

Premium Payment details

Relation with Insured (If Insured other than Proposer) _____

Date _____ Premium Payment Option : Cheque DD EFT Debit Card Credit Card

Name Of Account Holder: _____

Bank Account No: _____ Bank Name: _____

IFSC Code:: _____ Branch Name: _____

Card Details : Master Visa Rupay

Card No : _____ Card Expiry Date : _____

In case of cancellation of policy, if premium were paid through credit card the refund amount would be credited to your Source bank account.

I wish : Any refund due on the premium payment / any payment/claims will be directly credited to my aforesaid Bank Account.

In case of cancellation of policy, if premium were paid through credit card the refund amount would be credited to your Source bank account.

Politically Exposed Person (PEP) : Areyou or any of the proposed applicants a PEP* or Family member/ Close relatives/Associates of PEPs*?

YES NO If yes, please give details (Nature of relationship and position held by PEP): _____

*"Politically Exposed Persons" (PEPs) are individuals who have been entrusted with prominent public functions by a foreign country, including the heads of States or Governments, senior politicians, senior government or judicial or military officers, senior executives of state-owned corporations and important political party officials.

For Individual - Details of Beneficial Owner

Sr. No	Name of Ultimate Beneficial Owner	Percentage(%)*	Remark, if any

For Non Individual - Details of Beneficial Owner

Mention the details of individual persons who has/have the Beneficial Ownership in the captioned entity:

Full Name	Date of Birth	Nationality	Address	% share holding	PAN	Politically Exposed Person (PED) Declaration
						<input type="checkbox"/> PEP <input type="checkbox"/> Family member/ <input type="checkbox"/> No <input type="checkbox"/> Close relatives/ <input type="checkbox"/> Associates to PEP
						<input type="checkbox"/> PEP <input type="checkbox"/> Family member/ <input type="checkbox"/> No <input type="checkbox"/> Close relatives/ <input type="checkbox"/> Associates to PEP

DETAILS OF THE PERSON(S) PROPOSED TO BE INSURED

SR.NO	Name	Date of birth	Gender M/F/TG	Relationship with proposer	Politically Exposed Person (Y/N)
1					
2					
3					
4					
5					
6					

Details of Electrical Accessories

Item Details : _____ Make & Model : _____ Year of Manf. : _____ IDV : _____

Details of Non-Electrical Accessories

Item Details : _____ Make & Model : _____ Year of Manf. : _____ IDV : _____

Details of Vehicle Type and Usage

- Fuel Type of the vehicle Petrol Diesel Any Other
- Whether the Vehicle is driven by Non-Conventional source of Power Yes No If Yes, please give details Bi-fuel CNG LPG Externally Fitted Manufactured Fitted
- Will the vehicle be exclusively used for: a) Private, Social, Pleasure and Professional Purposes Yes No b) Carriage of goods other than Samples or Personal Luggage Yes No
- Whether the vehicle is used for Commercial purposes? Yes No
- Whether the vehicle is used for Driving tuitions ? Yes No
- Whether the vehicle is limited to own premises? Yes No
- 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
- Whether the rally cover is required? Yes No
- Whether the vehicle is fitted with Fibre Glass Tank? Yes No
- 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
- Whether insured is first registered owner of the vehicle? Yes No

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 an 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'.

UIN: IRDANI50RP0002V01201920/A0018V01201920 IRDANI50RP0002V01201920/A0017V01201920 IRDANI50RP0002V01201920/A0016V01201920 IRDANI50RP0002V01201920/A0015V01201920
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 IRDANI50RP0002V01201920/A0002V01201920 IRDANI50RP0002V01201920/A0001V01201920

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o I/We desire to effect an insurance as described herein with the Company and I/We agree that this proposal and declarations shall be the basis of contract between me/us and the Company. I/We agree to accept a policy subject to the conditions prescribed by the Company.

o I/We further undertake that if this declaration is found to be incorrect, all benefits under the policy in respect of the Section I of the Policy will stand forfeited. The policy may however be continued at the sole discretion of, subject to payment of the amount payable as determined by the LIBERTY GENERAL INSURANCE LIMITED, resulting from the difference in the bonus / malus status. I affirm and undertake that I have read and understood the policy wordings, terms, conditions and exclusions governing the cover and agree to abide by them.

o I/We hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I/we undertake to inform you of any changes therein, immediately and not later than 30 days.

o In case any of the above information is found to be false or untrue or misleading or misrepresenting, I/We am/are aware that I/We may be held liable for it. Further, the Company has a right to cancel the insurance contract in case, I am/have been found guilty by any competent court of law under any statutes, directly or indirectly governing the prevention of money laundering.

o I hold a valid and effective PUC and/or fitness certificate, as applicable, for the vehicle mentioned herein and undertake to renew the same during the policy period.

o Sanction Limitation

Liberty General Insurance (LGI/Liberty™) will not be deemed to provide cover nor be liable to pay any claim or provide any benefit hereunder to the extent that the provision of such cover, payment of such claim or provision of such benefit would expose Liberty or its parent to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of India, the European Union, United Kingdom, United States of America or other applicable jurisdiction.

o I hereby give my consent to receive phone calls, SMS/E mail on the below mentioned registered number/ E mail address from / on behalf of Liberty General Insurance with respect to my insurance policy/regarding servicing of insurance policies/enhancing insurance awareness/ notifying about the status of Claim etc

o I Wish to avail physical policy document? Yes

o I agree to receive service related information from Liberty General Insurance and its service providers, through electronic and telecom modes including WhatsApp and further understand that no unsolicited information will be sent to me. The information/ data provided by me through this Proposal Form, to Liberty General Insurance and / or Liberty General Insurance authorized personnel / agency shall be stored by Liberty General Insurance, throughout the term of my relationship with Liberty General Insurance and used for the purpose relating to my proposal for insurance cover and/or servicing policies issued in my favour, whether by LGI (Liberty General Insurance) or its authorized partners. I also understand that the said storage is necessary for my consumption of the services and consent to not hold Liberty General Insurance and / or its authorized partners / agency personnel liable for legal utilization of the submitted information / data.

o I hereby give my/our consent to Liberty General Insurance to collect, use, process, and share my/our personal information for policy servicing, claim settlement quality, and data analysis purpose, which may be carried out by an empanelled third-party vendors

o I hereby consent to the collection, use and disclosure of my personal information for the assessment of this application and in accordance with Liberty General Insurance Privacy Notice ('Privacy Notice') available at <https://www.libertyinsurance.in/> which I have read, understood and agree to the contents of the Privacy Notice.

I/We hereby extend my/our consent to the Company for sharing my/our personal data with Liberty Insurance Group entities/affiliates for the specific purpose of claim settlement quality, data analysis purpose, reinsurance related services (please strike this clause in case you do not wish to disclose the personal data).

Proposer Name : _____

Proposer Sign : _____

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