

LIBERTY GENERAL INSURANCE LIMITED
**PRIVATE CAR PACKAGE POLICY
 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 :10TH FLOOR, TOWER A, PENINSULA BUSINESS PARK, GANPATRAO KADAM MARG,LOWER PAREL, MUMBAI, MAHARASHTRA-400013 Phone:+91 22 67001300 Fax: +91 22 06700 1606 | |
| Policy Servicing office :Unit no- 206, Yash Tower, 2nd Floor,, CTS no. 13156/1, Rokdiya Hanuman Colony,, , CHHATRAPATI SAMBHAJINAGAR, CHHATRAPATI SAMBHAJINAGAR,MAHARASHTRA-431001 PH: +91 240 6604663 Fax: | |
| PolicyRef No. 201140030223700187900000 | Period of Insurance From 00:00 Hrs of 31/10/2023 To Midnight of 30/10/2024 |
| Geographical Area India | Policy Issued on 30/10/2023 |
| Insured DHARAMENDRA JAWAHARLAL BHURAT | Covernote No 201140030223700187900000 |
| Address 2631 35 ANAND NAGAR JALGAON ROAD JAMNER JALGAON MAHARASHTRAJALGAON,,MAHARASHTR A,JALGAON,JAMNER (JALGAON)-424206 (M) +9422774805 | ECovernote Date 30/10/2023 |
| Contact Number (M) +9422774805 | RTO Location KARAD Zone: Zone B |
| Customer GSTIN IRDAN150RP0035V01201213 | POSP Name |
| UIN CODES: IRDAN150RP0035V01201213 | Aadhar Card |
| | PAN Number |
| Agent Name JAINUINE INSURANCE BROKERS PRIVATE LIMITED | |
| Agent Code IMD1000855 | Agent Contact No 9812345678 |

INSURED MOTOR VEHICLE DETAILS AND PREMIUM COMPUTATION

| Registration Mark & No. | Year of Manufacture/ Date of Registration/ Invoice Date | Engine No. | Chassis No. | Make/Model/ Type of Vehicle | Type of Body | CC/HP/GVW /KW | Licensed Carrying capacity including Driver | Trailer Registration No. | Trailer Chassis No. |
|-------------------------|---|--------------|--------------------|-----------------------------|--------------|---------------|---|--------------------------|---------------------|
| MH-50-L-6330 | 2019/14-11-2019/14-11-2019 | N16A52000094 | MAKFC855B KN000049 | HONDA/CIVIC /1.6 VX | Sedan | 1597.00 | 5 | NA | NA |

IDV (INSURED'S DECLARED VALUE)

| IDV Of Vehicle ` | Trailers ` | Non Electrical Accessories ` | Electrical & Electronics Accessories ` | Bi-Fuel kit(CNG/LPG) ` | Total Value ` |
|------------------|------------|------------------------------|--|------------------------|---------------|
| 1,164,083.00 | 0 | 0 | 0 | 0.00 | 1,164,083.00 |

| Own Damage Premium on Vehicle and accessories | Section II - LIABILITY (B) |
|--|--|
| Section I - OWN DAMAGE (A) | Third Party Premium |
| Basic Cover | Basic Cover |
| Basic OD 15,566.12 | Basic TP 7,897.00 |
| TOTAL OWN-DAMAGE PREMIUM (A) 15,566.12 | PA BENEFITS |
| Section I - ADD ON COVERS (C) | PA to Paid Driver 50.00 |
| Passenger Assist IRDAN150RP0035V01201213/A0020V01201213 250.00 | Personal Accident Cover Unnamed(No. Of Persons=5, SI=100000.00) 250.00 |
| Consumables Cover IRDAN150RP0035V01201213/A0015V02201213 2328.17 | LEGAL LIABILITY |
| Depreciation Cover IRDAN150RP0035V01201213/A0012V01201213 8,730.62 | TOTAL LIABILITY PREMIUM (B) 8,197.00 |
| Roadside Assistance IRDAN150RP0035V01201213/A0021V01201213 249.00 | Section III - PA OWNER DRIVER (D) |
| Key Loss Cover (SI 10000 /-) IRDAN150RP0035V01201213/A0010V02201314 199.00 | PA to Owner Driver (D) 375.00 |
| Engine Safe Cover IRDAN150RP0035V01201213/A0011V01201314 2677.39 | Net Premium (A+B+C+D)Taxable Value 38,572.00 |
| TOTAL ADD-ON COVER PREMIUM (C) 14,434.18 | State Cess 0.00 |
| | CGST(MAHARASHTRA)(9%) 3471.48 |
| | SGST(MAHARASHTRA)(9%) 3471.48 |
| | TOTAL POLICY PREMIUM 45,515.00 |

Hire Purchase/Lease/Hypothecated with :NA

LIMITATIONS AS TO USE -The Policy covers use of vehicle for any purpose other than: a) Hire or Reward b) Carriage of goods(other than sample of personal luggage) c) Organized racing d) Pace Making e) Speed Testing f) Reliability Trial g) Use in connection with motor trade.
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: Rs 2000/- Voluntary Excess: Rs 0/. Imposed Excess : Rs 0/. | Under Section II-I(i) of the policy(Death of or bodily injury): | Such amount necessary to meet the requirements of motor vehicle Act,1988. | Under Section II-I(ii) of the policy(Damage to third party property) | 7,50,000.00 | P.A. cover for owner-Driver under section-III: CSI | 15,00,000.00 |
|------------------------------|---|---|---|--|-------------|--|--------------|
|------------------------------|---|---|---|--|-------------|--|--------------|

Subject to I.M.T Endorsement Nos. IMT 16, IMT 17, IMT 22, AD 01, AD 02, AD 04, AD 05, AD 06, AD 07

Passenger assist cover details:Hospital Cash: Rs 1500 per day for 30 days (per Pax.), Medical Expenses: Rs 10,000 (per Pax.), Ambulance Charges: Rs. 5000

NOMINATION DETAILS

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

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.

In witness whereof this Policy has been signed at Mumbai on 30/10/2023

Receipt No: CR202330107193

Invoice No:

 In case of claim ,Please contact us at : Toll Free No -18002665844,
 Email id – care@libertyinsurance.in IRDA Registration No. 150
 Insurance is the subject matter of solicitation;CIN No. U66000MH2010PLC209656

Date of Issue :30/10/2023
Place: CHHATRAPATI SAMBHAJINAGAR

Stamp duty for the said policy is paid vide GRASS DEFACE no.0004656521201617, Dt. 10/02/2017 as prescribed in Government Notification Revenue & Forest Department no. Mudrank 2004/4125/CR/690/M-1, Dt 31/12/2004.

LGI Branch GSTIN :27AABCL9950A1ZL

SAC Code:997134 Description of Service:General Insurance Service

Place of Supply : MAHARASHTRA

Tax is not payable under reverse charge by the recipient.

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.

For Liberty General Insurance Limited



Authorised Signatory

PROPOSAL FORM PRIVATE CAR 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: JAINUINE INSURANCE BROKERS PRIVATE LIMITED IMD Code: IMD1000855
Branch Name: CHHATRAPATI SAMBHAJINAGAR Branch Code: 400302
SM Name: _____ SM Code: N1612115
Contact No: 9812345678
POSP Name: _____ POSP Code: _____
PAN Card Number: _____ or Aadhar Card No.: _____

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

Type of Cover : Package (Comprehensive) Policy for 1 year Package (Comprehensive) Policy for 3 years Bundled Cover (1year Own Damage & 3 years Third Party)

Vehicle Details

| Vehicle Make | Model | Variant | Year of Manufacture / Invoice Date | Cubic Capacity/KW | Gross Vehicle Weight (GVW) For Goods carrying Vehicle | Seating Capacity/LCC (Including Driver/Cleaner) | Body Type |
|--------------|-------|---------|------------------------------------|-------------------|---|---|-----------|
| HONDA | CIVIC | 1.6 VX | 2019/14-11-2019 | 1597.00 | o | 5 | Sedan |

Insured Declared Value

| Year | For Vehicle Rs. | Electrical Accessories | Non Electrical Accessories | Trailer/Side Car (if any) | Value of CNG/LPG kit (if not part of standard vehicle) | Total IDV Rs. |
|------|-----------------|------------------------|----------------------------|---------------------------|--|---------------|
| 1 | 1164083.00 | 0.00 | 0.00 | 0.00 | 0.00 | 1164083.00 |

"Add On Covers" Selected:

Depreciation Cover Consumable Cover Passenger Assist Cover Road Side Assistance Cover Engine Safe Cover
 Key Loss Cover GAP(Incl. Taxes & Regn. charges) GAP Value Towing Expenses Cover
 EMI Cover Protection Tyre Protection Cover

UIN Code of Add On covers selected :

IRDAN150RP0035V01201213/A0012V01201213,IRDAN150RP0035V01201213/A0015V02201213,IRDAN150RP0035V01201213/A0020V01201213,IRDAN150RP0035V01201213/A0021V01201213,IRDAN150RP0035V01201213/A0011V01201314,IRDAN150RP0035V01201213/A0010V02201314

Invoice Price Value

Road Tax First time Registration Charges

Whether you have opted for any Add on Coverage's last year.

Yes No

If yes, please specify the Add on Coverage's

Nil Depreciation Engine Safe Cover,

Vehicle Registration No.

MH-50-L-6330

Colour of Vehicle :

Engine No.

N16A52000094

Chassis No

MAKFC855BKN000049

Place of Registration

KARAD

Date of Registration

14/ 11/ 2019

Trailer Chassis No. (if any)

Vehicle type Indigenous Imported

Rated under:

Zone A

Zone B

Is the vehicle attached with any of the Fleet?

Yes

No

No. of vehicles attached with fleet

Cubic Capacity :

1597.00

Is the vehicle made in India?

Yes

No

Financier Details :

Hypothecation Agreement

Hire Purchase

Lease Agreement

Body Type :

Name of Financier & Address :

Name of Insured: (Mr/Mrs/Ms/Dr) DHARAMENDRA JAWAHARLAL BHURAT

e-Insurance Account 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 : 2631 35 ANAND NAGAR JALGAON ROAD JAMNER JALGAON MAHARASHTRA JALGAON

Area/Landmark: _____ State : MAHARASHTRA City / District : JALGAON Pin Code : 424206

Contact Details: Mobile No. : 9422774805

Residence: _____

Office : _____ Email ID: bhuratdharmendra55@gmail.com PAN No. AHUPB7126K

Date of Birth : 07/ 06/ 1971

Business/Occupation (For Individual Customer)

Aadhar No. :

Registration Address: 2631 35 ANAND NAGAR JALGAON ROAD JAMNER JALGAON MAHARASHTRA JALGAON

Any other details :

Period of Insurance for Package Policy of 1 year & 3 years :

From Time : 00:00

Date : 31/ 10/ 2023

To the Midnight of Date : 30/ 10/ 2024

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

| Particulars | Name of Passenger | Name of Nominee/ Existing Nominee | Name of New Nominee (In case of change of existing Nominee) | Age | Relationship | Name of Appointee (If Nominee is a minor) | Relationship with the nominee |
|---------------------------|-------------------|-----------------------------------|---|-----|--------------|---|-------------------------------|
| For PA to owner Driver | NA | NA | 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 Private Car • Compulsory PA cover to Owner Driver cannot be granted where a vehicle owned by a company, a partnership firm or a similar body corporate or where the owner driver does not hold an effective driving license.

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 Cash Cheque Demand Draft Credit Card

Insured Bank Details: _____

NEFT/RTGS

Premium Amount (including service tax): 45515.00

Bank Name and Branch _____

Cheque / DD No: NA

Bank A/C No.: _____

Cheque / DD Date: NA

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.: 2019 IDV _____

Details of Vehicle Type and Usage

- Fuel Type of the vehicle Petrol Diesel Any Other
- Whether the Vehicle driven by Non-Conventional source of Power Yes No If yes please give details Bi-fuel CNG LPG Externally Fitted Manufactured Fitted
- Will the vehicle be exclusively used for: a) Private, Social, Pleasure and Professional Purposes Yes No b) Carriage of goods other than Samples or Personal Luggage Yes No
- Whether the vehicle is used for Commercial purposes? Yes No
- Whether the vehicle is used for Driving tuitions ? Yes No
- Whether the vehicle is limited to own premises? Yes No
- Whether the vehicle is specially designed for use of Blind/Handicapped/ Mentally Challenged Person Yes No If so, whether the same is endorsed as such by RTA? Yes No
- Whether the vehicle is certified as Vintage Car by Vintage & Classic Car Club of India ? Yes No
- Whether the rally cover is required? Yes No
- Whether the vehicle is fitted with Fiber Glass Tank? Yes No
- Whether the vehicle belongs to the Embassy/Consulate of a foreign country? Yes No If so, is the Duty element is included in the IDV? yes No
- Whether insured is first registered owner of the vehicle? Yes No

Previous Insurance Details

Name and Address of Previous Insurer MAGMA HDI
Policy/Covernote no. P0023200029/4101/100476
Type of Covers: Package (Comprehensive) Policy Act only Policy Bundle Policy
 Long Term Policy SAOD Policy 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: | 1 | | |
| Claim amount | 20000 | | |

- Date of purchase of the vehicle by the Proposer: 14/ 11/ 2019
- Whether the vehicle was new or second hand at the time of purchase? New Second Hand
- Is vehicle in good condition? Yes No if No, Please Give details
- Has any insurer ever declined/cancelled the insurance of the proposed vehicle? Yes No
- Policy Period; From 31/ 10/ 2022 To 30/ 10/ 2023
Are you entitled for No Claim Bonus on Renewal ? Yes No
* If yes, Please mention the 0 %
- Is the vehicle fitted with Anti - Theft Device which is approved by ARAI? Yes No
If answer of the above question is Yes, Please submit the certificate for the same.
- Are you a member of the Automobile Association of India? Yes No
If Yes, Please state
Name of Association
Membership No .
Date of Expiry

Driver's Detail

- Does the owner has a valid driving licence? Yes No
- Vehicle is primarily driven by: Registered Owner Any other
Name Relationship: Age Yrs
- Does the driver suffer from defective vision or hearing or any physical infirmity? Yes No Give details
- Drivers Qualification: Driver's experience:
- 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:
- Has the driver ever been involved / convicted for causing any accident of loss? Yes No
If YES, give details as under including the pending prosecutions:
Driver Name:
Date of Accident :
Loss / Cost (Rs.):
Circumstances of Accident or Loss

Inspection Details

- Does the vehicle stands fit for insurance? Yes No Self Inspection
- Inspection Reference No.:
Conducted on (Mention Date & Time):

Additional Coverage Details

- Do you require PA cover for Paid Driver, Cleaners and Conductors? Yes No
Do you wish to cover Geographical Area Extension under your proposed insurance?
 Bangladesh Bhutan Nepal Sri Lanka Maldives Pakistan
Voluntary excess:Do you wish to take the Voluntary excess over an above the compulsory excess. If Yes please mention SI 0
 RS.2,500 RS.5000 RS.7,500 RS. 15,000
Do you require Unnamed PA Cover Yes No
 - No. of Passengers 1
Sum Insured per person (unnamed passengers/hirer/pillion rider, two wheelers)
Name Sum Insured Name Sum Insured
 - Do you wish to cover Legal liability towards
a) Driver/Cleaner/Conductor (No. of Persons 0) Yes No
b) Unnamed Passengers (No. of Persons: 5) Yes No
c) Other employees (No. of Persons:0) Yes No
d) Soldier/Sailor/Airman employed as Driver Yes No
 - Do you wish to have the statutory Third Party Property Damage (TPPD) liability of Rs. 6,000/- only? (IMT 20) Yes No
 - Do you require PA cover for named persons? Yes No
Name: CSI Nominee: Relationship
 - The Policy provides additional Third Party Property Damage liability limits of Rs.1,00,000/- for Two Wheelers and Rs. 7,50,000/- for other classes of vehicles. Do you wish to cover the additional limit? Yes No
 - Legal liability to persons employed in connection with operation of the vehicle who are workmen'.The liability of the Employer under the Workmen's Compensation Act-1923 is covered under the Motor Vehicles Act -1988 Yes No
Drivers (No. of persons:) Employees (Workmen) (No. of persons:)

(Note: The Motor Vhicle Act - 1988 under Sec. 147(1)(ii)(l)cover liability to employees who are workmen within the meaning of Workmen Compensation Act - 1923.)

- Coverage for liability against Third Party Risks (Death or Bodily Injury) required in respect of Owner Driver only 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

Break in Insurance Declaration

"I/We hereby Declare and Undertake

That, the vehicle proposed to be insured had, during the period in which it was not covered 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 metwith an accident more than once)
 *That, the vehicle proposed to be insured had, during the period in which it was not covered by valid and effective insurance policy issued by any insurer/s, had NOT met with anyaccident

(*Select the appropriate check box and provide relevant information against selectedentry)

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 nsurance will be treated as void ab-initio".

NCB Declaration

I / We declare that the rate of NCB claimed by me/us is correct and that no claim as arisen in the expiring policy period (copy of the policy enclosed) I/We further undertake that if this declaration is found to be incorrect, all benefits under policy respect of Section I of the policy will forfeited.

Declaration

"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 n conditions will 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.

Any other Material Information Declaration and Consent

I/We hereby declare that the statements, answers given by me /us in this proposal form aretrue 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, answersand 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 no profit organization.

I hereby agree to receive a one pager policy document

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

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

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.

For use by intermediary

Cover Note No. issued (if any)

Period of Insurance for Package Policy of 1 year & 3 years :

From (Time) (Date)

To the midnight of date

Premium Amount (in Rs.)

Bank Name :

Cheque No. / DD No. / Cash:

Date

For Office use only

Customer ID

Proposal Number:

Policy / Cover Note Number: 201140030223700187900000

Proposal Checked By:

Date of Receipt:

Date :

Place:

Proposer Name :

Proposer's Sign :

*I am Environment friendly Customer :

Otp Status OTP Generated Date & Time:

Phone No : OTP Entered Date & Time:

Date :

Signature