**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



## **PROPOSAL FORM** STAND-ALONE OWN DAMAGE POLICY FOR TWO-WHEELER

Proposal for :   New Vehicle	e □ Rollover □ Ren	ewal (LGIL P	olicy No .)						
Note: 1) Please complete the pr			ooxes whichever a	pplicable					
<ol> <li>Attach additional sheets</li> <li>The gueries made/deta</li> </ol>			ents to be furnishe	d by a pro	poser. (The Com	pany may see	k anv other informa	tion as desired for underwriting purp	ose.)
Intermediary Details				,	, , , , , , , , , , , , , , , , , , , ,	,,	,	<b>3</b>	,
MD Name :						IMD	Code :		
Branch Name : BM Name :							Code:		
/ISP/POSP Name :									
							nar Card No. :		
PAN Card No. : Mandatory to provide PAN Ca	erd No. or Aadhar Card	No in case of M	MISD/DOSD)			OK Aaui	iai Caid No		
Type of Cover: Own Dama		i No. III case oi iv	1131 /1 031 )						
Vehicle Details	go o,								
			Year of		Cubic			20/1	Body
Vehicle Make	Model	Variant	Manufacture & N	/lonth	Capacity	•	Seating Capacity/Li	CC (Including Driver/Cleaner)	Type
Insured Declare Valure					,				
Year	For Vehicle Rs.	Electrical Acce	ssories N	on Electric	al Accessories	Trailers / :	Side Car ( If Any )	CNG/LPG Kit (if not part of standard vehicle)	Total IDV Rs.
								(ii not part or standard verilole)	
"Add On Covers" Selected:	Depreciation Cover	r Consumable	Cover Road	Side Ass	istance Cover	Engine Saf	e Cover GAP	/alue SI □ EV Secure (Battery & C	narger Protection
								ability Protection @ SI	
								attery & charger protection cover '	,
f Yes please mention the Exces	-			_ , Damag	ge to Property _		Liberty Comple	te Assistance (Plan)	
Vhether you have opted for ar f yes, please specify the Add o			No						
/ehicle Registration No.						_ Colour of	Vehicle		
Engine No						Chassis N	do.		
-						_		d d m m y y y y	7
Place of Registration							_		
Frailer Chassis No. (if any)						_ Vehicle ty		Imported Rated under : Zor	ie A Zone B
s the vehicle attached with any	y of the Fleet? Yes	No No. of	vehicles attache	d with flee	et:		Cubic Ca	pacity:	
s the vehicle made in India?	Yes No Fina	ncier Details :	Hypothecation	Agreemer	nt Hire Purd	chase Le	ase Agreement	Body Type :	
lame of Financier & Address :									
lame of Insured : (Mr/Mrs/N	M/s/Dr)								
PAN Card No. :		Andhar	Card No. :				CKYCE No		
		_					CKTCKINO		
E Insurance Account No. : _			would like to op	en E Insu	rance Account	with		Insu	ance Repository
Communication Address :									
Area / Landmark : ————		State : _			- City / District :			Pin Code :	
Contact Details : Mobile No. :				- Reside	ence / Office :-				
Email ID :						G:	STIN:		
Date of Birth : d m	m y y y y	Pusinoss/C	Occupation (For I	ndividual	Customer)				
Date of Bitar .	3   3   3   3	business/C	occupation (For I	iluiviuuai	Customer)——				
Registration Address :									
O D F T	h h m m D-t-		m V V V		Ale - NAC-I-ColeA	. D-4-:	-l m m //		
5	h h m m Date		m y y y		the Midnight of				
								vent of dishonor of Cheque(s), in:	surance cover
provided under this document	•						on is sent or not.		
Premium Payment Details: (	Cash Cheque Dema	and Draft Credit	t Card Online	Insure	ed Bank Detai <b>l</b> s	:			
remium Amount (including se	rvice tax) :			_ Bank	Name and Brar	nch :			
Cheque / DD No. : Bank A/C No. :									
Cheuqe / DD Date :					Code :				
	n is more than Rs. 25	000/-, the propos	er is requested to				er bank account if	the premium is not paid from the	same.
•		, p. opoo		,		1		,	-
Details of Electrical Access	sories								
tem Details :	M	ake & Model :			Year	of Manf. : _		IDV :	
Details of Non-Electrical A									
em Details :	M	ake & Model : _			Year	of Manf.: _		IDV :	
Details of Vehicle Type and	Heann				Break In I	nsurance De	claration		
		er							
Fuel Type of the vehicle Petrol Diesel Any Other "I/We hereby Declare and Undertake".  Whether the Vehicle is driven by Non-Conventional source of Power Yes No If Yes, please "That the vehicle proposed to be insured had, during the period in which it was not covered."									
2. Whether the Vehicle is driven by Non-Conventional source of Power Yes No If Yes, please  *That, the vehicle proposed to be insured had, during the period in which it was not covered  give details Bi-fuel CNG LPG Externally Fitted Manufactured Fitted by valid and effective insurance policy issued by any insurer/s, met with an accident on									
3. Will the vehicle be exclusively				urposes		at		ite/s with time if vehicle had met with	
Yes No b) Carriage of good			ge Yes No		accident more	than once)			
Whether the vehicle is used for Commercial purposes? Yes No     Whether the vehicle is used for Driving tutions? Yes No			*That, the vehicle proposed to be insured had, during the period in which it was not covered						
6 Whether the vehicle is limited to own premises? Yes No			by valid and effective insurance policy issued by any insurer/s, had NOT met with any accident						
V. Whether the vehicle is specially designed for use of Blind/Handicapped/ Mentally Challenged  V. Whether the vehicle is specially designed for use of Blind/Handicapped/ Mentally Challenged  V. Whether the vehicle is specially designed for use of Blind/Handicapped/ Mentally Challenged  V. Whether the vehicle is specially designed for use of Blind/Handicapped/ Mentally Challenged  V. Whether the vehicle is specially designed for use of Blind/Handicapped/ Mentally Challenged  V. Whether the vehicle is specially designed for use of Blind/Handicapped/ Mentally Challenged  V. Whether the vehicle is specially designed for use of Blind/Handicapped/ Mentally Challenged  V. Whether the vehicle is specially designed for use of Blind/Handicapped/ Mentally Challenged  V. Whether the vehicle is specially designed for use of Blind/Handicapped/ Mentally Challenged  V. Whether the vehicle is specially designed for use of Blind/Handicapped/ Mentally Challenged  V. Whether the vehicle is specially designed for use of Blind/Handicapped/ Mentally Challenged  V. Whether the vehicle is specially designed for use of Blind/Handicapped/ Mentally Challenged  V. Whether the vehicle is specially designed for use of Blind/Handicapped/ Mentally Challenged  V. Whether the vehicle is specially designed for use of Blind/Handicapped/ Mentally Challenged  V. Whether the vehicle is specially designed for use of Blind/Handicapped/ Mentally Challenged  V. Whether the vehicle is specially designed for use of Blind/Handicapped/ Mentally Challenged  V. Whether the vehicle is specially designed for use of Blind/Handicapped/ Mentally Challenged  V. Whether the vehicle is specially designed for use of Blind/Handicapped/ Mentally Challenged  V. Whether the vehicle is specially designed for use of Blind/Handicapped/ Mentally Challenged  V. Whether the vehicle is specially designed for use of Blind/Handicapped/ Mentally Challenged  V. Whether the vehicle is specially designed for use of the Vehicle is specially designed for use of the Vehicle is specially									
Person Yes No If so, whether		d as such by RTA	? Yes No		to risk inception	n date and tim	e as mentioned in t	he Policy Document issued by Liber	ty General
Whether the rally cover is rec     Whether the vehicle is fitted a		Voc. No.						ents will be completely out of ambit	of said Policy and
Whether the vehicle is fitted	with Fibre Glass Tank?	res No			said Company	will not be in a	any manner liable c	r held responsible therefore.	

- 5. Whether the vehicle is used for Driving tutions ? Yes  $\,$  No
- 6. Whether the vehicle is limited to own premises? Yes No
- 7. 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. Whether the rally cover is required? Yes No
  9. Whether the vehicle is fitted with Fibre Glass Tank? Yes No
- 10. Whether the vehicle belongs to the Embassy/Consulate of a foreign country? Yes No If so, is the Duty element is included in the IDV? Yes No
- 11. Whether insured is first registered owner of the vehicle? Yes No

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.

V-17102024

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Email: care@libertyinsurance.in IRDA of India registration number: 150 • CIN: U66000MH2010PLC209656				
	Previous Insurar	ace Details		
		of Previous Insurer		
	licv/Covernote no			
Typ NC	pe of Cover: Pa B*/Loading in exp	ckage (Comprehensive) piring policy %	) Policy Act only Policy	Others SOD
	im lodged in last			
Y	⁄ear	Expiring Year (1)	Expiring Year (2)	Expiring Year (3)
١	No. of Claims :			
	Claims Amount :			
1.	Date of purchas	e of the vehicle by the F	Proposer: d d m m y	у у у
2.			I hand at the time of purc	hase?
	New Second			
3.	Is the vehicle in If No, please giv	good condition? Yes	No	
4.			the insurance of the pro	posed vehicle?
	Yes No			
5.			y y To d d m m y	у у у
		for No Claim Bonus on	Renewal? Yes No	
6.	* If yes, Please		ion which in approved by	ADAIO
0.	<ol> <li>Is the vehicle fitted with Anti - Theft Device which is approved by ARAI?         Yes No         If answer of the above question is Yes, Please submit the certificate for the same.</li> </ol>			ARAI?
				ate for the same.
7.	Are you a memb	er of the Automobile As	sociation of India? Yes	No
	If Yes, Please state :			
		ation :		
	Membership No	·	Date of expiry:	d m m y y y y
[	Driver's Detail			
1.	Does the owner	has a valid driving licen	ice? Yes No	
2.		rily driven by: Register		
	Name:		elationship:	Age : Yrs.
3.	<ol><li>Does the driver suffer from defective vision or hearing or any physical infirmity?</li><li>Yes No Give details</li></ol>			
4.			Driver's experience:	Yrs.
5.			Yrs Da	
	Age & Date of B	irth of the Driver: Age _	Yrs Da	ate of Birth:
6.			victed for causing any ac	
		•	ne pending prosecutions:	
	Driver's Name:			
	Date of Accident			

### Inspection Details Does the vehicle stands fit for insurance? Yes No Self Inspection

Inspection Reference No.

Conducted on (Mention Date & Time):

Circumstances of Accident/Loss

#### Additional Coverage Details

Bangladesh Bhutan Nepal 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. 500 Rs. 750 Ps. 400 Rs. 1,500 Rs. 3,000 Rs. 500 Rs. 750 Rs. 1,000

Third Party Insurance Details

Name of the Insurer	
Policy Number	
Period of insurance	

Additional Nominee details

Mobile No.	Email Id	Bank 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 hereby declare and confirm that the PUC certificate of the vehicle proposed for insurance is valid as on date.

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

"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

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.

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.

## phibition of Rebates (Section 41) of the Insurance

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 there to for the time being in force.

	For use by Intermediary only	
(	Cover Note No. issued (if anv)	

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