

LIBERTY GENERAL INSURANCE LIMITED

POS 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 :Unit 1501&1502, 15th Floor,Tower 2, One International Center,Senapati Bapat Marg, Prabhadevi,Mumbai – 400013 Maharashtra. Phone:+91 226700 1313			
Policy Servicing office :Unit 1501&1502, 15th Floor,Tower 2, One International Center,Senapati Bapat Marg, Prabhadevi,Mumbai – 400013 Maharashtra. Phone:+91 226700 1313			
Policy No.	201140040224702025100000	Period of Insurance	From 00:00 Hrs of 05/12/2024 To Midnight of 04/12/2025
Geographical Area	India	(Section III - PA Owner-Driver)	From 00:00 Hrs of 05/12/2024 To Midnight of 04/12/2025
Insured Address	MRS RIYA KUMAR BAJAJ G-601 MAHINDRA ROYAL, PIMPRI NEHRU NAGAR ROAD,NEAR HA GROUN D PIMPRI,,,MAHARASHTRA,PUNE,MASULKAR COLONY-411018	Policy Issued on	04/12/2024
Contact Number	(M) +9881363607	Covernote No/Ecovernote No	201140040224702025100000
GSTIN No/State	NA / MAHARASHTRA	Covernote Date	04/12/2024
UIN CODES:	IRDAN150RP0035V02201213	RTO Location	PIMPRI-CHINCHWAD Zone: Zone B
		POSP Name	INNUS MAHIBUB SHAIKH
		POSP Code	DOKPS2675E
		Aadhar/PAN No	841337048558/DOKPS2675E
		POSP Contact Number	8213403500
Agent Name	PROBUS INSURANCE BROKER PRIVATE LIMITED		
Agent Code	IMD1000498	Agent Contact No	8213403500

INSURED MOTOR VEHICLE DETAILS AND PREMIUM COMPUTATION

Registration Mark & No.	Year of Manufacture/ Date of Registration/In voice 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.
MH-14-FS-0744	2016/28-07-2016/28-07-2016	K12MN4172505	MA3EWB22 SGG200704	MARUTI/BALENO/ ALPHA 1.2/Hatch Back	1197	5	NA	NA

IDV (INSURED DECLARED VALUE)

Year	IDV Of Vehicle	Trailers	Side Car	Non Electrical Accessories	Electrical & Electronics Accessories	Bi-Fuel kit(CNG/LPG)	Total Value
1	252,000.00	0	0	0.00	0.00	0.00	252,000.00

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	Basic TP
DISCOUNTS UNDER OWN DAMAGE SECTION	PA BENEFITS
No claim bonus 45%	Personal Accident Cover Unnamed(No. Of Persons=5, SI=100000)
TOTAL OWN-DAMAGE PREMIUM (A)	LEGAL LIABILITY
	LLTo Paid Driver
	TOTAL LIABILITY PREMIUM (B)
	Section III - PA OWNER-DRIVER (D)
	PA Owner-Driver (D)
	Net Premium (A+B+D)Taxable Value
	State Cess
	CGST (9%)
	SGST (9%)
	TOTAL POLICY PREMIUM

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 1000/- Voluntary Excess: Rs:0 Imposed Excess : Rs 0/. Additional 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 22, IMT 28,							

NOMINATION DETAILS			
Name of the Nominee	Relationship with Insured	Name of Appointee (if nominee is minor)	Relationship with the Nominee
LEGAL HEIR	SPOUSE	NA	NA

LIBERTY GENERAL INSURANCE LIMITED

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 04/12/2024	
Receipt No:	
In case of claim ,Please contact us at : Toll Free No -18002665844, Email id – care@libertyinsurance.in Insurance is the subject matter of solicitation.	
Date of Issue :04/12/2024 Place: ANDHERI 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). Branch GSTIN :27AABCL9950A1ZL SAC Code:997134 Description of Service:General Insurance Service Place of Supply : MAHARASHTRA/27 IRDA Regn. No. 150 CIN No. U66000MH2010PLC209656 Tax is not payable under reverse charge by the recipient.	For Liberty General Insurance Limited 
Authorised Signatory	
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.	