



**Previous Insurance Details**

Name and Address of Previous Insurer \_\_\_\_\_  
 Policy/Covernote no. \_\_\_\_\_  
 Type of Cover :  Package (Comprehensive) Policy  Act only Policy  Others  SOD  
 NCB\*/Loading in expiring policy %  
 Claim lodged in last three years:

Year	Expiring Year (1)	Expiring Year (2)	Expiring Year (3)
No. of Claims :			
Claims Amount :			

- Date of purchase of the vehicle by the Proposer: [d][d][m][m][y][y][y][y]
- Whether the vehicle was new or second hand at the time of purchase?  
 New  Second Hand
- Is the vehicle in good condition?  Yes  No  
 If No, please give details: \_\_\_\_\_
- Has any insurer ever declined/cancelled the insurance of the proposed vehicle?  
 Yes  No
- Policy Period; From [d][d][m][m][y][y][y][y] To [d][d][m][m][y][y][y][y]  
 Are you entitled for No Claim Bonus on Renewal?  Yes  No  
 \* If Yes, Please mention the %
- 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.
- Are you a member of the Automobile Association of India?  Yes  No  
 If Yes, Please state : \_\_\_\_\_  
 Name of Association : \_\_\_\_\_  
 Membership No. \_\_\_\_\_ Date of expiry: [d][d][m][m][y][y][y][y]

**Driver's Detail**

- Does the owner has a valid driving licence?  Yes  No
- Vehicle is primarily driven by:  Registered Owner  Any other  
 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Age :  Yrs.
- Does the driver suffer from defective vision or hearing or any physical infirmity?  
 Yes  No Give details \_\_\_\_\_
- Driver's qualification: \_\_\_\_\_ Driver's experience:  Yrs.
- Age & Date of Birth of the Owner: Age \_\_\_\_\_ Yrs Date of Birth: \_\_\_\_\_  
 Age & Date of Birth of the Driver: Age \_\_\_\_\_ Yrs Date of Birth: \_\_\_\_\_
- 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:  
 Driver's Name: \_\_\_\_\_  
 Date of Accident: \_\_\_\_\_  
 Loss / Cost (Rs.): \_\_\_\_\_  
 Circumstances of Accident/Loss \_\_\_\_\_

**Inspection Details**

- Does the vehicle stands fit for insurance?  Yes  No  Self Inspection
- Inspection Reference No.: \_\_\_\_\_  
 Conducted on (Mention Date & Time): \_\_\_\_\_

**Additional Coverage Details**

Do you wish to cover Geographical Area Extension under your proposed insurance?  
 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  Rs. 1,000  Rs. 1,500  Rs. 3,000

**Third Party Insurance Details**

Name of the Insurer	
Policy Number	
Period of insurance	

**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 "Mandatorhird 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 initio 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/We hereby declare that the premium for the said policy is paid out of the legally declared and assessed sources of my/our income."

I hereby agree to receive a one pager policy document.

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

- 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.
- 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 any) \_\_\_\_\_

Date of Issuance [d][d][m][m][y][y][y][y] Time of Issuance [h][h][m][m]

From (Time) [h][h][m][m] (Date) [d][d][m][m][y][y][y][y]

To the midnight of date [d][d][m][m][y][y][y][y]

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 \_\_\_\_\_