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

Liberty General Insurance

STANDARD PROPOSAL FORM FOR LIABILITY ONLY POLICY

(For Commercial Vehicles other than Motor Trade Internal Risks Policies)

Intermediary Details

IMD Name : _____ IMD Code : _____
MISP/POSP Name : _____ MISP/POSP Code : _____
PAN Card No. : _____ OR Aadhar Card No. : _____
Product Name: _____ **Product Code:** _____
SM Name: _____ **SM Code:** _____
Agent /Broker Name : _____

(Mandatory to provide PAN Card No. or Aadhar Card No. in case of MISP/POSP)

A. Questions that are necessarily to be listed for granting the cover as per the Motor Vehicles Act-1988.

Business type - ☐ New Business ; ☐ Rollover ; ☐ Renewal ; ☐ Endorsement ☐ Others (Please Specify) _____

A (I) Personal Details of Proposer/Owner

	Type of Customer :	☐ Individual ☐ Government Co ☐ Public Co ☐ Pvt Co ☐ Partnership Firm/LLP ☐ HUF ☐ Trust ☐ Cooperative Society ☐ Section 8 Co. ☐ Others (Please Specify) _____ Whether Proposer /insured is a Non Profit Organization ☐ Yes ☐ No If NPO, Please provide Darpan Registration No : _____ Emailld : _____ Mobile No : _____ Office No : _____
1.	Proposer Name (individual) / Name of Organisation	Name : FIRST _____ MIDDLE _____ LAST _____ Name of Organisation : _____ Gender : ☐ Male ☐ Female ☐ Other _____ Maritial Status : ☐ Married ☐ Unmarried Proposer DOB (Individual)/ Date of Incorporation DOB : d d m m y y y y DOI : d d m m y y y y
2.	Permanent Address / GST Regd Address or Corporate Office Add	_____ _____ _____ District : _____ City : _____ Pin Code : _____ State : _____ Country : _____
3.	Present Address:	Is your present address same as permanent address ? Yes ☐ No ☐ If No please state your present address along with _____ _____ District : _____ City : _____ Pin Code : _____ State : _____ Country : _____
4.	Occupation (Source Of Funds)	☐ Salaried , ☐ Professional , ☐ Self Employed , Other (Please specify) _____ Nature of Business / Work _____ I/We hereby confirm that all premiums have been/will be paid from bonafide sources and no premiums have been/will be paid out of proceeds of crime related to any of the offence as listed in Prevention of Money Laundering Act, 2002 & its subsequent amendments thereof I understand that the Company has the right to call for documents to establish sources of funds. Annual Income: ☐ Less than 5 Lacs ; ☐ Between 5 - 10 Lacs ; ☐ Between 10 - 20 Lacs ; ☐ 20 Lacs and above
5.	Type of Cover	Liability Only Policy
6.	Period of Insurance	Policy Tenure : ☐ 1 Year From d d m m y y y y Hrs on _____ To d d m m y y y y Hrs on
7.	Nationality & Residential Status to be sought:	Nationality: ☐ Indian ☐ Others (please specify) _____ Residential Status: ☐ Resident Indian ; ☐ Non Resident Indian ; ☐ Other: _____

PAN _____ ☐ Form 60 : (If PAN Not available) Aadhaar/ Driving License/Election Card/Passport/MNREGA Card No. ☐☐☐☐☐☐☐☐☐☐☐☐

GST No (If Applicable) : _____ Relation with Insured (If Insured other than Proposer): _____

My CKYC No. (Central Know Your Customer Registry Number), (if available): _____
I,_____, hereby grant explicit consent to Liberty General Insurance Company for the retrieval and downloading of my CKYC record from the Central KYC Records Registry. I understand that this information is essential for the purpose of ensuring accurate and updated records for insurance services. I acknowledge that Liberty General Insurance Company will handle my CKYC information in compliance with all applicable data protection laws and regulations. This consent is valid until revoked in writing by me. I have read and understood the terms and conditions regarding the usage of my CKYC information and voluntarily provide my consent.

Differently Abled Status ☐ Type of Impairment _____ Percentage of Impairment _____ UDID (Unique Disability ID) Number _____
E Insurance Account No. : _____ I would like to open E Insurance Account with _____ Insurance Repository

Politically Exposed Person (PEP) : Are you 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.

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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
						☐ PEP ☐ Family member/ Close relatives/ Associates to PEP ☐ No
						☐ PEP ☐ Family member/ Close relatives/ Associates to PEP ☐ No

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					

A (II) Vehicle Details

Vehicle Specifications	6.	Registration Number of the Vehicle		
	7.	Date of Registration of the Vehicle		
	8.	Registering Authority and Location		
	9.	Year of Manufacture & Month		
	10.	Engine Number		
	11.	Chassis Number		
	12.	Make of the Vehicle		
	13.	Model		
	14.	Type of Body		
	15.	Gross Vehicle Weight (GVW) & Cubic Capacity (C.C) & Kilowatt (KW)		
	16.	Max. licensed carrying capacity (No. of Passengers) in case of Passenger Carrying Vehicles?		
	17.	Whether the vehicle is driven by non- conventional source of power / CNG / LPG / Bi-Fuel? If yes, please give details.	Yes	No
	18.	Whether the use of vehicle is limited to own premises?	Yes	No
	19.	Whether the commercial vehicle is also used for private purposes (excluding use for hire or reward)?	Yes	No
	20.	Whether the vehicle is used for driving tuitions? (GR-44)	Yes	No
	21.	Details of Hire Purchase / Hypothecation / Lease (IMT-5) / (IMT-7) / (IMT-6) a) Is the vehicle proposed for insurance is: (i) Under Hire Purchase? (ii) Under Lease Agreement? (iii) Under Hypothecation? If 'YES', give name and address of concerned party/parties (Note: Copies of R.C Book, Permit & Fitness Certificate should be submitted along with the proposal form)	 Yes Yes Yes Yes	 No No No No

A (III) Liability Section: Coverage

	22.	**Third Party Risks: Death/Bodily Injury**

Coverage for liability against Third Party Risks (Death or Bodily Injury) required in respect of:
(i) Owner Driver only Yes / No (ii) Any person other than Paid Driver Yes / No
If 'YES", give details of such other persons:
1. _____
2. _____
3.
(iii) Non fare Paying Passengers (No. of persons: _____)

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].

	23.	Third Party Risks: TPPD (IMT -20)

Do you wish to have the statutory Third Party Property Damage (TPPD) liability of Rs. 6000/- only? Yes / No
[For additional TPPD limits, please see Q.No. 25]

	24.	**Third Party Risks: Liability to 'Workmen' under W.C.Act-1923 (Compulsorily to be covered by M.V Act-1988)**

Legal liability to persons employed in connection with operation of the vehicle who are 'workmen'. [The liability of the Employer under the Workmens' Compensation Act-1923 is covered under the Motor Vehicles Act-1988.]
1) Drivers: (No. of persons: _____) 2) Employees (Workmen): (No. of persons: _____)
Note : The Motor Vehicles Act-1988 under Sec.147(1)(ii)(i) covers liability to employees who are workmen within the meaning of the Workmen's Compensation Act-1923.
For additional coverage, please refer to Q.No.26

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25. Payment Details Premium Amount

Cheque No / EFT No: _____
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 : _____

26. 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 ☐ : 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

27. Addl.: TPPD (GR-39)

The Policy provides additional Third Party Property Damage liability limit of Rs.7,50,000/- for commercial vehicles.
Do you wish to cover the additional limit? Yes / No
[Refer to Q.No.23]

28. Additional Liability to Workmen (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 workmen is covered under this endorsement.
[Refer to Q.No.24]

Break in Insurance Declaration:

I/We hereby Déclare 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 d m m y y y y at h 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 require 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.

29. 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.

30. 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

	1st Nominee	2nd Nominee	3rd Nominee	4th 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 Realtionship 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 no hold an effective driving license.

Below bank details field not added:

Account Holder Name: _____ Bank Name: _____
Bank Ac no : _____ IFSC Code : _____
MICR No : _____ Branch : _____

Declaration:

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.

31. 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)

32. 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 Commercial Vehicles)

33. Geographical Extension (IMT-1)

Whether extension of geographical area to the following countries required?

1. Bangladesh	☐ Yes	☐ No	2. Bhutan	☐ Yes	☐ No
3. Maldives	☐ Yes	☐ No	4. Nepal	☐ Yes	☐ No
5. Pakistan	☐ Yes	☐ No	6. Sri Lanka	☐ Yes	☐ No

Note: Presently the territory covered is geographical area of India. Extension of geographical area cover can be availed by use of this endorsement

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C. Questions that are elicited for information and data collection purposes

34.

Previous History:

a. Date of purchase of the vehicle by the Proposer: d d m m y y y y

b. Whether the vehicle was new or second hand at the time of purchase? ☐ New ☐ Second Hand

c. Will the vehicle be used exclusively for

(i) Private, Social, Domestic, Pleasure & Professional purpose? ☐ Yes ☐ No

(ii) Carriage of goods other than samples or Personal luggage? ☐ Yes ☐ No

Driver's Name:	
Date of Accident:	
Loss / Cost (Rs.):	
Circumstances of Accident/Loss:	

☐ I hereby agree to receive a one pager policy document.

☐ I hereby confirm having a valid personal accident policy for sum Insured of minimum

Date : d d m m y y y y Place : _____

Proposer Name : _____

Proposer Sign : _____

Note: Denial of "Third Party Liability Only Cover by Insurer, for reasons other than fraud/misrepresentation by proposer, will antal Regulatory action

C. Questions that are elicited for information and data collection purposes

35.

d Is the vehicle is in good condition? ☐ Yes ☐ No

If NO, please give details:

e Name and Address of the previous insurance company:

f Previous policy number: _____

g Period of Insurance : From _____ To _____

h Claims lodged during the preceding 3 years:

Sr. No.	Year	No. of Claims	Claim Amount (RS.)
1.	Expiring Year (1)		
2.	Expiring Year (2)		
3.	Expiring Year (3)		

36. Driver Details

Details of the Driver:

1. Does the owner has a valid driving licence? ☐ Yes ☐ No

a. Age & Date of Birth of the Owner: Age Yrs

*Date of Birth: d d m m y y y y

b. Age & Date of Birth of the Driver: Age Yrs

*Date of Birth: d d m m y y y y

c. Does the driver suffer from defective vision or hearing or any physical infirmity?

☐ Yes ☐ No

If YES, please give details of such infirmity: _____

Rs.15

Declaration:

o Declaration when the proposal form is filled by a person other than the proposer/ the proposer signs in a vernacular language/ proposer is illiterate or disabled

I hereby declare that I have read out and explained the content of this proposal form and all other connected documents incidental to availing the insurance policy from Liberty General Insurance Ltd. to the proposer and that he/ she confirmed that he/ she has understood the same and that he/ she agrees to abide by all the terms & conditions of the same.

I hereby declare that I have fully explained to the proposer the answers to the questions that form the basis of the contract of insurance have also explained the contents in this form to the proposer in_____ language, that I have truly and correctly recorded the answers given by the proposer and that the proposer has affixed his/ her thumb impression on the proposal form in my presence, after fully understanding the contents thereof. Further, this declaration does not confirm issuance of policy or assumption of risk there of.

I hereby state that the contents of the form and documents have been fully explained to me and that I have fully understood the significance of the proposed contract.

Name of Proposer: _____
Signature of Proposer: _____
Date: _____
Relationship with Proposer: _____
Address of Witness: _____

Name of Witness: _____
Signature of Witness: _____
Place: _____

o I/We hereby agree that this declaration shall form the basis of the contract between me/us and "LIBERTY GENERAL INSURANCE LIMITED" I/We also declare that if any additions or alterations are carried out after the submission of this proposal form, then the same would be conveyed to the insurers immediately.

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.

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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 :** _____