Liberty Videocon General Insurance Company Limited
10th Floor, Tower A, Peninsula Business Park,
Ganpatrao Kadam Marg, Lower Parel, Mumbai - 400 013
Phone: +91 22 6700 1313 Fax: +91 22 6700 1606
Email: care@libertyvideocon.com
IRDA registration number: 150 ● CIN: U66000MH2010PLC209656

Liberty Videocon General Insurance

PROPOSAL FORM
TWO WHEELER INSURANCE POLICY

Note: *1) Please complete the proposal form in BLOCK LETTERS and tick boxes whichever applicable*
2) Attach additional sheets if space given is insufficient
3) The queries made/details stated below are the minimum requirements to be furnished by a proposer. (The Company may seek any other information as desired for underwriting purpose.)

Intermediary Details

Name of the intermediary _____ Code _____
Intermediary Contact Details _____ Branch _____ Code _____

Sales Manager Details

Name of Sales Manager _____
Code _____ Vertical _____

Proposal Details

Proposal for : ☐ New Vehicle ☐ Rollover ☐ Endorsement ☐ Renewal

Type of Cover :
☐ Package (Comprehensive) Policy ☐ Package (Act & Theft) Policy ☐ Package (Act, Theft and Fire) Policy ☐ Act only Policy ☐ Package (Fire & Theft) Policy

Proposer's Details (Name and address for Communication)

Insured / Business Name: ☐ Mr ☐ Mrs ☐ Ms ☐ M/s. ☐ Dr

Contact Person Name : _____ (to be specified in case of corporate customer)
Address for Correspondence : _____
City : _____ State : _____
Area : _____ Pin Code : _____
Contact Number : (a) Residence : _____ (b) Mobile : _____
E-mail Address : _____
Fax Number : _____ Date of Birth : d d m m y y y y Gender : ☐ M ☐ F
Business / Occupation (For individual customers only) : _____ (Please mention)

Registration Address

City : _____ State : _____
Area : _____ Pin Code : _____

Details of Vehicle :

Registration Number : _____ Date of Registration : d d m m y y y y
Registering Authority and Location : _____ Rated under : ☐ Zone A ☐ Zone B
Year of Manufacture : _____ Engine Number : _____ Chassis Number : _____
Make of Vehicle : _____ Model of Vehicle : _____ Cubic Capacity : _____
Seating Capacity Including Driver : _____ Vehicle Colour : _____ Body Type : _____

Fuel Type : ☐ Petrol ☐ Diesel ☐ Other Please specify _____

Is the vehicle attached with any of the Fleet? ☐ Yes ☐ No

No. of vehicles attached with fleet _____ Is the vehicle made in India? ☐ Yes ☐ No

Type of Vehicle : ☐ Four Wheeler ☐ Other (Please specify) _____

A. Where the vehicle is primarily parked during daytime?
☐ Closed garage ☐ Open garage ☐ Gated compound ☐ Others (if others, please mention) _____
B. Where the vehicle is parked during night?
☐ Closed garage ☐ Open garage ☐ Gated compound ☐ Others (if others, please mention) _____
C. Type of Road where vehicle would normally ply:
☐ Hilly Roads ☐ National State Highways ☐ City-Town Road ☐ District Road ☐ Others (if others, please mention) _____

D. Vehicle Driven : As on date _____ Kms. Monthly average _____ Kms.

Insured's Declared value (IDV) Details

IDV of the Vehicle	Electrical accessories	Non Electrical accessories	Trailer (Private cars)	Value of CNG/LPG kit	Total IDV

Details of Electrical Accessories

Item Details	Make & Model	Year of Manufacture	IDV

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Details of Non Electrical Accessories & CNG/LPG kit)

Item Details	Make & Model	Year of Manufacture	IDV

Details of Vehicle Type and Use

(1) Is the Vehicle is driven by Non- Conventional Source of Power? ☐ Yes ☐ No
If yes, please give details. ☐ Bi-fuel ☐ CNG ☐ LPG
Whether CNG/LPG kit fitted externally? ☐ Yes ☐ No
Whether the CNG/LPG Kit is manufacturer fitted? ☐ Yes ☐ No
(2) Is the vehicle used for Commercial purposes? ☐ Yes ☐ No
(3) Is the vehicle limited to own premises? ☐ Yes ☐ No
(4) Is the vehicle 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
(5) Whether the vehicle is fitted with Fibre Glass Tank? ☐ Yes ☐ No
(6) 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
(7) Whether the extension of Rally cover required? ☐ Yes ☐ No
Do you wish the Geographical Area Extension under your proposed Insurance cover? ☐ Yes ☐ No
If yes, please select the relevant box: ☐ Bangladesh ☐ Bhutan ☐ Nepal ☐ Sri Lanka ☐ Maldives ☐ Pakistan
Personal Accident Cover for Owner Driver is compulsory in the Liability Only Cover. Please give details of nomination:
Do you wish to change the nomination already made earlier? (Applicable for our own Renewal & Endorsement) ☐ Yes ☐ No

Nominee Name & Age	
Relationship with insured	
Name of the Appointee (If Nominee is a Minor)	
Relationship to the Nominee	

(Note: 1. Personal Accident cover for Owner Driver is compulsory for Sum Insured of Rs. 2,00,000/- for Commercial Vehicles. 2. Compulsory PA cover for 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)

Previous Insurance Details

Name and Address of Previous Insurer :

Policy/Cover Note No. :

Period of Insurance: From d d m m y y y y To d d m m y y y y NCB / Loading in Expiring Policy %

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 used for
a) Private, Social, Pleasure and Professional purposes? ☐ Yes ☐ No
b) Carriage of goods other than samples or Personal luggage? ☐ Yes ☐ No
d. Is the vehicle is in good condition? ☐ Yes ☐ No If NO, please give details: _____

Type of Cover :
☐ Package (Comprehensive) Policy ☐ Package (Act & Theft) Policy ☐ Package (Act, Theft and Fire) Policy ☐ Act only Policy ☐ Package (Fire & Theft) Policy

Claims Experience :
Was there any claim reported during the expiry of Policy period? ☐ Yes ☐ No

Year			
No. of Claims			
Claim Amount (Rs.)			

Has any Insurer ever declined/cancelled the insurance of the proposed vehicle? ☐ Yes ☐ No

Proposed Period of Insurance : From d d m m y y y y To d d m m y y y y

NCB Details and other Discounts

Are you entitled for No claim Bonus* ☐ Yes ☐ No If yes, please mention ☐☐%
Is the vehicle fitted with Anti-Theft device which is approved by ARAI? ☐ Yes ☐ No
If the answer of the above Question is yes, please submit the certificate for the same.
Are you a member of Automobile Association of India? ☐ Yes ☐ No
If yes, please state:
(1) Name of Association :
(2) Membership Number :
(3) Date of Expiry : d d m m y y y y

Voluntary Excess (as per IMT)

Do you wish to opt for Voluntary Excess over and above the Compulsory Excess? ☐ Yes ☐ No
Please put a tick mark against the amount opted as Voluntary Excess. ☐ Rs. 500 ☐ Rs. 750 ☐ Rs. 1000 ☐ Rs. 1500 ☐ Rs. 3000

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Additional Covers

Do you require unnamed PA cover? ☐ Yes ☐ No
If yes, please state (a) Number of Passengers _____ (b) Sum Insured per Person _____
Do you require PA cover for named persons? ☐ Yes ☐ No
If yes, please give the following details.
Nomination Details for PA Cover to Named Passenger **(mandatory in case vehicle is registered under an individual's name)**
Do you wish to change the nomination already made earlier? (Applicable For Own Renewal and Endorsement) ☐ Yes ☐ No

Name of Passenger	CSI opted (Rs.)	Nominee	Relationship
1)			
2)			
3)			

Do you wish to cover Legal Liability towards:

(a) Driver ☐ Yes ☐ No
(b) Unnamed Passenger (No. of passengers ☐☐☐☐) ☐ Yes ☐ No
(c) Other Employees (No. of employees ☐☐☐☐) ☐ Yes ☐ No
(d) 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.) ☐ Yes ☐ No
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.)
(e) Employees who are 'workmen'? (This information is sought to cover in addition to liability under the Workmens 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).
(f) Cover wider legal liability to employees who are NOT 'workmen'? (IMT 29) ☐ Yes ☐ No
(Note: The liability under Common Law and Fatal Accidents Act-1855 in respect of employees who are not workmen can be covered under this endorsement).
- Do you wish to have the statutory Third Party Property Damage (TPPD) liability of Rs. 6,000/- only? (IMT 20) ☐ Yes ☐ No
- 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

Add On Covers

(Select the Add On you want to opt for)

a) **Do you wish to opt for Depreciation Cover?** ☐ Yes ☐ No
b) **Do you wish to opt for Consumables Cover?** ☐ Yes ☐ No
c) **Any Other** _____

Details of Hire Purchase / Hypothecation / Lease

Please state if the vehicle is under : ☐ Hire Purchase ☐ Lease Agreement ☐ Hypothecation
If so, give name and address of concerned parties :

Full Name M/s
Address

Driver's Detail

Does the owner hold a valid driving license? ☐ Yes ☐ No
The vehicle is primarily driven by: ☐ Registered owner Name _____ Relationship _____
☐ Any other Age: ☐☐ Years
Does the driver suffer from defective Vision or hearing or any physical infirmity? ☐ Yes ☐ No

Driver's Qualification : Driver's experience : Yrs.

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 (in case of Break in Insurance)

Does the vehicle stand fit for insurance? *(For use of inspection agency)* ☐ Yes ☐ No
Inspection Reference no : Conducted on (Mention Date & Time) d d m m y y y y h h : m m

Premium Payment Details

☐ Cheque ☐ Demand Draft ☐ Credit Card ☐ Cash
Instrument Number (Cheque or DD) Date : d d m m y y y y
Credit Card Number Expiry Date of Credit Card d d m m y y y y
Bank Name
Amount (in Figures and Words)

Declaration

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. 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.

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I / We agree and undertake to convey to Liberty Videocon General Insurance Company 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."

Please give details, if you are politically exposed person or relative of politically exposed person.

_____

Please give details, if you are no profit organization.

_____

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 Videocon General Insurance Company 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"

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 stand forfeited.

"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.libertyvideocon.com). 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".

Date : d d m m y y y y

Place :

Proposer's Signature : _____

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

1. 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.
2. Any person making default in complying with the provision/s of this section shall be punishable with fine, which may extend to five hundred rupees.

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: From h h : m m (Time) d d m m y y y y (Date) To the midnight of d d m m y y y y (Date)

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 No. Proposal Checked By

Date of Receipt d d m m y y y y

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