

LIBERTY GENERAL INSURANCE LIMITED
**STAND-ALONE OWN DAMAGE POLICY FOR PRIVATE CAR
 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, GANPATH RAO KADAM MARG, Lower Parel, DELISLE ROAD, 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 Phone: +91 240 6604663 Fax: +91 22 06700 1606	
Policy No Geographical Area Insured Address Contact Number GSTIN No/State	202540030224700048600000 India SAYAM VIJAYKUMAR NAHATA MANAKCHANDJAINRAGHUNATH PATILCOLONYSHIVAJICHOWKAURANGA BAD,,MAHARASHTRA.AURANGABAD,WA RKHEDA-431109 (M) +8668749976
Period of Insurance: Policy Issued On Covernote No/ Ecovernote Covernote Date RTO Location UIN CODES POSP Name Aadhar Card PAN Number	From 14:49 Hrs of 02/08/2024 To Midnight of 01/08/2025 02/08/2024 202540030224700048600000 02/08/2024 AURANGABAD Zone: Zone B IRDAN150RP0001V02201920
Agent Name Agent Code	JAINUINE INSURANCE BROKERS PRIVATE LIMITED IMD1000855
Agent Contact No	9812345678

INSURED MOTOR VEHICLE DETAILS

Registration Mark & No.	Year of Manufacture / Date of Registration / Invoice Date	Engine No.	Chassis No.	Make/Model/ Type of Body	CC/HP/GVW/K W	Licensed Carrying capacity including Driver	Trailer Registration No.	Trailer Chassis No.	Trailer IDV
MH-20-GK-7556	2023/17-07-2023/17-07-2023	K15CN924446 2	MA3BNC62SPE6 19994	MARUTI/ERT IGA/ZXI (O) CNG	1462.00	7	NA	NA	0.00

IDV (INSURED DECLARED VALUE)

IDV Of Vehicle	Trailers	Side Car	Non Electrical Accessories	Electrical/electronic Accessories	Bi-Fuel kit(CNG / LPG)	Total Value
1,050,000.00	0	0	0	0	0	1,050,000.00

PREMIUM COMPUTATION

Basic - OD	7,538.74	TOTAL OWN-DAMAGE PREMIUM (A)	6,332.54
EXTENSIONS UNDER OWN DAMAGE SECTIONS		TOTAL ADD-ON COVER PREMIUM (B)	7,004.00
Fuel Kit - OD- OD	376.94	Net Premium (A+B)Taxable Value	13,337.00
DISCOUNTS UNDER OWN DAMAGE SECTION		CGST(MAHARASHTRA)(9%)	1200.33
NCB Amount(20%)	1583.14	SGST(MAHARASHTRA)(9%)	1200.33
ADD ON COVERS		TOTAL POLICY PREMIUM	15,738.00
Passenger Assist IRDAN150RP0001V02201920/A0006V02201920	350.00		
Consumables Cover IRDAN150RP0001V02201920/A0004V02201920	1365.00		
Depreciation Cover IRDAN150RP0001V02201920/A0003V02201920	3,675.00		
Liberty Complete Assistance(Plan A) (IRDAN150RP0001V01201920/A0007V01202223)	249.00		
Engine Safe Cover IRDAN150RP0001V02201920/A0013V02201920	1365.00		

Hire Purchase/ Lease/Hypothecated with RESERVE 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) 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

Compulsory Deductible	Voluntary Deductible	Imposed Excess	Theft Excess
1000	0.00	0.00	0.00

Subject to I.M.T Endorsement Nos. IMT 7, IMT 22, IMT 25, AD 01, AD 02, AD 04, AD 07, AD 21

Liability Policy Details :

Name of the Insurer	Policy Number	Period of Insurance
NEW INDIA INS	98000031230913197771	From 00:00 Hrs of 27/05/2023 To Midnight of 26/05/2026

In witness whereof this Policy has been signed at Mumbai on 02/08/2024

Receipt No: CR202402088803

In case of Claims, Please contact us at : Toll Free No -18002665844,

email id - care@libertyinsurance.in

Date of Issue :02/08/2024

Place : CHHATRAPATI SAMBHAJINAGAR

Consolidated Stamp duty has been paid as per letter of Authorization no. LOA/ENF-2/CSD/54/2024/(Validity Period Dt. 29/05/2024 to 28/05/2025)/OW.NO.2408/ Dated 27/05/2024 issued by Main Stamp Office, Mumbai.

** Not Applicable for the State of Jammu Kashmir.

Invoice No.

Branch GSTIN No :27AABCL9950A1ZL

SAC Code:997134; Description of Service : General Insurance Service;

Place of Supply : MAHARASHTRA

IRDA Regn. No. 150

CIN No. U66000MH2010PLC209656

Tax is not payable under reverse charge by the recipient.

For Liberty General Insurance Limited



Saehi

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.

This Policy provides only Own Damage cover to the insured vehicle and no other liability is covered under the policy

STAND-ALONE OWN DAMAGE POLICY FOR PRIVATE CAR

UIN : IRDAN150RP0001V02201920

Proposal for : New Vehicle Renewal Rollover

(LGIL 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 SAMBAJINAGAR Branch Code : 400302
SM Name : _____ SM Code : N1639408
MISP/POSP Name : _____ MISP/POSP Code : _____
PAN Card No. : _____ OR Aadhar Card No. : _____

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

Type of Cover Own Damage Only

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
MARUTI	ERTIGA	ZXI (O) CNG	2023/17-07-2023	1462.00	0	7	Muv

Insured Declare Value

Year	For Vehicle Rs.	Electrical Accessories	Non Electrical Accessories	Trailers / Side Car (if Any)	CNG/LPG Kit (if not part of standard vehicle)	Total IDV Rs.
1	1050000.00	0.00	0.00	0.00	0.00	1050000.00

"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
 Tyre Protection Cover Liberty Complete Assistance (Plan A)

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. MH-20-GK-7556 Colour of Vehicle : _____
Engine No. K15CN9244462 Chassis No. MA3BNC62SPE619994
Place of Registration: AURANGABAD Date of Registration 17/ 07/ 2023

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 : 1462.00

Is the vehicle made in India? Yes No

Financier Details : Hypothecation Agreement Hire Purchase Lease Agreement Body Type : Muv

Name of Financier & Address : RESERVE BANK OF INDIA , _____

Name of Insured: (Mr/Mrs/M/s/Dr) SAYAM VIJAYKUMAR NAHATA _____

PAN Card No. : BHPPN3788R Aadhar Card No. : _____

E-Insurance Account No. _____ I would like to open E-Insurance Account with _____ Insurance Repository

Communication Address : MANAKCHANDJAINRAGHUNATH PATILCOLONYSHIVAJICHOWKAURANGABAD

Area / Landmark _____ State MAHARASHTRA City / District : AURANGABAD Pin Code : 431109

Contact Details: Mobile No. : 8668749976 Residence / Office: _____

Email ID: sayamnahata@gmail.com GSTIN : _____

Date of Birth : 17/ 04/ 1998 Business/Occupation (For Individual Customer) _____

Registration Address: MANAKCHANDJAINRAGHUNATH PATILCOLONYSHIVAJICHOWKAURANGABAD

Any other details : _____

Period of Insurance:

Section I - Own Damage	From Time :	14:49	Date :	02/ 08/ 2024	To the Midnight of Date :	01/ 08/ 2025
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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: Cash Cheque Demand Draft Credit Card Insured Bank Details: _____

Premium Amount (including service tax): 15738.00 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.

Details of Electrical Accessories

Item Details: _____ Make & Model: _____ Year of Manf.: _____ IDV: _____

Details of Non-Electrical Accessories

Item Details: _____ Make & Model: NA Year of Manf.: 2023 IDV: _____

Details of Vehicle Type & Usage

- Fuel Type of the vehicle Petrol Diesel Any Other
- Whether the Vehicle is 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 Fibre 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

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 met with an accident more than once)
 *That, the vehicle proposed to be insured had, during the period in which it was not covered by valid and effective insurance policy issued by any insurer/s, had NOT met with any accident (*Select the appropriate check box and provide relevant information against selected entry)
I/we understand that all and/or any kind of liabilities arising out of accident/s which had occurred prior to risk inception date and time as mentioned in the Policy Document issued by Liberty 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 void ab-initio".

NCB Declaration

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

Declaration

Previous Insurance Details

Name and Address of Previous Insurer New India Ins

Policy/Covernote no. 98000031230913197771

Type of Cover: Package (Comprehen) 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:	0		
Claims Amount	0		

1. Date of purchase of the vehicle by the Proposer: 17/ 07/ 2023

2. Whether the vehicle was new or second hand at the time of purchase?
 New Second Hand

3. Is the vehicle in good condition? Yes No
If NO, please give details: _____

4. Has any insurer ever declined/cancelled the insurance of the proposed vehicle?
 Yes No

5. Policy Period; From 27/ 05/ 2023 To 26/ 05/ 2024
Are you entitled for No Claim Bonus on Renewal ? Yes No
* If yes, Please mention the 20 %

6. Is the vehicle fitted with Anti - Theft Device which is approved by _____ Yes No
If answer of the above question is Yes, Please submit the certificate for the same.

7. 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

1. Does the owner has a valid driving licence? Yes No

2. Vehicle is primarily driven by: Registered Owner Any other
Name: _____ Relationship: _____ Age: _____ Yrs

3. Does the driver suffer from defective vision or hearing or any physical infirmity?
 Yes No Give details _____

4. Driver's qualification: _____ Driver's experience: _____ Yrs

5. Age & Date of Birth of the Owner: Age _____ Yrs _____ Date of Birth: _____
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? Yes No
If YES, give details as under including the pending prosecutions:
Driver's Name: _____
Date of Accident : _____
Loss / Cost (Rs.): _____
Circumstances of Accident/Loss _____

Inspection Details

1. Does the vehicle stands fit for Insurance? Yes No Self Inspection

2. Inspection Reference No.: LB0810759
Conducted on (Mention Date & Time): 02/08/2024 13:33:00

Additional Coverage Details

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.5,000 Rs.7,500 Rs. 15,000

Third Party Insurance Details

Name of the Insurer	NEW INDIA INS
Policy Number	98000031230913197771
Period of Insurance	From 00:00 Hrs of 27/05/2023 To Midnight of 26/05/2026

"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 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.

I hereby declare and confirm that the "MandatoryThird Party Insurance" of the vehicle proposed for insurance is valid till-----

Any other Material Information Declaration and Consent

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 Limited. 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 no profit organization.

I hereby agree to receive a one pager policy document

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 Only

Cover Note No. issued (if any) _____

Date of Issuance _____ Time of Issuance _____

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: 202540030224700048600000

Proposed 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