

# PROPOSAL FORM TWO WHEELER PACKAGE POLICY

Proposal for : New Vehicle Rollover	🛛 Endorsement 🗔 Renewal	(LGIL Policy No.)

IMD Name :	Comprehensive)       Polic         Model	rd No. in case of MISF y for 1 year Pa Variant Man Electrical Accessories Consumable Cov Loss of persona	P/POSP) ackage (Compref Year of ufacture & Month	hensive) Polic	OR cy for 3 ye Gross Ve For Goo	IMD Code : Branch Code : SM Code : MISP/POSP Code A Aadhar Card No. : · ears Bund Ied ehicle Weight (GVW) ods carrying V ehicle	: Cover (1 y		à 3 years Th LCC
SM Name : MISP/POSP Name : PAN Card No. : (Mandatory to provide PAN Type of Cover :   Package Vehicle Details Vehicle Details Vehicle Make  Insured Declare Value Year 1 "Add On Covers" Selected: Key Loss Cover IDV : NCB Slab   NCB Protection Damage to Battery @ SI Battery Serial Number : If Yes please mention the Exc Tyre Protect Tyre Serial Whether you have opted for If yes, please specify the Add Vehicle Registration No	Comprehensive)       Polic         Model	rd No. in case of MISF y for 1 year Pa Variant Man Electrical Accessories Consumable Cov Loss of persona	P/POSP) ackage (Compref Year of ufacture & Month	hensive) Polic	OR cy for 3 ye Gross Ve For Goo	SM Code : MISP/POSP Code & Aadhar Card No. : - ears  Bund Ied ehicle Weight (GVW)	: Cover (1 ye	ear Own Damage & Seating Capacity/L	& 3 years Th LCC
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Key Loss Cover IDV : NCB Slab NCB Protection Damage to Battery @ SI Battery Serial Number : If Yes please mention the Exco     Tyre Protect Tyre Serial Whether you have opted for fyes, please specify the Add Vehicle Registration No	- NCB one Slab down , Damage to C EV S ss amount for :Damage	Loss of persona	er 🗌 Passen						
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Whether you have opted for If yes, please specify the Ado Vehicle Registration No.							unpiete Assi	isiance (Plan	)
If yes, please specify the Add Vehicle Registration No.				nal no.4	Seria				
0	on Coverage's	•							
Engine No.									
Place of Registration ——									
Trailer Chassis No. (if any)					Veł	hicle type 🗌 Indiger	nous 🗆 Imp	ported Rated und	er : 🗌 Zon
Is the vehicle attached with a		No No. of vehi	cles attached w	ith fleet :			CC / KŴ	V :	
Is the vehicle made in India?									
inancier Details : 🗌 Hypo		Hire Purchase	_ease Agreemer	nt Body Type :			-		
Name of Financier & Add									
Name of Insured : (Mr/Mr	· · · · · · · · · · · · · · · · · · ·								
*PAN Card No. :		Aadhar Card N							
E Insurance Account No. :		I would	like to open E	Insurance Ac	count with				- Insuranc
Communication Address									
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Contact Details : Mobile	0.:		Re	sidence / Offic					
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Registration Address :									
Any other details :									
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Please give details of no	ination:					<u> </u>			
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Particulars	lame of Passenger	Name of Nom Exisiting Nom	inee/ (	In case of char	nge Ag	ge Relationship		f Appointee ee is a minor)	Relation the n
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For PA to owner Driver For PA to Named									
Passenger									
	(In case of mor	e than 1 named passer				format on a separat	e sheet)		
	<b></b>			Nominee de	tails				
Mobile No.	Email Id			Present & Peri		Junea		-	nk Account

Insurance is the subject matter of the solicitation. Trade Logo displayed above belongs to Liberty Mutual and used by the Liberty General Insurance Limited under license.

Toll Free No: 1800 266 5844

Details of Non-Electrical Accessories

Make & Model: \_\_\_\_

Item Details:

Trailer IDV Trailer Towed :

Year of Manf .: \_\_\_\_

\_\_ IDV: \_\_

### 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@libertvinsurance.in

IRDA of India registration number: 150 • CIN: U66000MH2010PLC209656

# Details of Vehicle Type and Usage

- Fuel Type of the vehicle Petrol Diesel Battery Any Other 1
- Whether the Vehicle is driven by Non-Conventional source of Power 
  Yes 
  No If Yes, 2.
- please give details Bi-fuel CNG LPG Externally Fitted Manufactured Fitted Will the vehicle be exclusively used for: a) Private, Social, Pleasure and Professional 3. Purposes 
  Yes No b) Carriage of goods other than Samples or Personal Luggage Yes 🗌 No
- Whether the vehicle is used for Commercial purposes?  $\Box$  Yes  $\Box$  No
- 6.
- Whether the vehicle is specially designed for use of Blind/Handicapped/ Mentally Challenged Person  $\Box$  Yes  $\Box$  No If so, whether the same is endorsed as such by RTA? Yes No
- Whether the rally cover is required?  $\Box$  Yes  $\ \Box$  No 8.
- Whether the vehicle is fitted with Fibre Glass Tank?
- Whether the vehicle belongs to the Embassy/Consulate of a foreign country?  $\Box$  Yes  $\Box$  No If so, is the Duty element is included in the IDV?  $\Box$  Yes  $\Box$  No
- 11. Whether insured is first registered owner of the vehicle? 
  Yes No

## Previous Insurance Details

# Name and Address of Previous Insurer

IRDANISORPODOTVOIZO1213 AGODOTVOIZO1516, IRDANISORPODOTVOIZO1213 AGODOTVOIZO1515 IRDANISORPODOTVOIZO1819, AGODORAVOIZO1818, IRDANISORPODOTVOIZO1819, AGODOTVOIZO1819 I.RDANISORPODOZVO1Z01516, ISAQODORAVOIZO1201819, IRDANISORPODOTVOIZO1819, AGODIAVO1Z20181 I.RDANISORPODOZVO1Z01516, ISAQODORVOIZOZ23, IRDANISORPODOTVOIZO1819, AGODIAVO1Z20221, I.RDANISORPODOZVO1Z016 FISAQODORVOIZOZ23, IRDANISORPODOTVOIZO1819, AGODIAVO1Z20221, I.RDANISORPODOZVO1Z016 FISAQODORVOIZOZ23, IRDANISORPODOTVOIZO1819, AGODIAVO1Z20221, I.RDANISORPODZVOIZO16 FISAQODORVOIZOZ23, IRDANISORPODOTVOIZO1819, AGODIAVO1Z20221, I.RDANISORPODZVOIZO16 FISAQODORVOIZOZ23, IRDANISORPODVIVOIZO123, SIADOIVVOIZO223, IRDANISORPODVIVOIZO123, IRDANISORPODVIVOIZO123, IRDANISORPODVIVOIZO123, IRDANISORPODVIVOIZO223, IRDANISORPODVIVOIZO23, IRDANISORPODVIVOIZO223, IRDANISORPODVIVOIZO223, IRDANISORPODVIVOIZO23, IRDANISORVOXISORVOXIVOIZO23, IRDANISORPODVIVO

Policy/Covernote no.

Type of Cover: 
Package (Comprehensive) Policy 
Act only Policy 
Others 
SOD 

IRP0002V02201516. IRDN150RP0007V02201819. IRDN150RP0007V01201213. IA0013V01201213. IRDN150RP0001V01201213. IA0016V01201213. IA0016V01201213. IA0017V0120131516. IRDN150RP0002V01201516. IRDN150RP0022V01201516. IRDN150RP0022V01201216. IRDN150RP0022V01201516. IRDN150RP0022V01201216. IRDN150RP0022V01201216. IRDN150RP0022V01201216. IRDN150RP0022V01201216. IRDN150RP0022V01201216. IRDN150RP0022V01201216. IRDN150RP002V0120221. IRDN150RP0022V01201216. IRDN150RP002V0120221. IRDN150RP002V0120221. IRDN150RP002V01201216. IRDN150RP002V01201218. IRDN150RP002V0120221. IRDN150RP002V01201216. IRDN150RP002V01201218. IRDN150RP002V01201218. IRDN150RP002V0120121. IRDN150RP002V01201216. IRDN150RP002V0120221. IRDN150RP002V01201216. IRDN150RP002V0120221. IRDN150RP002V01201218. IRDN150RP002V01202128. IRDN150RP002V0120218. IRDN150RP002V0120218. IRDN150RP002V0120218. IRDN150RP002V01201218. IRDN150RP002V01201218. IRDN150RP002V01201218. IRDN150RP002V01201218. IRDN150RP002V01201228. IRDN150RP002V012012	Claim lodged in last			
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007 008 008 010	Claims Amount :			
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	3. Is the vehicle in	good condition?   Yes	🗆 No	
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RP( RP( RP( RP( RP( RP( RP( RP( RP( RP(		r ever declined/cancelled	the insurance of the pro	posed vehicle?
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3 /A 13/6/ 13/9 19/9	Name of Assoc	iation :		
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AN15 AN14 AN14 AN14 AN14		suffer from defective visi ive details	on or nearing or any phy	sical mirmity?
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13,IF 516, 319,I 223,I				
2012 2018 2018 2020		Birth of the Owner: Age of Birth of the Driver: Age		
0120 0120 0120 0120		ever been involved / conv	icted for causing any ac	cident of loss?
13V 042 011 003	☐ Yes ☐ No	ioilo oo undorin oludin a th	o ponding propositions	
8/40 8/40	Driver's Name:	tails as under including th	e pending prosecutions.	
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120.12	Loss / Cost (Rs			
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100000000000000000000000000000000000000	Inspection Det			
ORP ORP		le stands fit for insurance	? 🗆 Yes 🗆 No	Self Inspection
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	Additional Cov			
16,11 16,11 23,15		cover for Paid Driver, C	leaners and Conducto	rs? Ves No
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012 012 012 012 012 012 012 012 012 012		3hutan 🗌 Nepal 🗌 Sri L		
7700 04 02 02 02 02 02	Voluntary excess: excess. If Yes please	Do you wish to take the \	/oluntary excess over ar	above the compulsory
A00 A00		. 750 🗌 Rs. 1,000 🗌	Rs. 1.500 Rs. 3.00	)
516/ 516/ 516/ 213/		named PA Cover		-
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6,IF 0007 0012 0017	2 Do you wish to	Sum Insured cover Legal liability towar	Name	_ Sum Insured
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150 150 150 150		assengers (No. of Person		
DAN	c) Other emplo	yees (No. of Persons	])	🗌 Yes 🗌 No
6,IRI 9,IRI 9,IRI		r/Airman employed as Dr have the statutory Third I		TPPD) liability of
50RF 151 1819 2021 2021		/? (IMT 20)   Yes   No		(TTT D) hability of
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800 100 100 100	Name	CSI		Relationship
13.1 000 000 000		rides additional Third Part for Two Wheelers and Rs		
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01V 01V 01V 07V 07V		the Motor Vehicles Act-19 persons: ) Emplo		persons:)
P00		or Vehicles Act-1988 und		
50R 50R 50R 50R	who are workm	en within the meaning of	the Workmen's Compen	sation Act-1923.)
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UNI-IRDAN150RP0001V02201213, IRDAN150RP0 1011510510510510510510510510510510510510		etails of such other perso		
	-			
		g Passengers (No. of per		on for the owner of the
	INULE. I. SECTIO	n146 of Motor Vehicles Ad	Je i 300 makes it manûat	ory for the owner of the

Note: 1. Section146 of Motor Vehicles Act-1988 makes it mandatory for the owner of the vehicle to ensure that he or any other person authorized by him to drive a vehicle in public place has insurance against third party risks. The explanation to Section146 exempts the



paid driver.) 2. As per Section 147 (2)(a) The liability is 'as incurred' in the case of death/ bodily injury of a third party)

Any other Coverage details

#### 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 on  $\exists$  c m m y y y y at [n, h, m, m] (Add more date/s with time if vehicle had met with an accident more than once)

In accident more than once)
In the second secon 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.

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 ann/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 agree and consent to Insurance Company sending the policy documents to my

Tagree 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 becaused."

# 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.
- I hereby confirm having a valid personal accident policy for sum Insured of minimum Rs.15 lakhs.

# 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 which may extend to ten lakh Rupees. 2.

### 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

Period of Insurance for Package Policy of 1 year & 3 years:
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
Period of Insurance for Bundled Cover :
Section I - Own Damage: 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
Section II - Liability : 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 : \_

# 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 :

www.libertyinsurance.in

Proposer Sign :

Date d d m m y y y y

V-21102024