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 :Unit 1501&1502, 15th Floor, Tower 2, One International Center, Senapati Bapat Marg, Prabhadevi, Mumbai – 400013, Maharashtra
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
PH: +91 020 30856567 Fax:

Policy No	202540030124700235900000	**Period of Insurance:**	**From 00:00 Hrs of 03/12/2024 To Midnight of 02/12/2025**
Geographical Area	India		
Insured	RIZWAN SHIAKH	**Policy Issued On**	30/11/2024
Address	10 3 HEALTH CAMP WADARWADI TASHKAND BAKERYPUNE,,MAHARASHTRA,PUNE,SHI VAJI HOUSING SOCIETY-411016	**Covernote No/ Ecovernote**	202540030124700235900000
Contact Number	(M) +9822422331	**Covernote Date**	30/11/2024
GSTIN No/State		**RTO Location**	PUNE **Zone: Zone A**
		POSP Name	
		Aadhar Card	
		PAN Number	
		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

Registration Mark & No.	Year of Manufacture / Date of Registration / Invoice Date	Engine No.	Chassis No.	Make/Model/ Type of Body	CC/HP/GVW/KW	Licensed Carrying capacity including Driver	Trailer Registration No.	Trailer Chassis No.	Trailer IDV
MH-12-UY-0391	2022/07-12-2022/07-12-2022	G4LFNM350626	MALBK512TNM186383	HYUNDAI/ALL NEW I20/1.2 KAPPA ASTA IVT	1197.00	5	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 `
816,000.00	0	0	0	0	0.00	816,000.00

PREMIUM COMPUTATION

Basic - OD	` 16,073.57
ADD ON COVERS	
Passenger Assist IRDAN150RP0001V02201920/A0006V02201920	` 250.00
Consumables Cover IRDAN150RP0001V02201920/A0004V02201920	` 571.20
Depreciation Cover IRDAN150RP0001V02201920/A0003V02201920	` 3,998.40
Liberty Complete Assistance(Plan A) (IRDAN150RP0001V01201920/A0007V01202223)	` 249.00

TOTAL OWN-DAMAGE PREMIUM (A)	` **16,073.57**
TOTAL ADD-ON COVER PREMIUM (B)	` **5,068.60**
Net Premium (A+B)Taxable Value	` **21,142.00**
CGST(MAHARASHTRA)(9%)	` **1902.78**
SGST(MAHARASHTRA)(9%)	` **1902.78**
TOTAL POLICY PREMIUM	` **24,948.00**

Hire Purchase/ Lease/Hypothecated with

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 22, AD 01, AD 02, AD 04, AD 21

Liability Policy Details :

Name of the Insurer	Policy Number	Period of Insurance
RELIANCE GENERAL	996092223740000489	**From 00:00 Hrs of 03/12/2022 To Midnight of 02/12/2025**

In witness whereof this Policy has been signed at Mumbai on 30/11/2024

Receipt No: CR2024301110829

For Liberty General Insurance Limited

In case of Claims, Please contact us at : Toll Free No -18002665844,
email id – care@libertyinsurance.in
Date of Issue :30/11/2024
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/88/2024/(Validity Period Dt. 28/08/2024 to 27/08/2025)/OW.NO.4330/ Dated 28/08/2024).

Invoice No. 2561700235900000
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.

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

Digitally signed by: SACHIN JOSHI
Date: 2024-11-30 18:12:58 IST
Location: Mumbai

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 of India registration number : 150 .CIN : U66000MH2010PLC209656

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 : _____ IMD Code : _____
Branch Name : PUNE Branch Code : 400301
SM Name : SACHIN JADHAV SM Code : N1660644
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
HYUNDAI	ALL NEW I20	1.2 KAPPA ASTA IVT	2022/07-12-2022	1197.00	0	5	Hatch Back

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	816000.00	0.00	0.00	0.00	0.00	816000.00

"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 Depreciation Cover,

Vehicle Registration No. MH-12-UY-0391 **Colour of Vehicle :** _____
Engine No. G4LFNM350626 **Chassis No.** MALBK512TNM186383
Place of Registration: PUNE **Date of Registration** 07/ 12/ 2022

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 : 1197.00
Is the vehicle made in India? ☑ Yes ☐ No
Financier Details : ☐ Hypothecation Agreement ☐ Hire Purchase ☐ Lease Agreement Body Type : Hatch Back
Name of Financier & Address : _____
Name of Insured: (Mr/Mrs/M/s/Dr) RIZWAN SHIAKH
PAN Card No. : ANIPS3712N Aadhar Card No. : _____
E-Insurance Accout No. _____ I would like to open E-Insurance Account with _____ Insurance Repository
Communication Address : 10 3 HEALTH CAMP WADARWADI TASHKAND BAKERYPUNE
Area / Landmark _____ State MAHARASHTRA City / District : PUNE Pin Code : 411016
Contact Details: Mobile No. : 9822422331 Residence / Office: _____
Email ID: sparkpolicy@gmail.com GSTIN : _____

Date of Birth : 28/ 10/ 1969 Business/Occupation (For Individual Customer) _____
Registration Address: 10 3 HEALTH CAMP WADARWADI TASHKAND BAKERYPUNE

Any other details : _____

Period of Insurance:

Section I - Own Damage	From Time :	00:00	Date :	03/ 12/ 2024	To the Midnight of Date :	02/ 12/ 2025

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**
Premium Amount (including service tax): 24948.00
Cheque / DD No.: 100268
Cheque / DD Date: 30/ 11/ 2024
Insured Bank Details: ABHYUDAYA CO-OP. BANK LTD.
Bank Name and Branch: PUNE SERVICE BRANCH
Bank A/C No.: _____
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.: 2022 IDV: _____

Details of Vehicle Type & Usage

1. Fuel Type of the vehicle ☑ Petrol ☐ Diesel ☐ Any Other
2. 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
3. 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
4. Whether the vehicle is used for Commercial purposes? ☐ Yes ☑ No
5. Whether the vehicle is used for Driving tutions ? ☐ Yes ☑ No
6. Whether the vehicle is limited to own premises? ☐ Yes ☑ No
7. 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
8. Whether the vehicle is certified as Vintage Car by Vintage & Classic Car Club of India ?
   ☐ Yes ☑ No
9. Whether the rally cover is required? ☐ Yes ☑ No
10. Whether the vehicle is fitted with Fibre Glass Tank? ☐ Yes ☑ No
11. 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
12. 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

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 of India registration number : 150 .CIN : U66000MH2010PLC209656

Previous Insurance Details

Name and Address of Previous Insurer ICICI Lombard

Policy/Covernote no. 3001/O/319151299/00/000

Type of Cover: ☐ Package (Comprehen) Policy ☐ Act only Policy ☐ Bundle Policy ☐ Long Term Policy ☑ SAOD Policy ☐ Others

NCB*/Loading in expiring policy 20 %

Claim lodged in last three years:

Year	Expiring Year (1)	Expiring Year (2)	Expiring Year (3)
No. of Claims:	1		
Claims Amount	10000		

1. Date of purchase of the vehicle by the Proposer: 07/ 12/ 2022
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 03/ 12/ 2023 To 02/ 12/ 2024
   Are you entitled for No Claim Bonus on Renewal ? ☐ Yes ☑ No
   * If yes, Please mention the 0 %
6. 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.
7. Are you a member of the Automobile Association of India? ☐ Yes ☑ No
   If Yes, Please state :
   Name of Assocition :
   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.:
   Conducted on (Mention Date & Time):

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	**RELIANCE GENERAL**
Policy Number	**)96092223740000489**
Period of Insurance	**From 00:00 Hrs of 03/12/2022 To Midnight of 02/12/2025**

"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: 2025400301247002359000000
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