

## 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.

event of misrepresentation, fraud or non-disclosure of material facts, the company reserves the right to cancel the policy from inception.

3) In the

10th Floor, Tower A Peninsula Business Park, Ganpath Rao Kadam Marg Lower Parel MUMBAI MAHARASHTRA - 400013 Phone: +91 22 6700 1313 Fax: +91 22 6700 1606

Unit no 206, Yash Tower, 2nd Floor, CTS no. 13156/1, Rokdiya Hanuman Colony CHHATRAPATI SAMBHAJINAGAR, MAHARASHTRA CHHATRAPATI

Policy Servicing Office SAMBHAJINAGAR MAHARASHTRA 431001 PH: +91 240 6604663 FAX: +91 0 0

Policy No Geographical Area Insured Address

Policy Issuing Office

11/20

M/S TRUE FEED AGRO PRODUCT

299/3/4 BY PASS ROAD SENDHWA BARWANI 299/3/4 BY PASS ROAD SENDHWA BARWANIBARWANI

BARWANI MADHYA PRADESH 451666

0.00

(M) +919926987774 NA/MADHYA PRADESH GSTIN No/State Name

837 151 00

**Customer ID** 1111398671

0.00

Period Of Insurance

Policy Issued On Covernote No/Ecovernote No

0.00

Covernote Date RTO Location

UIN CODES

From

00:00Hrs of 10/07/2024 Midnight of **09/07/2025** 

09/07/2024 201140030224700136001000

0.00 / 0.00

BARWANI IRDAN150RP0035V02201213 Zone Zone-B

837 151 00

Trance. Agent Name JAINUINE INSURANCE BROKERS PRIVATE LIMITED Agent Contact No 9812345678 Agent Code IMD1000855 INSURED MOTOR VEHICLE DETAILS AND PREMIUM COMPUTATION Year of Manufacture/Date Registration Trailer Trailer Chassis No. Make/Model/Type of Body CC/HP/GVW/KW capacity including Of Engine No. Registration No Chassis No IDV Mark & No. egistration/Invoic date MP 46 W 2021/25-08-HYUNDAI/VENUE 1.5 SX (O) D4FAMM300396 MALFC81DLMM229434 1493 5 2021/25-08-2021 0707 IDV (INSURED'S DECLARED VALUE) Year IDV of Vehicle( ) Trailers( ) Side Car( ) Non Electrical Accessories Electrical/Electronic Bi Fuel kit (CNG/LPG)( ) Total Value ( ) Accessories( )

0.00

1 037,131.00 0.00	0.00		0.00	0.00	0.00 / 0.00	037,13	1.00
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	₹ 7,346.21	1 Basic - TP			₹	3,416.00	
DISCOUNTS UNDER OWN DAMAGE SECTION			EXTENSIONS UNDER THIRD PARTY SECTION				
No claim bonus 35%		₹ 2,571.17	17 Employee Of Insured			₹	250.00
TOTAL OWN-DAMAGE PREMIUM (A)		₹ 4,775.51	₹ 4,775.51 <b>PA Benefits</b>				
Section I - ADD	ON COVERS (C)	•	PA Paid Drivers, Cl	eaners and Conductors		₹	50.00
Passenger Assist IRDAN150RP0035V01201213/	A0020V01201213	₹ 250.00	Personal Accident (	Cover-Unnamed( No. Of Perso	ns=5,SI=100000 )	₹	250.00
Consumables Cover IRDAN150RP0035V012012	213/A0015V01201213	₹ 1,255.73	TOTAL LIABILITY	PREMIUM (B)		₹	3,966.00
Liberty Complete Assistance (Plan A)		₹ 249.00	Net Premium(A+	B+C) Taxable Value	100	₹	14,982.00
IRDAN150RP0035V01201213/A0008V01202223	3		IGST(18% - MAD	HYA PRADESH)	0	₹	2,696.76
Depreciation Cover IRDAN150RP0035V012012	13/A0012V01201213	₹ 4,185.76	TOTAL POLICY P	REMIUM	· 10-10	₹	17,679.00
Key Loss Cover @ SI 20,000.00/- IRDAN150RP0035V01201213/A0010V01201314	CA STEAM	₹ 300.00		20.00	Mr Star		,
TOTAL ADD-ON COVER PREMIUM (C)	₹ 6,240.49	9					

Hire Purchase/ Lease /Hypothecated with

STATE BANK OF INDIA-

LIMITATION 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) control of the properties of goods (other than sample of personal luggage) control of the properties of

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.

LIPITIO OI	
Deductible	Compulsory I

	Deductible	Compulsory Deductible: Rs 1000/-,	Under Section II-I (i) of	such amount necessary to	Under Section II-I	750,000.00	P.A. cover for	0.00
	under	Voluntary Deductible: Rs <b>0/-</b> ,	the policy (Death of or	meet the requirements of	(ii) of the policy		owner- Driver	5.76
	section - I	Imposed Excess : Rs 0/	bodily injury):	motor vechile Act,1988	(Damage to third		under section	15%
		Additional excess : Rs /-		250	party property)		III : CSI	and.
		Theft excess : Rs /-	1.4	200				
ĸ.		EV Secure-Damage to Charger Deductible :	45	1000				
÷		Rs <b>0/-</b>	17.6	100			W New York	100
		EV Secure-Damage to Property		1772			A STATE	-03
		Deductible : Rs <b>0/-</b>					DASKE!	(40
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Subject to I.M.T Endorsement Nos. AD01,AD02,AD04,AD06,AD21,IMT 16,IMT 17,IMT 22,IMT 29,IMT 7

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

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,

In witness whereof this Policy has been signed at Mumbai on 09/07/2024

Receipt No: 10240030224100418769

In case of Claims, Please contact us at : Toll Free No - 18002665844, email id - <u>care@libertyinsurance.in</u>

Date of Issue : 09/07/2024 Place : Mumbai



For Liberty General Insurance Limited

**Authorised Signatory** 

Invoice No. 2724011001195504 Branch GSTIN No : 27AABCL9950A1ZL

SAC Code : 997134; Description of Service : General Insurance Service; Place of Supply : MADHYA PRADESH/23

IRDA Regn. No. 150

CIN No. U66000MH2010PLC209656 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

Liberty Insurance 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.