

<b>Section I - OWN DAMAGE (A)</b>		
<b>Own Damage Premium on Vehicle and accessories</b>		<b>Third Party Premium</b>
<b>Basic Cover</b>		<b>Basic Cover</b>
Basic OD	1,553.40	Basic TP
<b>EXTENSIONS UNDER OWN DAMAGE SECTIONS</b>		<b>EXTENSIONS UNDER THIRD PARTY</b>
Comprehensive (including Theft & Fire)	2,228.40	Legal Liability

**Liberty General Insurance Limited**  
Unit 1501&1502, 15th Floor, Tower 2, One International Center,  
Senapati Bapat Marg, Prabhadevi, Mumbai – 400013, Maharashtra  
Phone: +91 226700 1313  
Email:care@libertyinsurance.in  
IRDA registration number : 150 . CIN: U6600DMH2010PLC209656  
PRODUCT UIN CODE: IRDAN150RP0033V02201213

## PROPOSAL FORM COMMERCIAL VEHICLE 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 desired for underwriting purpose.)

### Intermediary Details

IMD Name CERTIGO INSURANCE BROKERS PRIVATE LIMITED

Branch Name KOLKATA1

SM Name :

Contact No.: 9926920400

POSP Name :

PAN Card Number : 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

Purpose for which vehicle will be used: ☐ Goods Carrying (Private Carrier) ☒ Goods Carrying (Public Carrier)

Type of Vehicle: ☒ Four Wheeler ☐ Three Wheeler ☐ Other (Please Specify)

### Vehicle Details

Vehicle Make	Model	Variant	Year of Manufacture/ Invoice Date	Cubic Capacity/KW	Gross V For G
TATA MOTORS LTD	ACE GOLD DIESEL	(FULLY BUILT) PICKUP	2022 / 21-10-2022	0.00	

### Insured Declared Value

IDV of the Vehicle	Electrical Accessories	Non Electrical Accessories	Trailer
450000.00	0	0	0

"Add On Covers" Selected:	<input type="checkbox"/>	Depreciation Cover	<input type="checkbox"/>	Consumable Cover	<input type="checkbox"/>	Road Side Assistance Cover	<input type="checkbox"/>
	<input type="checkbox"/>	Gap Value Cover	<input type="checkbox"/>	Additional Towing Expenses Cover			<input type="checkbox"/>
	<input type="checkbox"/>	Tyre 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.	WB-25-L-3754	Colour of Vehicle	
Engine No.	EXXS74475	Chassis No	NYE25690
Place of Registration	BARASAT	Date of Registration	21/10/2022
Trailer Chassis No. (if any)		Vehicle type	<input checked="" type="checkbox"/> Indigenous <input type="checkbox"/> Imported Rated under:

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

Is the vehicle made in India? ☒ Yes ☐ No

Financier Details : ☒ Hypothecation Agreement ☐ Hire Purchase ☐ Lease Agreement

**Name of Financier & Address :** SMFG India Credit Company Limited,KOLKATA

**Name of Insured: (Mr/Mrs/M/s/Dr)** CHABIR ALI MOLLA

**e-Insurance Account Number** I would like to open e-Insurance account with

(Mandatory to provide PAN card No.in case customer wishes to open E-Insurance Account.)

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**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 checked="" 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 is used for Driving tuitions ?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
5.	Whether the vehicle is limited to own premises?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
6.	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	
7.	Whether the vehicle is certified as Vintage Car by Vintage & Classic Car Club of India?	<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 type="checkbox"/> Yes	<input type="checkbox"/> No	
12.	Whether the vehicle is confined to Sites? (Applicable to Goods Carrying Vehicles)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
13.	Whether the commercial 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	0		
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: 21/10/2022		
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	
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		
6.	Are you entitled for No Claim Bonus on Renewal?		
	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
	* If yes, Please mention the 0		
	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 checked="" type="checkbox"/> No	
	If Yes, Please state :		
	Membership No.	Date of expiry:	

**Driver's Detail**

(Note: The Motor Vehicle Act -

workmen within the meaning of

8. Coverage for liability against T

☐ Owner Driver only ☐

If 'YES', give details of such o

Non fare Paying Passengers (

Note: 1. Section 146 of Motor V

vehicle to ensure that he or an

place has insurance against th

paid driver.) 2. As per Section

death / bodily injury of a third p

Any other Coverage details

**Break In Insurance Declaration**☐ "I/We hereby Declare and Under

\*That, the vehicle proposed to be in

by valid and effective insurance po

at (Add more date/s with time if veh

☒ \*That, the vehicle proposed to be

by valid and effective insurance po

(\*Select the appropriate check box)

I/we understand that all and/or any

to risk inception date and time as n

General Insurance Limited in consi

of ambit of said Policy and said Co

I/we further undertake that if this de

manner, all the benefits under the l

will be treated as treated as void ab-ini

**NCB Declaration****I / We declare that the rate of NCB cl**  
**period (copy of the policy enclosed)**  
**benefits under the policy in respect****Declaration****"I am/we are aware that the comp**  
**the official website of the insur**  
**the certificate and schedule of in**  
**policy terms and conditions will**  
**I hereby declare and confirm tha**  
**as on date.****Any other Material Information**I/We hereby declare that the statem  
best of my knowledge and belief an  
contract between me/us and the Li  
the statements, answers and partic  
being granted and that if, after the  
particulars are incorrect or untrue iI/We agree and undertake to conve  
out in the risk proposed for insuran"I/We have insurable interest in the  
of the same and the premium for th

I, the undersigned proposer hereby