggage? ☐ Yes ☐ No

d. Is the vehicle in good condition? ☐ Yes ☐ 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 _____

35.	Driver Details								
Details of the Driver:									
1. Does the owner has a valid driving licence? <input type="checkbox"/> Yes <input type="checkbox"/> No									
a. Age & Date of Birth of the Owner:	Age Yrs								
Date of Birth:	<table border="1" style="display: inline-table;"><tr><td>x</td><td>x</td><td>m</td><td>m</td><td>y</td><td>y</td><td>y</td><td>y</td></tr></table>	x	x	m	m	y	y	y	y
x	x	m	m	y	y	y	y		
b. Age & Date of Birth of the Driver:	Age Yrs								
Date of Birth:	<table border="1" style="display: inline-table;"><tr><td>x</td><td>x</td><td>m</td><td>m</td><td>y</td><td>y</td><td>y</td><td>y</td></tr></table>	x	x	m	m	y	y	y	y
x	x	m	m	y	y	y	y		
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: _____									
d. Has the driver ever been involved / convicted for causing any accident of loss? <input type="checkbox"/> Yes <input type="checkbox"/> No									
If YES, give details as under including the pending prosecutions:									

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, 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.

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