

## STANDARD PROPOSAL FORM FOR LIABILITY ONLY POLICY (For Private Cars / Two Wheelers)

### Intermediary Details

IMD Name : \_\_\_\_\_ IMD Code : \_\_\_\_\_  
 MISIP/POSP Name : \_\_\_\_\_ MISIP/POSP Code : \_\_\_\_\_  
 PAN Card No. : \_\_\_\_\_ OR Aadhar Card No. : \_\_\_\_\_

**(Mandatory to provide PAN Card No. or Aadhar Card No. in case of MISIP/POSP)**

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

#### A (I) Personal Details of Proposer/Owner

<b>Personal Details</b>	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 : _____			
	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 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Hrs on _____ To <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Hrs on _____			
6.	Period of Insurance for PA Owner Driver Cover	From Time: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Date: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> To the Midnight of Date: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
	*PAN Card No. : _____ Aadhar Card No. : _____ Fast tag Number _____ CKYCR No. _____				
	E Insurance Account No. : _____ I would like to open E Insurance Account with _____ Insurance Repository.				

#### A (II) Vehicle Details

<b>Vehicle Specifications</b>	7.	Registration Number of the Vehicle			
	8.	Date of Registration of the Vehicle			
	9.	Registering Authority and Location			
	10.	Year of Manufacture & Month			
	11.	Engine Number			
	12.	Chassis Number			
	13.	Make of the Vehicle			
	14.	Model			
	15.	Type of Body			
	16.	Cubic Capacity of the Vehicle & Kilowatt (KW)			
	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)	Yes	No	
	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	No	

#### A (III) Liability Section: Coverage

23.	<b>Third Party Risks: Death/Bodily Injury</b>
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. _____	
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.	<b>Third Party Risks: TPPD (IMT-20)</b>
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.	<b>Third Party Risks: Liability to 'Employee' under W.C.Act-1923 (Compulsorily to be covered by M.V Act-1988)</b>
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: _____) <b>Note :</b> 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 <b>Q.No.26</b>	

#### B. Questions that provide additional covers as per IMT Endorsements

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

27.	<b>Additional Liability to Employee (IMT-28)</b>
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 <b>Note:</b> 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]	

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 IRDA of India registration number: 150 • CIN: U66000MH2010PLC209656



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

29.	<b>Personal Accident Cover For Owner Driver</b>
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 : _____ <b>Note :</b> 1. Personal Accident cover for Owner Driver is compulsory for Sum Insured of Rs. 15,00,000/-. 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 licence.	

30.	<b>PA Cover for Named Occupants (IMT-15)</b>			
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.				
<b>Note:</b> 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.				

31.	<b>PA Cover for Un-Named Occupants (IMT-16)</b>
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): _____ <b>Note:</b> 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.	<b>Geographical Extension (IMT-1)</b>
Whether extension of geographical area to the following countries required? 1. Bangladesh <input type="checkbox"/> Yes <input type="checkbox"/> No      2. Bhutan 3. Maldives <input type="checkbox"/> Yes <input type="checkbox"/> No      4. Nepal 5. Pakistan <input type="checkbox"/> Yes <input type="checkbox"/> No      6. Sri Lanka <b>Note:</b> Presently the territory covered is geographical area of India. Extension of geographical area cover can be availed by use of this endorsement	

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

33.	Previous History: a. Date of purchase of the vehicle by the Proposer: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 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 d. Is the vehicle 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 _____
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**C. Questions that are elicited for information and data collection purposes**

34.	h. Claims lodged during the preceding 3 years:		
Sr. No.	Year	No. of Claims	Claim Amount (RS.)
1.	Expiring Year (1)		
2.	Expiring Year (2)		
3.	Expiring Year (3)		

35.	<b>Driver Details</b>
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: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> b. Age & Date of Birth of the Driver: Age _____ Yrs *Date of Birth: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 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: _____	

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

**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 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.

**Premium Payment Details:**  
 Cheque  Demand Draft  Credit Card  Cash  Online  
 Instrument Number (Cheque or DD)   
 Date

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

Additional Nominee details		
Mobile No.	Email Id	Bank Account
Present & Permanent Address		

**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 agree and consent to Insurance Company sending the policy documents to my registered email id and/or mobile number."

**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 initio and the premium paid shall be forfeited to the Company.

**I hereby declare and confirm that the PUC certificate of the vehicle proposed for insurance is valid as on date.**

"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."

Please give details, if you are politically exposed person or relative of politically exposed person, Please give details, if you are no profit organization.

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.

Date :       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.

UIN : IRDANI50RP0034V01201213, IRDANI50RP0005V01201415, IRDANI50RP0005V01201819, IRDANI50RP0008V01201819

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