



LIBERTY GENERAL INSURANCE LIMITED

POS COMMERCIAL VEHICLE PACKAGE POLICY - MISCELLANEOUS AND SPECIAL TYPE OF VEHICLES

CERTIFICATE OF INSURANCE CUM POLICY SCHEDULE

- IMPORTANT 1)The Validity of this Certificate of Insurance cum Schedule is subject to realization of the premium cheque.  
2) No Claim Bonus will only be allowed provided the Policy is renewed within 90 days of the expiry date of the previous policy.  
3) In the event of misrepresentation, fraud or non-disclosure of material facts, the company reserves the right to cancel the policy from inception.

|                                                                                                                                                                               |                                                                                                                                     |                         |                               |              |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|-------------------------|-------------------------------|--------------|
| Policy issuing office :Unit 1501&1502, 15th Floor, Tower 2, One International Center, Senapati Bapat Marg, Prabhadevi, Mumbai – 400013, Maharashtra<br>Phone: +91 226700 1313 |                                                                                                                                     |                         |                               |              |
| Policy Servicing office :'The Capitol',4th Floor, New D.P.Road,, Near Ashoka Hotel, Vishal Nagar,, Pimple Nilakh,, PUNE, PUNE,MAHARASHTRA-411027<br>PH: +91 020 30856567 Fax: |                                                                                                                                     |                         |                               |              |
| PolicyRef No.                                                                                                                                                                 | 201440030124700149000000                                                                                                            | Period of Insurance     | From: 13:20 Hrs of 31/03/2025 |              |
| Geographical Area                                                                                                                                                             | India                                                                                                                               |                         | To: Midnight of 30/03/2026    |              |
| Insured                                                                                                                                                                       | TUSHAR YUVRAJ KUDALE                                                                                                                | Policy Issued on        | 31/03/2025                    |              |
| Address                                                                                                                                                                       | AT - PO - LAVALE KUDALEWASTI, TAL - MULASHI DIST- PUNE, PIRANGUT, PUNE, MAHARASHTRA - 412115<br>,,,MAHARASHTRA,PUNE,PIRANGUT-412115 | Covernote No            | 201440030124700149000000      |              |
| Contact Number                                                                                                                                                                | 9623178381                                                                                                                          | Covernote Date          | 31/03/2025                    |              |
| Customer GSTIN                                                                                                                                                                |                                                                                                                                     | RTO Location            | PUNE                          | Zone: Zone C |
| UIN CODES:                                                                                                                                                                    | IRDAN150RP0033V01201213                                                                                                             | POSP Name:              | YASMIN ILIYAS                 |              |
|                                                                                                                                                                               |                                                                                                                                     | POSP Code:              | POS1021611                    |              |
|                                                                                                                                                                               |                                                                                                                                     | Aadhar Card/Pan Number: | DQIPS5412P                    |              |
|                                                                                                                                                                               |                                                                                                                                     | POSP Conatct Number:    | 9067887858                    |              |
| Agent Name                                                                                                                                                                    |                                                                                                                                     |                         |                               |              |
| Agent Code                                                                                                                                                                    |                                                                                                                                     | Agent Contact No        |                               |              |

INSURED MOTOR VEHICLE DETAILS AND PREMIUM COMPUTATION

| Registration Mark & No. | Year of Manufacture/ Date of Registration/I nvoice Date | Engine No.     | Chassis No.       | Vehicle Class | Vehicle Sub Class           | Trailer Registration No | Trailer Chassis No | Trailer IDV | Make   | Model Build      | Type of Body | CC/HP/K W | GVW | Licensed Carrying capacity including Driver |
|-------------------------|---------------------------------------------------------|----------------|-------------------|---------------|-----------------------------|-------------------------|--------------------|-------------|--------|------------------|--------------|-----------|-----|---------------------------------------------|
| New                     | 2025/31-03-2025/31-03-2025                              | DG4001SHB05918 | MBNAV53NLSTB33900 | MiscDPackage  | AGRICULTURALTRACTORS (>6HP) | NA                      | NA                 | NA          | SWARAJ | 744 FE N TRACTOR | OPEN         | 52.00     | 0   | 1                                           |

IDV (INSURED DECLARED VALUE)

| IDV Of Vehicle `                                      | Chassis IDV ` | Body IDV ` | Trailers ` | Non Electrical Accessories ` | Electrical /electronic Accessories `                         | Bi-Fuel kit (CNG/LPG) ` | Total Value ` |
|-------------------------------------------------------|---------------|------------|------------|------------------------------|--------------------------------------------------------------|-------------------------|---------------|
| 741,000.00                                            | 741,000.00    | 0.00       | 0          | 0.00                         | 0.00                                                         | 0                       | 741,000.00    |
| Section I - OWN DAMAGE (A)                            |               |            |            |                              | Section II - LIABILITY (B)                                   |                         |               |
| Own Damage Premium on Vehicle and accessories         |               |            |            |                              | Third Party Premium                                          |                         |               |
| Basic Cover                                           |               |            |            |                              | Basic Cover                                                  |                         |               |
| Basic OD                                              |               |            |            | 1,322.69                     | Basic TP                                                     |                         | 7,267.00      |
| EXTENSIONS UNDER OWN DAMAGE SECTIONS                  |               |            |            |                              | EXTENSIONS UNDER THIRD PARTY SECTION                         |                         |               |
| Cover for lamps, tyres, tubes etc. - IMT 23           |               |            |            | 198.40                       | PA Benefits                                                  |                         |               |
| LOADING UNDER OWN DAMAGE SECTION                      |               |            |            |                              | Legal Liability                                              |                         |               |
| TOTAL OWN-DAMAGE PREMIUM (A)                          |               |            |            | 1521.09                      | Legal liability to Driver(1)/Cleaner(0)/Conductor(0) - IMT28 |                         | 50.00         |
| Section I - ADD ON COVERS (C)                         |               |            |            |                              | DISCOUNTS UNDER THIRD PARTY SECTION                          |                         |               |
| TOTAL OWN-DAMAGE PREMIUM + ADD-ON COVER PREMIUM (A+C) |               |            |            | 1521.09                      | TOTAL LIABILITY PREMIUM (B)                                  |                         | 7,317.00      |
|                                                       |               |            |            |                              | Section III - PA OWNER DRIVER (D)                            |                         |               |
|                                                       |               |            |            |                              | PA Owner Driver (D)                                          |                         | 375.00        |
|                                                       |               |            |            |                              | Net Premium Taxable Value (A+B+D)                            |                         | 9,213.00      |
|                                                       |               |            |            |                              | State Cess                                                   |                         | 0.00          |
|                                                       |               |            |            |                              | CGST(MAHARASHTRA)(9%)                                        |                         | 829.17        |
|                                                       |               |            |            |                              | SGST(MAHARASHTRA)(9%)                                        |                         | 829.17        |
|                                                       |               |            |            |                              | TOTAL POLICY PREMIUM                                         |                         | 10,871.00     |

NOMINATION DETAILS

| Name of the Nominee | Relationship with Insured | Name of Appointee (if nominee is minor) | Relationship with the Nominee |
|---------------------|---------------------------|-----------------------------------------|-------------------------------|
|                     | NA                        | NA                                      | NA                            |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Hire Purchase/Lease/Hypothecated with :KOTAK MAHINDRA BANK LTD., .                                                                                                                                                                                                                                                                                                                                                                                    |
| LIMITATIONS AS TO USE - Use only for agricultural and forestry purposes:The Policy does not cover (1) Use for hire or reward or for racing pace making reliability trial or speed testing. (2) Use for the carriage of passengers for hire or reward. (3) Use whilst drawing a greater number of trailers in all than is permitted by law.                                                                                                            |
| The Policy does not cover use for a)Organized racing, b)Pace Making, c)Reliability Trial, d)Speed Testing e)Use whilst drawing a trailer except the towing (other than for reward) of any one disabled Mechanically propelled vehicle (only for passengers carrying vehicles).                                                                                                                                                                        |
| DRIVERS CLAUSE                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Persons or Classes of Person entitled to drive:Any person including the insured: Provided that a person driving holds an effective driving license at the time of the accident and is not disqualified from holding or obtaining such a license.Provided also that the person holding an effective learner's license may also drive the vehicle and that such a person satisfies the requirements of Rule 3 of the Central Motor Vehicle Rules, 1989. |

|                                   |                              |                                                                  |                                                                                         |                                                                      |              |                                                    |               |
|-----------------------------------|------------------------------|------------------------------------------------------------------|-----------------------------------------------------------------------------------------|----------------------------------------------------------------------|--------------|----------------------------------------------------|---------------|
| Limits of Liability               |                              |                                                                  |                                                                                         |                                                                      |              |                                                    |               |
| Deductible Under Section-I        | Compulsory Deductible:Rs3705 | Under Section II-I(i) of the policy (Death of or bodily injury): | Such amount as is necessary to meet there requirements of the Motor Vehicles Act, 1988. | Under Section II-I(ii) of the policy(Damage to third party property) | 7,50,00 0.00 | P.A. cover for owner-Driver under section-III: CSI | 15,00,000. 00 |
| Subject to I.M.T Endorsement Nos. |                              | IMT 28, IMT 7, IMT 21,IMT 23,                                    |                                                                                         |                                                                      |              |                                                    |               |

|                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                    |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|
| I/We hereby certify that the Policy to which this Certificate relates as well as this Certificate of Insurance are issued in accordance with the provisions of chapter X and chapter XI of M.V. Act,1988.<br>In witness whereof this Policy has been signed at Mumbai on 31/03/2025                                                                                                                                          |                                                                                    |
| Receipt No:                                                                                                                                                                                                                                                                                                                                                                                                                  | For Liberty General Insurance Limited                                              |
| Invoice No: 1461700149000000                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                    |
| <b>In case of claim ,Please contact us at : Toll Free No -18002665844,<br/>Email id – care@libertyinsurance.in<br/>Insurance is the subject matter of solicitation;</b>                                                                                                                                                                                                                                                      |  |
| Date of Issue :31/03/2025                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                    |
| Place: PUNE                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                    |
| Stamp Duty of Rs. xxx/- is paid as provided under Article (xxxx) of Indian Stamp Act, 1899 and included in Consolidated Stamp Duty Paid to the Government of Maharashtra Treasury vide Order of Addl. Controller of Stamps, Mumbai at General Stamp Office, Fort, Mumbai 400001., vide this Order No (LOA/ENF-2/CSD/128/2024/(Validity Period Dt. 30/12/2024 to 29/12/2025)/OW.NO.5591/ Dated 24/12/2024).                   |                                                                                    |
| LGI Branch GSTIN :27AABCL9950A1ZL                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                    |
| IRDA Registration No. 150                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                    |
| CIN No. U66000MH2010PLC209656                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                    |
| SAC Code:997134 Description of Service:General Insurance Service                                                                                                                                                                                                                                                                                                                                                             |                                                                                    |
| Place of Supply : MAHARASHTRA                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                    |
| Tax is not payable under reverse charge by the recipient.                                                                                                                                                                                                                                                                                                                                                                    | Authorised Signatory                                                               |
| I/We hereby declare that though our aggregate turnover in any preceding financial year from 2017-18 onwards is more than the aggregate turnover notified under sub-rule (4) of rule 48, we are not required to prepare an invoice in terms of the provisions of the said sub-rule                                                                                                                                            |                                                                                    |
| IMPORTANT NOTICE                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                    |
| The Insured is not indemnified if the vehicle is used or driven otherwise than in accordance with this schedule. Any payment made by the Company by reason of wider terms appearing in the certificate in order to comply with the Motor Vehicle Act, 1988 is recoverable from the Insured. See the clause headed "AVOIDANCE OF CERTAIN TERMS AND RIGHT OF RECOVERY". For legal interpretation English version will be good. |                                                                                    |





PROPOSAL FORM MISCELLANEOUS VEHICLE PACKAGE POLICY

Proposal for :   ☒ New Vehicle   ☐ Rollover   ☐ Endorsement   ☐ Renewal   **(LGI Policy No.)**

**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

|                   |               |                 |          |
|-------------------|---------------|-----------------|----------|
| IMD Name          |               | IMD Code        |          |
| Branch Name       | PUNE          | Branch Code     | 400301   |
| SM Name :         | SACHIN JADHAV | SM Code :       | N1660644 |
| Contact No.:      |               |                 |          |
| POSP Name :       |               | POSP Code :     |          |
| PAN Card Number : |               | Aadhar Card No. |          |
|                   | or            |                 |          |

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

Type of Cover :   ☒ Package (Comprehensive) Policy   ☐ Package (Act & Theft) Policy   ☐ Package(Act,Theft and Fire) Policy   ☐ Package(Fire & Theft) Policy   ☐ Act only policy  
Purpose for which vehicle will be used:   ☐ Goods Carrying (Private Carrier)   ☐ Goods Carrying (Public Carrier)   ☐ Passenger Carrying   ☒ Misc. D  
Type of Vehicle:   ☒ Four Wheeler   ☐ Three Wheeler   ☐ Other (Please Specify)

Vehicle Details

| Vehicle Make | Model            | Variant | Year of Manufacture/<br>Invoice Date | CC/HP/KW | Gross Vehicle Weight (GVW)<br>For Miscellaneous Vehicle | Seating Capacity/LCC<br>(Including Driver/Cleaner) | Body Type |
|--------------|------------------|---------|--------------------------------------|----------|---------------------------------------------------------|----------------------------------------------------|-----------|
| SWARAJ       | 744 FE N TRACTOR |         | 2025/31-03-2025                      | 52.00    | 0                                                       | 1                                                  | OPEN      |

Insured Declared Value

| IDV of the Vehicle | Electrical Accessories | Non Electrical Accessories | Trailer | Value of CNG/LPG kit | Total IDV |
|--------------------|------------------------|----------------------------|---------|----------------------|-----------|
| 741000.00          | 0.00                   | 0.00                       | 0.00    | 0                    | 741000.00 |

|                           |                          |                    |                          |                                  |                          |                            |                          |                          |                          |                                |
|---------------------------|--------------------------|--------------------|--------------------------|----------------------------------|--------------------------|----------------------------|--------------------------|--------------------------|--------------------------|--------------------------------|
| “Add On Covers” Selected: | <input type="checkbox"/> | Depreciation Cover | <input type="checkbox"/> | Consumable Cover                 | <input type="checkbox"/> | Road Side Assistance Cover | <input type="checkbox"/> | Engine Safe Cover        | <input type="checkbox"/> | Gap Value (Incl Taxes & Regn.) |
|                           | <input type="checkbox"/> | Gap Value Cover    | <input type="checkbox"/> | Additional Towing Expenses Cover |                          |                            |                          | <input type="checkbox"/> | EMI Protection Cover     |                                |
|                           | <input type="checkbox"/> |                    |                          |                                  |                          |                            |                          |                          |                          |                                |

**UIN Code of Add On covers selected :**

Whether you have opted for any Add on Coverage's last year.   ☐ Yes   ☐ No

If yes, please specify the Add on Coverage's

|                              |                |                      |                                                |                                                       |                          |        |                          |        |                                            |
|------------------------------|----------------|----------------------|------------------------------------------------|-------------------------------------------------------|--------------------------|--------|--------------------------|--------|--------------------------------------------|
| Vehicle Registration No.     | New            | Colour of Vehicle    |                                                |                                                       |                          |        |                          |        |                                            |
| Engine No.                   | DG4001SHB05918 | Chassis No           | MBNAV53NLSTB33900                              |                                                       |                          |        |                          |        |                                            |
| Place of Registration        | PUNE           | Date of Registration | 31/03/2025                                     |                                                       |                          |        |                          |        |                                            |
| Trailer Chassis No. (if any) | NA             | Vehicle type         | <input checked="" type="checkbox"/> Indigenous | <input type="checkbox"/> Importe<br>d Rated<br>under: | <input type="checkbox"/> | Zone A | <input type="checkbox"/> | Zone B | <input checked="" type="checkbox"/> Zone C |

|                                                                                         |                                                                                                                                             |                                               |                       |                      |            |
|-----------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|-----------------------|----------------------|------------|
| Is the vehicle attached with any of the Fleet?                                          | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                    | No. of vehicles attached with fleet           |                       | CC/HP:               | 52.00      |
| Is the vehicle made in India?                                                           | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                                         |                                               |                       |                      |            |
| Financier Details :                                                                     | <input checked="" type="checkbox"/> Hypothecation Agreement <input type="checkbox"/> Hire Purchase <input type="checkbox"/> Lease Agreement | Body Type :                                   | OPEN                  |                      |            |
| Name of Financier & Address :                                                           | KOTAK MAHINDRA BANK LTD.,.                                                                                                                  |                                               |                       |                      |            |
| Name of Insured: (Mr/Mrs/Ms/Dr)                                                         | TUSHAR YUVRAJ KUDALE                                                                                                                        |                                               |                       |                      |            |
| e-Insurance Accout Number                                                               |                                                                                                                                             | I would like to open e-Insurance account with |                       | Insurance Repository |            |
| (Mandatory to provide PAN card No.in case customer wishes to open E-Insurance Account.) |                                                                                                                                             |                                               |                       |                      |            |
| Name of Contact Person : (For Corporate)                                                |                                                                                                                                             |                                               |                       |                      |            |
| Communication Address :                                                                 | AT - PO - LAVALE KUDALEWASTI, TAL - MULASHI DIST- PUNE, PIRANGUT, PUNE, MAHARASHTRA - 412115                                                |                                               |                       |                      |            |
| Area/Landmark:                                                                          | at - po - lavale kudalewasti, tal - mulashi dist- pune, Pirangut, Pune, Maharashtra - 412115                                                | State :                                       | MAHARASHTRA           | City / District :    | PUNE       |
|                                                                                         |                                                                                                                                             |                                               |                       | Pin Code :           | 412115     |
| Contact Details: Mobile No. :                                                           | 9623178381                                                                                                                                  | Residence:                                    |                       |                      |            |
| Office :                                                                                |                                                                                                                                             | Email ID:                                     | SPARKPOLICY@GMAIL.COM | PAN No. :            | DSDPK1516H |

Date of Birth :   01/01/1930   Business/Occupation (For Individual Customer)  
**Registration Address:**   AT - PO - LAVALE KUDALEWASTI, TAL - MULASHI DIST- PUNE, PIRANGUT, PUNE, MAHARASHTRA - 412115  
**Aadhar No.:**

Any other details :   PIRANGUT

**Period of Insurance From Time:**   13:20 Hrs of   **Date:**   31/03/2025   **To the Midnight of Date:**   30/03/2026

Personal accident Cover for Owner Driver is compulsory in liability only Cover. Please give details of nomination:

| Particulars                                                                                               | Name of Passenger | Name of Nominee/<br>Existing Nominee | Name of New Nominee<br>(In case of change of<br>existing Nominee) | Age | Relationship | Name of Appointee<br>(If Nominee is a<br>minor) | Relationship with the<br>nominee |
|-----------------------------------------------------------------------------------------------------------|-------------------|--------------------------------------|-------------------------------------------------------------------|-----|--------------|-------------------------------------------------|----------------------------------|
| For PA to owner Driver                                                                                    | NA                |                                      | NA                                                                | NA  |              |                                                 |                                  |
| For PA to Named Passenger                                                                                 |                   |                                      |                                                                   |     |              |                                                 |                                  |
| (In case of more than 1 named passengers, please provide details in the above format on a separate sheet) |                   |                                      |                                                                   |     |              |                                                 |                                  |

**Note:** •   Personal Accident Cover for Owner Driver is compulsory for Sum Insured of Rs 15,00,000/- for Miscellaneous Vehicles   •   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.  
Persons or classes of Person entitled to drive: Please refer overleaf. Any Limitations as to use of Motor vehicle: Please refer overleaf.  
In the event of dishonor of Cheque(s), insurance cover provided under this document automatically stands cancelled from inception irrespective of whether a separate communication is sent or not.

|                                                                                                                                                                                                     |                             |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|
| Premium Payment Details <input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Demand Draft <input type="checkbox"/> Credit Card <input type="checkbox"/> NEFT/RTGS | Insured Bank Details: _____ |
| Premium Amount (including service tax): _____                                                                                                                                                       | Bank Name and Branch: _____ |
| Cheque / DD No.: _____                                                                                                                                                                              | Bank A/C No.: _____         |
| Cheque / DD Date: _____                                                                                                                                                                             | IFSC Code: _____            |

In case the annualized premium is more than Rs. 25000/-, the proposer is requested to provide a cancelled cheque of his/her bank account if the premium is not paid from the same.

Electrical Accessories:

Item Details: \_\_\_\_\_   Make & Model: \_\_\_\_\_   Year of Manf.: \_\_\_\_\_   IDV \_\_\_\_\_

Details of Non-Electrical Accessories:

Item Details: \_\_\_\_\_   Make & Model: \_\_\_\_\_   Year of Manf.:   2025   IDV \_\_\_\_\_

Trailer IDV:

Item Details: \_\_\_\_\_   Trailer Towed: \_\_\_\_\_   Trailer IDV \_\_\_\_\_

Insurance is the Subject matter of Solicitation.  
Trade Logo displayed above belongs to Liberty Mutual and used by the Liberty General Insurance Ltd.



|                                      |                                                                                                                                  |                          |                                |                                     |                                     |                  |                                                             |                                     |                                     |                                     |                                     |                                     |                                     |                          |                          |                                     |                     |  |
|--------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------------|-------------------------------------|-------------------------------------|------------------|-------------------------------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------|--------------------------|-------------------------------------|---------------------|--|
| Details of Vehicle Type and Usage    |                                                                                                                                  |                          |                                |                                     |                                     |                  |                                                             |                                     |                                     |                                     |                                     |                                     |                                     |                          |                          |                                     |                     |  |
| 1.                                   | Fuel Type of the vehicle                                                                                                         |                          |                                | <input type="checkbox"/>            | Petrol                              |                  | <input checked="" type="checkbox"/>                         | Diesel                              |                                     | <input type="checkbox"/>            | Any Other                           |                                     |                                     |                          |                          |                                     |                     |  |
| 2.                                   | Whether the Vehicle is driven by Non-Conventional source of Power                                                                |                          |                                |                                     |                                     |                  |                                                             |                                     |                                     |                                     | <input type="checkbox"/>            | Yes                                 |                                     | <input type="checkbox"/> | No If yes please         |                                     |                     |  |
|                                      | give details                                                                                                                     |                          |                                | <input type="checkbox"/>            | Bi-fuel                             |                  | <input type="checkbox"/>                                    | CNG                                 |                                     | <input type="checkbox"/>            | LPG                                 |                                     | <input type="checkbox"/>            | Externally Fitted        |                          | <input type="checkbox"/>            | Manufactured/Fitted |  |
| 3.                                   | Will the vehicle be exclusively used for: a) Private, Social, Pleasure and Professional Purposes                                 |                          |                                |                                     |                                     |                  |                                                             |                                     |                                     |                                     |                                     |                                     |                                     |                          |                          |                                     |                     |  |
|                                      | <input type="checkbox"/> Yes                                                                                                     |                          |                                | <input checked="" type="checkbox"/> | No                                  |                  | b) Carriage of goods other than Samples or Personal Luggage |                                     |                                     |                                     |                                     |                                     |                                     |                          |                          |                                     |                     |  |
|                                      | <input type="checkbox"/> Yes                                                                                                     |                          |                                | <input checked="" type="checkbox"/> | No                                  |                  |                                                             |                                     |                                     |                                     |                                     |                                     |                                     |                          |                          |                                     |                     |  |
| 4.                                   | Whether the Vehicle used for Commercial purposes ?                                                                               |                          |                                |                                     |                                     |                  |                                                             |                                     |                                     | <input checked="" type="checkbox"/> | Yes                                 |                                     | <input type="checkbox"/>            | No                       |                          |                                     |                     |  |
| 5.                                   | Whether the vehicle is used for Driving tuitions ?                                                                               |                          |                                |                                     |                                     |                  |                                                             |                                     | <input type="checkbox"/>            | Yes                                 |                                     | <input checked="" type="checkbox"/> | No                                  |                          |                          |                                     |                     |  |
| 6.                                   | Whether the vehicle is limited to own premises?                                                                                  |                          |                                |                                     |                                     |                  |                                                             |                                     | <input type="checkbox"/>            | Yes                                 |                                     | <input checked="" type="checkbox"/> | No                                  |                          |                          |                                     |                     |  |
| 7.                                   | Whether the vehicle is specially designed for use of Blind/Handicapped/ Mentally Challenged Person                               |                          |                                |                                     |                                     |                  |                                                             |                                     |                                     |                                     |                                     |                                     |                                     |                          |                          |                                     |                     |  |
|                                      | <input type="checkbox"/> Yes                                                                                                     |                          |                                | <input checked="" type="checkbox"/> | No                                  |                  | If so, whether the same is endorsed as such by RTA?         |                                     |                                     |                                     |                                     |                                     |                                     |                          |                          |                                     |                     |  |
|                                      | <input type="checkbox"/> Yes                                                                                                     |                          |                                | <input checked="" type="checkbox"/> | No                                  |                  |                                                             |                                     |                                     |                                     |                                     |                                     |                                     |                          |                          |                                     |                     |  |
| 8.                                   | Whether the rally cover is required?                                                                                             |                          |                                |                                     |                                     |                  |                                                             |                                     | <input type="checkbox"/>            | Yes                                 |                                     | <input checked="" type="checkbox"/> | No                                  |                          |                          |                                     |                     |  |
| 9.                                   | Whether the vehicle is fitted with Fibre Glass Tank?                                                                             |                          |                                |                                     |                                     |                  |                                                             |                                     | <input type="checkbox"/>            | Yes                                 |                                     | <input checked="" type="checkbox"/> | No                                  |                          |                          |                                     |                     |  |
| 10.                                  | Whether the vehicle belongs to the Embassy/Consulate of a foreign country?                                                       |                          |                                |                                     |                                     |                  |                                                             |                                     |                                     |                                     |                                     |                                     |                                     |                          |                          |                                     |                     |  |
|                                      | <input type="checkbox"/> Yes                                                                                                     |                          |                                | <input checked="" type="checkbox"/> | No                                  |                  | If so, is the Duty element is included in the IDV?          |                                     | <input type="checkbox"/>            | Yes                                 |                                     | <input type="checkbox"/>            | No                                  |                          |                          |                                     |                     |  |
| 11.                                  | Whether insured is first registered owner of the vehicle?                                                                        |                          |                                |                                     |                                     |                  |                                                             |                                     | <input checked="" type="checkbox"/> | Yes                                 |                                     | <input type="checkbox"/>            | No                                  |                          |                          |                                     |                     |  |
| 12.                                  | Whether the vehicle is confined to Sites? (Applicable to Miscellaneous Vehicles)                                                 |                          |                                |                                     |                                     |                  |                                                             |                                     |                                     |                                     |                                     |                                     | <input type="checkbox"/>            | Yes                      |                          | <input type="checkbox"/>            | No                  |  |
| 13.                                  | Whether the Misc-D vehicle is also used for Private purposes (Excluding use for hire or reward)?                                 |                          |                                |                                     |                                     |                  |                                                             |                                     |                                     |                                     |                                     |                                     |                                     |                          |                          |                                     |                     |  |
|                                      | <input type="checkbox"/> Yes                                                                                                     |                          |                                | <input checked="" type="checkbox"/> | No                                  |                  |                                                             |                                     |                                     |                                     |                                     |                                     |                                     |                          |                          |                                     |                     |  |
| 14.                                  | Whether Cover required for lamps, tyres /tubes mudguard/side parts. (IMT 23 Cover)                                               |                          |                                |                                     |                                     |                  |                                                             |                                     |                                     |                                     |                                     |                                     | <input checked="" type="checkbox"/> | Yes                      |                          | <input type="checkbox"/>            | No                  |  |
| 15.                                  | Whether Cover for Overturning loading required? (Applicable to MISC D only)                                                      |                          |                                |                                     |                                     |                  |                                                             |                                     |                                     |                                     |                                     |                                     | <input type="checkbox"/>            | Yes                      |                          | <input type="checkbox"/>            | No                  |  |
| 16.                                  | If the vehicle is owned by schools/corporate, will it be used exclusively for transportation of own staff / Students and guests? |                          |                                |                                     |                                     |                  |                                                             |                                     |                                     |                                     |                                     |                                     |                                     |                          |                          |                                     |                     |  |
|                                      | <input type="checkbox"/> Yes                                                                                                     |                          |                                | <input checked="" type="checkbox"/> | No                                  |                  |                                                             |                                     |                                     |                                     |                                     |                                     |                                     |                          |                          |                                     |                     |  |
| Previous Insurance Details           |                                                                                                                                  |                          |                                |                                     |                                     |                  |                                                             |                                     |                                     |                                     |                                     |                                     |                                     |                          |                          |                                     |                     |  |
| Name and Address of Previous Insurer |                                                                                                                                  |                          |                                |                                     |                                     |                  |                                                             |                                     |                                     |                                     |                                     |                                     |                                     |                          |                          |                                     |                     |  |
| Policy/Covernote no.                 |                                                                                                                                  |                          |                                |                                     |                                     |                  |                                                             |                                     |                                     |                                     |                                     |                                     |                                     |                          |                          |                                     |                     |  |
| Type of Cover:                       |                                                                                                                                  | <input type="checkbox"/> | Package (Comprehensive) Policy |                                     |                                     |                  |                                                             |                                     |                                     |                                     | <input type="checkbox"/>            | Act only Policy                     |                                     | <input type="checkbox"/> | Bundle Policy            |                                     |                     |  |
|                                      |                                                                                                                                  | <input type="checkbox"/> | Long Term Policy               |                                     |                                     |                  |                                                             |                                     |                                     |                                     | <input type="checkbox"/>            | SAOD Policy                         |                                     | <input type="checkbox"/> | Others                   |                                     |                     |  |
| NCB*/Loading in expiring policy      |                                                                                                                                  |                          |                                |                                     |                                     |                  |                                                             |                                     |                                     |                                     |                                     |                                     |                                     |                          |                          |                                     |                     |  |
| Claim lodged in last three years:    |                                                                                                                                  |                          |                                |                                     |                                     |                  |                                                             |                                     |                                     |                                     |                                     |                                     |                                     |                          |                          |                                     |                     |  |
| Year                                 |                                                                                                                                  |                          |                                | Expiring Year (1)                   |                                     |                  |                                                             | Expiring Year (2)                   |                                     |                                     |                                     | Expiring Year (3)                   |                                     |                          |                          |                                     |                     |  |
| No.of Claims:                        |                                                                                                                                  |                          |                                |                                     |                                     |                  |                                                             |                                     |                                     |                                     |                                     |                                     |                                     |                          |                          |                                     |                     |  |
| Claim amount                         |                                                                                                                                  |                          |                                |                                     |                                     |                  |                                                             |                                     |                                     |                                     |                                     |                                     |                                     |                          |                          |                                     |                     |  |
| 1.                                   | Date of purchase of the vehicle by the Proposer:                                                                                 |                          |                                |                                     |                                     |                  |                                                             |                                     |                                     |                                     | 31/03/2025                          |                                     |                                     |                          |                          |                                     |                     |  |
| 2.                                   | Whether the vehicle was new or second hand at the time of purchase?                                                              |                          |                                |                                     |                                     |                  |                                                             |                                     |                                     |                                     |                                     |                                     |                                     |                          |                          |                                     |                     |  |
|                                      | <input type="checkbox"/> New                                                                                                     |                          |                                | <input type="checkbox"/>            | Second Hand                         |                  |                                                             |                                     |                                     |                                     |                                     |                                     |                                     |                          |                          |                                     |                     |  |
| 3.                                   | Is the vehicle in good condition?                                                                                                |                          |                                |                                     |                                     |                  |                                                             |                                     |                                     |                                     |                                     |                                     | <input type="checkbox"/>            | Yes                      |                          | <input type="checkbox"/>            | No                  |  |
|                                      | If NO, Please give details:                                                                                                      |                          |                                |                                     |                                     |                  |                                                             |                                     |                                     |                                     |                                     |                                     |                                     |                          |                          |                                     |                     |  |
| 4.                                   | Has any insurer ever declined/cancelled the insurance of the proposed vehicle?                                                   |                          |                                |                                     |                                     |                  |                                                             |                                     |                                     |                                     |                                     |                                     | <input type="checkbox"/>            | Yes                      |                          | <input type="checkbox"/>            | No                  |  |
| 5.                                   | Policy Period: From                                                                                                              |                          |                                |                                     |                                     |                  |                                                             |                                     | To                                  |                                     |                                     |                                     |                                     |                          |                          |                                     |                     |  |
|                                      | Are you entitled for No Claim Bonus on Renewal?                                                                                  |                          |                                |                                     |                                     |                  |                                                             |                                     |                                     |                                     |                                     |                                     | <input type="checkbox"/>            | Yes                      |                          | <input checked="" type="checkbox"/> | No                  |  |
|                                      | * If yes, Please mention the                                                                                                     |                          |                                |                                     | 0 %                                 |                  |                                                             |                                     |                                     |                                     |                                     |                                     |                                     |                          |                          |                                     |                     |  |
| 6.                                   | Is the vehicle fitted with Anti - Theft Device which is approved by ARAI?                                                        |                          |                                |                                     |                                     |                  |                                                             |                                     |                                     |                                     |                                     |                                     | <input type="checkbox"/>            | Yes                      |                          | <input checked="" type="checkbox"/> | No                  |  |
| 7.                                   | Are you a member of the Automobile Association of India?                                                                         |                          |                                |                                     |                                     |                  |                                                             |                                     |                                     |                                     |                                     |                                     | <input type="checkbox"/>            | Yes                      |                          | <input type="checkbox"/>            | No                  |  |
|                                      | If Yes, Please state :                                                                                                           |                          |                                |                                     |                                     |                  |                                                             |                                     |                                     |                                     |                                     |                                     |                                     |                          |                          |                                     |                     |  |
|                                      | Membership No.                                                                                                                   |                          |                                |                                     |                                     |                  |                                                             |                                     | Date of expiry:                     |                                     |                                     |                                     |                                     |                          |                          |                                     |                     |  |
| Driver's Detail                      |                                                                                                                                  |                          |                                |                                     |                                     |                  |                                                             |                                     |                                     |                                     |                                     |                                     |                                     |                          |                          |                                     |                     |  |
| 1.                                   | Does the owner has a valid driving licence?                                                                                      |                          |                                |                                     |                                     |                  |                                                             |                                     |                                     |                                     | <input checked="" type="checkbox"/> | Yes                                 |                                     | <input type="checkbox"/> | No                       |                                     |                     |  |
| 2.                                   | Vehicle is primarily driven by:                                                                                                  |                          |                                |                                     | <input checked="" type="checkbox"/> | Registered Owner |                                                             |                                     |                                     | <input type="checkbox"/>            | Any other                           |                                     |                                     |                          |                          |                                     |                     |  |
|                                      | Name                                                                                                                             |                          |                                |                                     | Relationship:                       |                  |                                                             |                                     | Age                                 |                                     |                                     |                                     |                                     |                          |                          |                                     |                     |  |
| 3.                                   | Does the driver suffer from defective vision or hearing or any physical infirmity?                                               |                          |                                |                                     |                                     |                  |                                                             |                                     |                                     |                                     |                                     |                                     |                                     |                          |                          |                                     |                     |  |
|                                      | <input type="checkbox"/> Yes                                                                                                     |                          |                                | <input checked="" type="checkbox"/> | No                                  |                  | Give details                                                |                                     |                                     |                                     |                                     |                                     |                                     |                          |                          |                                     |                     |  |
| 4.                                   | Driver's qualification:                                                                                                          |                          |                                |                                     |                                     |                  | Driver's experience:                                        |                                     |                                     |                                     |                                     |                                     |                                     |                          |                          |                                     |                     |  |
| 5.                                   | Age & Date of Birth of the Owner: Age                                                                                            |                          |                                |                                     |                                     |                  | Yrs                                                         |                                     |                                     |                                     | Date of Birth:                      |                                     |                                     |                          |                          |                                     |                     |  |
|                                      | b. Age & Date of Birth of the Driver: Age                                                                                        |                          |                                |                                     |                                     |                  | Yrs                                                         |                                     |                                     |                                     | Date of Birth:                      |                                     |                                     |                          |                          |                                     |                     |  |
| 6.                                   | Has the driver ever been involved / convicted for causing any accident of loss?                                                  |                          |                                |                                     |                                     |                  |                                                             |                                     |                                     |                                     |                                     |                                     | <input type="checkbox"/>            | Yes                      |                          | <input checked="" type="checkbox"/> | 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                   |                                                                                                                                  |                          |                                |                                     |                                     |                  |                                                             |                                     |                                     |                                     |                                     |                                     |                                     |                          |                          |                                     |                     |  |
| 1.                                   | Does the vehicle stands fit for insurance?                                                                                       |                          |                                |                                     |                                     |                  |                                                             |                                     | <input checked="" type="checkbox"/> | Yes                                 |                                     | <input type="checkbox"/>            | No                                  |                          | <input type="checkbox"/> | Self Inspection                     |                     |  |
| 2.                                   | Inspection Reference No.:                                                                                                        |                          |                                |                                     |                                     |                  |                                                             |                                     |                                     |                                     |                                     |                                     |                                     |                          |                          |                                     |                     |  |
|                                      | Conducted on (Mention Date & Time):                                                                                              |                          |                                |                                     |                                     |                  |                                                             |                                     |                                     |                                     |                                     |                                     |                                     |                          |                          |                                     |                     |  |
| Additional Coverage Details          |                                                                                                                                  |                          |                                |                                     |                                     |                  |                                                             |                                     |                                     |                                     |                                     |                                     |                                     |                          |                          |                                     |                     |  |
|                                      | Do you require PA cover for Paid Driver, Cleaners and Conductors?                                                                |                          |                                |                                     |                                     |                  |                                                             |                                     |                                     |                                     |                                     |                                     | <input type="checkbox"/>            | Yes                      |                          | <input checked="" type="checkbox"/> | No                  |  |
|                                      | Name:                                                                                                                            |                          |                                |                                     | CSI                                 |                  |                                                             |                                     |                                     |                                     |                                     |                                     |                                     |                          |                          |                                     |                     |  |
|                                      | Do you wish to cover Geographical Area Extension under your proposed insurance?                                                  |                          |                                |                                     |                                     |                  |                                                             |                                     |                                     |                                     |                                     |                                     |                                     |                          |                          |                                     |                     |  |
|                                      | <input type="checkbox"/> N1660644                                                                                                |                          |                                | <input type="checkbox"/>            | Bhutan                              |                  | <input type="checkbox"/>                                    | Nepal                               |                                     | <input type="checkbox"/>            | Sri Lanka                           |                                     | <input type="checkbox"/>            | Maldives                 |                          | <input type="checkbox"/>            | Pakistan            |  |
|                                      | Do you require Unnamed PA Cover                                                                                                  |                          |                                |                                     |                                     |                  |                                                             |                                     |                                     |                                     |                                     |                                     |                                     |                          |                          |                                     |                     |  |
| 1.                                   | No. of Passengers                                                                                                                |                          |                                |                                     |                                     |                  |                                                             |                                     |                                     |                                     |                                     |                                     |                                     |                          |                          |                                     |                     |  |
| 2.                                   | Sum Insured per person (unnamed passengers/hirer/pillion rider, two wheelers)                                                    |                          |                                |                                     |                                     |                  |                                                             |                                     |                                     |                                     |                                     |                                     |                                     |                          |                          |                                     |                     |  |
|                                      | Name                                                                                                                             |                          |                                |                                     | Sum Insured                         |                  |                                                             |                                     | Name                                |                                     |                                     |                                     | Sum Insured                         |                          |                          |                                     |                     |  |
| 3.                                   | Do you wish to cover Legal liability towards                                                                                     |                          |                                |                                     |                                     |                  |                                                             |                                     |                                     |                                     |                                     |                                     |                                     |                          |                          |                                     |                     |  |
|                                      | a) Driver/Cleaner/Conductor (No. of Persons:1)                                                                                   |                          |                                |                                     |                                     |                  |                                                             |                                     |                                     |                                     | <input checked="" type="checkbox"/> | Yes                                 |                                     | <input type="checkbox"/> | No                       |                                     |                     |  |
|                                      | b) Unnamed Passangers(No. of passangers)                                                                                         |                          |                                |                                     |                                     |                  |                                                             |                                     |                                     |                                     | <input type="checkbox"/>            | Yes                                 |                                     | <input type="checkbox"/> | No                       |                                     |                     |  |
|                                      | c)Other Employee(No. of Persons)                                                                                                 |                          |                                |                                     |                                     |                  |                                                             |                                     |                                     |                                     | <input type="checkbox"/>            | Yes                                 |                                     | <input type="checkbox"/> | No                       |                                     |                     |  |
|                                      | d) Soldier/Sailor/Airman employed as Driver                                                                                      |                          |                                |                                     |                                     |                  |                                                             |                                     |                                     |                                     | <input type="checkbox"/>            | Yes                                 |                                     | <input type="checkbox"/> | No                       |                                     |                     |  |
| 4.                                   | Do you wish to have the statutory Third Party Property Damage (TPPD) liability of                                                |                          |                                |                                     |                                     |                  |                                                             |                                     |                                     |                                     |                                     |                                     |                                     |                          |                          |                                     |                     |  |
|                                      | Rs. 6,000/- only? (IMT 20)                                                                                                       |                          |                                |                                     | <input type="checkbox"/>            | Yes              |                                                             | <input checked="" type="checkbox"/> |                                     |                                     |                                     |                                     |                                     |                          |                          |                                     |                     |  |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                            |  |                          |                   |  |  |      |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------|--|--------------------------|-------------------|--|--|------|--|
| (Note: The Motor Vehicles Act-1988 under Sec.147(1)(ii)(I) covers liability to employees who are workmen within the meaning of Workmen Compensation Act - 1923.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                            |  |                          |                   |  |  |      |  |
| 8. Coverage for liability against Third Party Risks (Death or Bodily Injury) required in respect of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                            |  |                          |                   |  |  |      |  |
| <input type="checkbox"/> Owner Driver only                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | <input type="checkbox"/> Any person other than Paid Driver |  |                          |                   |  |  |      |  |
| If 'YES', give details of such other persons:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                            |  |                          |                   |  |  |      |  |
| 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)                                                                                                                                                                                                                                           |  |                                                            |  |                          |                   |  |  |      |  |
| Any other Coverage details                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                            |  |                          |                   |  |  |      |  |
| <b>Break In Insurance Declaration</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                            |  |                          |                   |  |  |      |  |
| "I/We hereby Declare and Undertake                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                            |  |                          |                   |  |  |      |  |
| <input type="checkbox"/> *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)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                            |  |                          |                   |  |  |      |  |
| <input type="checkbox"/> *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 treated as void ab-initio".                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                            |  |                          |                   |  |  |      |  |
| <b>NCB Declaration</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                            |  |                          |                   |  |  |      |  |
| 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.                                                                                                                                                                                                                                                                                                                                |  |                                                            |  |                          |                   |  |  |      |  |
| <b>Declaration</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                            |  |                          |                   |  |  |      |  |
| "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.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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                            |  |                          |                   |  |  |      |  |
| <b>Any other Material Information Declaration and Consent</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                            |  |                          |                   |  |  |      |  |
| 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 Ltd.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 initio 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 non profit organization.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                            |  |                          |                   |  |  |      |  |
| -----                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                            |  |                          |                   |  |  |      |  |
| <input type="checkbox"/> I hereby agree to receive a one pager policy document.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                            |  |                          |                   |  |  |      |  |
| <input type="checkbox"/> I hereby confirm having a valid personal accident policy for sum Insured of minimum Rs.15 lakhs.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                            |  |                          |                   |  |  |      |  |
| <b>Prohibition of Rebates (Section 41) of the Insurance Act-1938</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                            |  |                          |                   |  |  |      |  |
| 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, as may be prescribed under Insurance Act, 1938 or any amendment thereto for the time being in force.                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                            |  |                          |                   |  |  |      |  |
| <b>For use by Intermediary only</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                            |  |                          |                   |  |  |      |  |
| Cover Note No. issued (if any)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                            |  |                          |                   |  |  |      |  |
| Date of Issuance                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                            |  | Time of Issuance         |                   |  |  |      |  |
| Period of Insurance: From (Time)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                            |  | (Date)                   |                   |  |  |      |  |
| To the midnight of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                            |  | (Date)                   |                   |  |  |      |  |
| Premium Amount (in Rs.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                            |  |                          |                   |  |  |      |  |
| Bank Name :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                            |  |                          |                   |  |  |      |  |
| Cheque No. / DD No. / Cash:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                            |  |                          |                   |  |  |      |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                            |  |                          |                   |  |  | Date |  |
| <b>For Office Use only</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                            |  |                          |                   |  |  |      |  |
| Customer ID:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                            |  |                          |                   |  |  |      |  |
| Proposal Number:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                            |  |                          |                   |  |  |      |  |
| Policy / Cover Note Number:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                            |  | 201440030124700149000000 |                   |  |  |      |  |
| Proposal Checked By:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                            |  |                          |                   |  |  |      |  |
| Date of Receipt:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                            |  |                          |                   |  |  |      |  |
| Date : _____ Place: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                            |  |                          |                   |  |  |      |  |
| Proposer Name :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                            |  |                          | Proposer's Sign : |  |  |      |  |