



LIBERTY GENERAL INSURANCE LIMITED
POS COMMERCIAL VEHICLE PACKAGE POLICY - MISCELLANEOUS AND SPECIAL TYPE OF VEHICLES
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:				
PolicyRef No.	201440030124700116700000	Period of Insurance	From: 20:45 Hrs of 27/12/2024 To: Midnight of 26/12/2025	
Geographical Area	India	Policy Issued on	27/12/2024	
Insured	VASANTDADA SUGAR INSTITUTED	Covernote No	201440030124700116700000	
Address	ADMINISTRATION BLDG, MANJARI FARM, MANJERI BUDRUK, PUNE, PUNE, MAHARASHTRA, 412307 ,,,MAHARASHTRA,PUNE,MANJARI FARM-412307	Covernote Date	27/12/2024	
Contact Number	9850919120	RTO Location	PUNE	Zone: Zone C
Customer GSTIN	27AAATV0865A1ZP	POSP Name:	YASMIN ILIYAS	
UIN CODES:	IRDAN150RP0033V01201213	POSP Code:	POS1021611	
		Aadhar Card/Pan Number:	DQIPS5412P	
		POSP Conatct Number:	9067887858	
Agent Name				
Agent Code		Agent Contact No		

INSURED MOTOR VEHICLE DETAILS AND PREMIUM COMPUTATION														
Registration Mark & No.	Year of Manufacture/ Date of Registration/Invoice Date	Engine No.	Chassis No.	Vehicle Class	Vehicle Sub Class	Trailer Registration No	Trailer Chassis No	Trailer IDV	Make	Model Build	Type of Body	CC/HP/KW	GVW	Licensed Carrying capacity including Driver
New	2024/27-12-2024/27-12-2024	469833DX	NHN36300ZRL719010	MiscDPackage	AGRICULTURAL TRACTORS (>6HP)	NA	NA	NA	NEW HOLLAND	NH 3630 TRACTOR	Open	50.00	0	1

IDV (INSURED DECLARED VALUE)							
IDV Of Vehicle `	Chassis IDV `	Body IDV `	Trailers `	Non Electrical Accessories `	Electrical /electronic Accessories `	Bi-Fuel kit (CNG/LPG) `	Total Value `
855,000.00	855,000.00	0.00	0	0.00	0.00	0	855,000.00
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			`	1,526.18		Basic TP	
						`	
7,267.00							
EXTENSIONS UNDER OWN DAMAGE SECTIONS				EXTENSIONS UNDER THIRD PARTY SECTION			
Cover for lamps, tyres, tubes etc. - IMT 23			`	228.93		PA Benefits	
						Legal Liability	
TOTAL OWN-DAMAGE PREMIUM (A)			`	1755.10		Legal liability to Driver(1)/Cleaner(0)/Conductor(0) - IMT28	
						`	
50.00							
Section I - ADD ON COVERS (C)				DISCOUNTS UNDER THIRD PARTY SECTION			
TOTAL OWN-DAMAGE PREMIUM + ADD-ON COVER PREMIUM (A+C)			`	1755.10		TOTAL LIABILITY PREMIUM (B)	
						`	
7,317.00							
Section III - PA OWNER DRIVER (D)							
Net Premium Taxable Value (A+B)			`	9,072.00			
State Cess			`	0.00			
CGST(MAHARASHTRA)(9%)			`	816.48			
SGST(MAHARASHTRA)(9%)			`	816.48			
TOTAL POLICY PREMIUM			`	10,705.00			

NOMINATION DETAILS			
Name of the Nominee	Relationship with Insured	Name of Appointee (if nominee is minor)	Relationship with the Nominee
	NA	NA	NA
Hire Purchase/Lease/Hypothecated with :NA			
LIMITATIONS AS TO USE - Use only for agricultural and forestry purposes:The Policy does not cover (1) Use for hire or reward or for racing pace making reliability trial or speed testing. (2) Use for the carriage of passengers for hire or reward. (3) Use whilst drawing a greater number of trailers in all than is permitted by law.			
The Policy does not cover use for a)Organized racing, b)Pace Making, c)Reliability Trial, d)Speed Testing e)Use whilst drawing a trailer except the towing (other than for reward) of any one disabled Mechanically propelled vehicle (only for passengers carrying vehicles).			
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:Rs4275	Under Section II-I(i) of the policy (Death of or bodily injury):	Such amount as is necessary to meet there requirements of the Motor Vehicles Act, 1988.
		Under Section II-I(ii) of the policy(Damage to third party property)	7,50,000.00
Subject to I.M.T Endorsement Nos.		IMT 28, IMT 21,IMT 23,	

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 27/12/2024	
Receipt No:	For Liberty General Insurance Limited
Invoice No: 1461700116700000	
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 :27/12/2024	
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).	
LGI Branch GSTIN :27AABCL9950A1ZL	
IRDA Registration No. 150	
CIN No. U66000MH2010PLC209656	
SAC Code:997134 Description of Service:General Insurance Service	
Place of Supply : MAHARASHTRA	
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. 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.	



PROPOSAL FORM MISCELLANEOUS VEHICLE 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		IMD Code	
Branch Name	PUNE	Branch Code	400301
SM Name :	SACHIN JADHAV	SM Code :	N1660644
Contact No.:			
POSP Name :		POSP Code :	
PAN Card Number :		Aadhar Card No.	
	or		

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

Type of Cover : ☒ Package (Comprehensive) Policy ☐ Package (Act & Theft) Policy ☐ Package(Act,Theft and Fire) Policy ☐ Package(Fire & Theft) Policy ☐ Act only policy
Purpose for which vehicle will be used: ☐ Goods Carrying (Private Carrier) ☐ Goods Carrying (Public Carrier) ☐ Passenger Carrying ☒ Misc. D
Type of Vehicle: ☒ Four Wheeler ☐ Three Wheeler ☐ Other (Please Specify)

Vehicle Details

Vehicle Make	Model	Variant	Year of Manufacture/ Invoice Date	CC/HP/KW	Gross Vehicle Weight (GVW) For Miscellaneous Vehicle	Seating Capacity/LCC (Including Driver/Cleaner)	Body Type
NEW HOLLAND	NH 3630 TRACTOR		2024/27-12-2024	50.00	0	1	Open

Insured Declared Value

IDV of the Vehicle	Electrical Accessories	Non Electrical Accessories	Trailer	Value of CNG/LPG kit	Total IDV
855000.00	0.00	0.00	0.00	0	855000.00

“Add On Covers” Selected:	☐	Depreciation Cover	☐	Consumable Cover	☐	Road Side Assistance Cover	☐	Engine Safe Cover	☐	Gap Value (Incl Taxes & Regn.)
	☐	Gap Value Cover	☐	Additional Towing Expenses Cover				☐	EMI Protection Cover	
	☐									

UIN Code of Add On covers selected :

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.	New	Colour of Vehicle							
Engine No.	469833DX	Chassis No	NHN36300ZRL719010						
Place of Registration	PUNE	Date of Registration	27/12/2024						
Trailer Chassis No. (if any)	NA	Vehicle type	☒ Indigenous	☐ Importe d Rated under:	☐	Zone A	☐	Zone B	☒ Zone C

Is the vehicle attached with any of the Fleet?	☐ Yes ☐ No	No. of vehicles attached with fleet		CC/HP:	50.00
Is the vehicle made in India?	☒ Yes ☐ No				
Financier Details :	☐ Hypothecation Agreement ☐ Hire Purchase ☐ Lease Agreement	Body Type :	Open		
Name of Financier & Address :					
Name of Insured: (Mr/Mrs/Ms/Dr)	VASANTDADA SUGAR INSTITUTED				
e-Insurance Accout 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 :	ADMINISTRATION BLDG, MANJARI FARM, MANJERI BUDRUK, PUNE, PUNE, MAHARASHTRA, 412307				
Area/Landmark:	ADMINISTRATION BLDG, MANJARI FARM, MANJERI BUDRUK, PUNE, Pune, Maharashtra, 412307	State :	MAHARASHTRA	City / District :	PUNE
				Pin Code :	412307
Contact Details: Mobile No. :	9850919120	Residence:			
Office :		Email ID:	SPARKPOLICY@GMAIL.COM	PAN No. :	AAATV0865A

Date of Birth : 27/12/2006 Business/Occupation (For Individual Customer)
Registration Address: ADMINISTRATION BLDG, MANJARI FARM, MANJERI BUDRUK, PUNE, PUNE, MAHARASHTRA, 412307

Aadhar No.:
Any other details : MANJARI FARM

Period of Insurance From Time: 20:45 Hrs of Date: 27/12/2024 To the Midnight of Date: 26/12/2025

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			
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 Miscellaneous Vehicles • Compulsory PA cover to Owner Driver cannot be granted where a vehicle is owned by a company, a partnership firm or a similar body corporate or where the owner driver does not hold an effective driving license.
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: _____
☐ NEFT/RTGS

Premium Amount (including service tax): _____ Bank Name and Branch: _____
Cheque / DD No.: _____ Bank A/C No.: _____
Cheuqe / DD Date: _____ 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.: 2024 IDV _____

Trailer IDV:

Item Details: _____ Trailer Towed: _____ Trailer IDV _____

