

27.	Payment Details Premium Amount
Cheque No / EFT No _____	
Date: _____	Premium Payment Option : Cheque / DD / EFT / Debit Card / Credit Card: _____
Name Of Account Holder: _____	Bank Name: _____ Bank Account No: _____
Branch Name: _____	IFSC Code: _____
Card Details : Master / Visa / Rupay _____	
Card No : _____	Card Expiry Date : _____

28.	Bank Account Details for Process of Refund
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 <input type="checkbox"/> : Any refund due on the premium payment / any payment/claims will be directly credited to my aforesaid Bank Account.*	

B. Questions that provide additional covers as per IMT Endorsements

29.	Addl.: TPPD (GR-39)
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]v	

30.	Additional Liability to Employee (IMT-28)
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 Note: 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]	

31.	Liability to Employees who are not Employee (IMT-29)
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.	

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

33.	Personal Accident Cover For Owner Driver
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 : _____ Note : Personal Accident cover for Owner Driver is compulsory for Sum Insured of Rs. 15,00,000/-.	

Nomination Details/Appointee Details

	1 st Nominee	2 nd Nominee	3 rd Nominee	4 th Nominee
Nominee Name and Relationship				
Date of birth of nominee				
Percentage of nominee	(%)	(%)	(%)	(%)
Mobile no. of nominee				
Email id of nominee				
Present and Permanent address of Nominee				
Bank Account Details:				
Beneficiary Name:				
Bank Name:				
Bank Account Number:				
IFSC CODE				
MICR NUMBER				
BRANCH				

If the Nominee is Minor, Name and Address of Appointee and relationship with Minor.

Appointee Name if in case of Minor Nominee	
Appointee Relationship if in case of Minor Nominee	

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 license.

34.	PA Cover for Named Occupants (IMT-15)			
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.				
Note: The maximum CSI available per person is Rs.2 Lakhs in case of Commercial Vehicles)				

e. Name and Address of the previous insurance company:
 f. Previous policy number: _____
 g. Period of Insurance : From _____ To _____

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 [d] [m] [y] at [h] [m] [m] (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

Insurance Act,1938, Section 41-Prohibition of Rebates

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 prospectuses or tables of the Insurer

Any person making default in complying with the provisions of this section shall be liable for a penalty, which may extend to Ten Lakh rupees.

Proposer Name : _____

Proposer Sign : _____

35.	PA Cover for Un-Named Occupants (IMT-16)
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): _____ Note: 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.	

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

Liberty General Insurance Limited

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IRDA of India registration number: 150 • CIN: U66000MH2010PLC209656



UIN : IRDANI50RP0034V01201213

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 / agen 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 : _____

UIN : IRDANI50RP0034V01201213, IRDANI50RP0005V01201415,
IRDANI50RP0005V01201819, IRDANI50RP0008V01201819

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