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

PROPOSAL FORM

	ewal □ Rollover	•	licy No.)		Fast tag Number _	
: 1) Please complete the proposal form 2) Attach additional sheets if space gir	ven is insufficient					
3) The queries made/details stated be ermediary Details	low are the minimum requirement	is to be furnished by a prop	oser (The Company may see	k any other information a	s desired for underwriting purpose)	
Name :			IMD	O Code :		
ch Name :			Bra	nch Code :		
lame :			SM	Code :		
P/POSP Name :			MIS	P/POSP Code :		
Card No. :			OR Aad	thar Card No. :		
idatory to provide PAN Card No. o of Cover : ☐ Own Damage only		FINISP/PUSP)				
hicle Details						
Vehicle Make	Model	Variant	Year of Manufacture Month	Cubic Capacity	Seating Capacity/LCC (Includin Driver/Cleaner	g Body Type
sured Deciare Value			Non Electrical		CNG/LPG Kit	
Year For Vehicle R	s. Electrical	Accessories	Accessories Tra	illers / Side Car (If Any) (if not part of standard vehicle	Total IDV Rs.
1						
I On Covers" Selected: Deprecia						
e Cover Gap with Reg/Tax Charge						
ection Tyre Protect:Tyre Serial no. age to Battery SI	, Damage to Charger @ SI	Serial no.3 . Damage to	senai no.4 Property @ SI	Charger Liability F	_ ⊔ ⊏v Secure (Battery & Charge Protection @ SI	r Protection cov
ry Serial Number :	EV Secure Add-on exce	ss: Do you wish to take t	the EV Secure excess over	an above the compuls	ory excess for Battery & charger p	rotection cover
please mention the Excess amour	nt for :Damage to Battery / Cha	irger, Da				
ther you have opted for any Add on by please specify the Add on Covera		□ No				
le Registration No.			Colour of	f V ehicle		
ne No.			Chassis			
					1 m m V V V V	
of Registration					d m m y y y y	
r Chassis No. (if any) vehicle attached with any of the FI	eet? Vec No .No ef	vehicles attached with fl			mported Rated under : Zone A	□ ∠one B
e venicle attached with any of the Fi		vernoles attached with Th		Cubic Cap	acity:	
ncier Details: Hypothecation Ag		□ Lease Agreement		Body Type	e:	
e of Financier & Address :						
e of Insured : (Mr/Mrs/M/s/Dr)						
Card No. :		ard No. :		CKYCR No.		
surance Account No. :			urance Account with		Insurance	Repository
munication Address :						
	State :		City / District ·		Pin Code ·	
act Details : Mobile No. :		Reside	,			
il ID :		iteside	G:	etni.		
	y y y Business/O	Assumption (For Individu				
	business/O	ccupation (For individu	ual Customer)			
stration Address :						
other details :						
od of Insurance:						
Damage From Time: h	h m m Date: d	d m m y y y	Y To the Midnight of	Date: d d m r	n y y y y	
ons or classes of Person entitled to driv	e: Please refer overleaf. Any Limit	ations as to use of Motor v	ehicle: Please refer overleaf. Ir	n the event of dishonor of	Cheque(s), insurance cover provided	d under this docu
natically stands cancelled from inceptio	·		or not.			
nium Payment Details: 🗆 Cash 🗆 🤇	•		Insured Bank Details:			
nium Amount (including service t	ax):					
que / DD No.:						
uqe / DD Date:			IFSC Code:			
•	re than Rs. 25,000/-, the prop	poser is requested to p	rovide a cancelled cheque	of his/her bank acco	unt if the premium is not paid f	rom the same.
se the annualized premium is mo	Make & Model:		Year of Manf.:		IDV: _	
•						
ase the annualized premium is mo ails of Electrical Accessories					IDV:	
ase the annualized premium is mo ails of Electrical Accessories Details: ails of Non - Electrical Accessor Details:	ies Make & Model:		Year of Manf.:			
ase the annualized premium is mo ails of Electrical Accessories Details: ails of Non - Electrical Accessor Details: ails of Vehicle Type & Usage	Make & Model:		Year of Manf.: Break In Insuranc			
ase the annualized premium is motalls of Electrical Accessories Details: alls of Non - Electrical Accessor Details: alls of Vehicle Type & Usage tel Type of the vehicle Petrol Die	Make & Model: esel □ Any Other		Break In Insuranc	e Declaration and Undertake		
ase the annualized premium is motalis of Electrical Accessories Details: alls of Non - Electrical Accessor Details: alls of Vehicle Type & Usage el Type of the vehicle Petrol Die hether the Vehicle is driven by Non-	Make & Model: esel □ Any Other Conventional source of Power i	□ Yes □ No If Yes, please	Break In Insuranc "I/We hereby Declare " *That, the vehicle p	e Declaration and Undertake roposed to be insured	had, during the period in which it v	vas not covered
ase the annualized premium is moralls of Electrical Accessories Details: ails of Non - Electrical Accessor Details: ails of Vehicle Type & Usage el Type of the vehicle Petrol Die hether the Vehicle is driven by Non- details Bi-fuel CNG LPG Ex Ill the vehicle be exclusively used fo	Make & Model: esel Any Other Conventional source of Power of ternally Fitted Manufactured if r: a) Private, Social, Pleasure a	□ Yes □ No If Yes, please Fitted and Professional Purpose	Break In Insuranc "I/We hereby Declare "That, the vehicle p valid and effective ins	e Declaration and Undertake roposed to be insured urance policy issued b	had, during the period in which it v y any insurer/s, met with an accid	vas not covered
ase the annualized premium is moralls of Electrical Accessories Details: ails of Non - Electrical Accessor Details: ails of Vehicle Type & Usage el Type of the vehicle Petrol Die nether the Vehicle is driven by Non- details Bi-fuel CNG LPG Ex- till the vehicle be exclusively used fo s No b) Carriage of goods other the	Make & Model:	□ Yes □ No If Yes, please Fitted and Professional Purpose	Break In Insuranc "I/We hereby Declare "That, the vehicle p valid and effective ins ss more than once)	e Declaration and Undertake roposed to be insured surance policy issued b	had, during the period in which it v y any insurer/s, met with an accid e date/s with time if vehicle had m	vas not covered ent on et with an accid
ase the annualized premium is moralls of Electrical Accessories Details: ails of Non - Electrical Accessor Details: ails of Vehicle Type & Usage el Type of the vehicle Petrol Die hether the Vehicle is driven by Non- details Bi-fuel CNG LPG Ex Ill the vehicle be exclusively used fo	Make & Model:	□ Yes □ No If Yes, please Fitted and Professional Purpose	Break In Insurance "I/We hereby Declare " *That, the vehicle p valid and effective ins s more than once) " *That, the vehicle p	e Declaration and Undertake roposed to be insured urrance policy issued b (Add mor	had, during the period in which it v y any insurer/s, met with an accid	vas not covered ent on et with an accid vas not covered
•			Year of Manf.:		IDV:	

- Person \square Yes \square No If so, whether the same is endorsed as such by RTA? \square Yes \square No
- 8. Whether the vehicle is certified as Vintage Car by Vintage & Classic Car Club of India? $\ \square$ Yes
- 9. Whether the rally cover is required? \square Yes \square No
- 10. Whether the vehicle is fitted with Fibre Glass Tank? \square Yes \square No
- 11. Whether the vehicle belongs to the Embassy/Consulate of a foreign country? \square Yes \square No If so, is the Duty element is included in the IDV? \square Yes \square No
- 12. Whether insured is first registered owner of the vehicle? \square Yes \square No

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.

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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



Previous Insurance	Details		
Name and Address of P	revious Insurer		
Policy/Covernote no			
	age (Comprehensive) Po	licy □ Act only Policy □ (Others □ SOD
NCB*/Loading in expirin			
Claim lodged in last thre Year	Expiring Year (1)	Expiring Year (2)	Evenising Vees (2)
No. of Claims :	Expiring rear (1)	Expiring rear (2)	Expiring Year (3)
Claims Amount :			
	ne vehicle by the Propose	er.	1
	vas new or second hand		— P □ New □ Second Hand
3. Is the vehicle in good			
f NO, please give detail			
Has any insurer ever	declined/cancelled the in	surance of the proposed	d vehicle? □ Yes □ No
	d d m m y y y y		
	Claim Bonus on Renewal		
	th Anti - Theft Device whi		
	uestion is Yes, Please su		ne same.
	the Automobile Associati	on of India? □ Yes □ No	
f Yes, Please state :			
Name of Association :		Data of owning	
Membership No		Date of expiry: d	d m m y y y y
Driver's Detail			
I. Does the owner has a	valid driving licence?	Yes □ No	
	iven by: Registered Ow		
Name:	Relations		Age: □□ Yrs.
B. Does the driver suffer	from defective vision or		
Give details			•
1. Driver's qualification:		Oriver's experience: Oriver's experience:	Yrs.
5. Age & Date of Birth of	the Owner: AgeY e Driver: AgeYrs	rsDate of Birth:	
Age & Date of Birth of th	ie Driver: AgeYrs _	Date of Birth:	
	een involved / convicted f		of loss? □ Yes □ No
	nder including the pendin	ig prosecutions:	
Oriver's Name: Date of Accident:			
oss / Cost (Rs.):			
Circumstances of Accide	ent/Loss	-	
Inspection Details			
I. Does the vehicle star	nds fit for insurance? 🛭 ነ	/es □ No □ Self Inspecti	on
2. Inspection Reference			
Conducted on (Mention	Date & Time):		
Additional Coverage	e Details		
			-1 :
	eographical Area Extens		a insurance?
	□ Nepal □ Sri Lanka □ Nou wish to take the Volun		ave the compulsory
excess. If Yes please m		tary excess over an abo	we the compulsory
	□ Rs. 7,500 □ Rs. 15,00	10	
110. 2,000 110. 0,000	110.7,000 110. 10,00	0	
Third Party Insuran	ce Details		
Name of the Insurer			
reame of the moulet			
Policy Number			
1 Oney Humber			
Period of Insurance			
r criod or misurance			
	Additional Nor	ninee details	
Mobile No.	Email Id		ank Account
MODILE INU.	Elliali IU	В	ank Account
Present & Permanent			
Address			

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 request."

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

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

value as of reace.

I hereby declare and confirm that the "Mandatory Third Party Insurance" of the vehicle proposed for insurance is valid till

"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

I/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.

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. 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.

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

- 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.
- 2. Any person making default in complying with the provision/s of this section shall be punishable with fine, as may be prescribed under Insurance Act, 1938 or any amendment thereto for the time being in force.

For use by	Intermediary only	

Cover Note No. issued (if any)

Date of Issuance ddmmyyyyy Time o	of Issuance h h m m			
rom (Time) h h m m (Date) d d m m y y y y				
o the midnight of date ddmmyyyyy				
Premium Amount (in Rs.) :				
Bank Name :				
Cheque No. / DD No. / Cash :	Date			
For Office use only				
Customer ID :				
Proposal Number :				
Policy / Cover Note Number :				
Proposal Checked By :				
Date of Receipt:				
Date: d d m m y y y y Place:				
Proposer Name :	Proposer Sign:			

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