



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<br>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<br>PH: +91 020 30856567 Fax: |                                                                                                                                      |                         |                               |
| PolicyRef No.                                                                                                                                                                 | 201440030124700148600000                                                                                                             | Period of Insurance     | From: 11:20 Hrs of 31/03/2025 |
| Geographical Area                                                                                                                                                             | India                                                                                                                                |                         | To: Midnight of 30/03/2026    |
| Insured                                                                                                                                                                       | NAVANATH DATTATRAY PALAVE                                                                                                            | Policy Issued on        | 31/03/2025                    |
| Address                                                                                                                                                                       | AT MALWADI PO WADSHIVANE TAL KARMALA, MALWADI, WADSHIVANE, SOLAPUR, MAHARASHTRA, 413223<br>,,,MAHARASHTRA,SOLAPUR,WADSHIVAN E-413223 | Covernote No            | 201440030124700148600000      |
| Contact Number                                                                                                                                                                | 7038578982                                                                                                                           | Covernote Date          | 31/03/2025                    |
| Customer GSTIN                                                                                                                                                                |                                                                                                                                      | RTO Location            | AKLUJ                         |
| UIN CODES:                                                                                                                                                                    | IRDAN150RP0033V01201213                                                                                                              |                         | Zone: Zone C                  |
|                                                                                                                                                                               |                                                                                                                                      | 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 AND PREMIUM COMPUTATION

| Registration Mark & No. | Year of Manufacture/ Date of Registration/I nvoice 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/K W | GVW | Licensed Carrying capacity including Driver |
|-------------------------|---------------------------------------------------------|----------------|-------------------|---------------|--------------------------------|-------------------------|--------------------|-------------|--------|------------------------|--------------|-----------|-----|---------------------------------------------|
| New                     | 2025/31-03-2025/31-03-2025                              | 381369SHB00646 | MBNAA45ACSTB20999 | MiscDPackag e | AGRICU LTURAL TRACTO RS (>6HP) | NA                      | NA                 | NA          | SWARAJ | 724 XM ORCHARD TRACTOR | OPEN         | 27.00     | 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 ` |
|-------------------------------------------------------|---------------|------------|------------|------------------------------|--------------------------------------------------------------|-------------------------|---------------|
| 527,250.00                                            | 527,250.00    | 0.00       | 0          | 0.00                         | 0.00                                                         | 0                       | 527,250.00    |
| 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                                              |               |            |            | 941.14                       | Basic TP                                                     |                         | 7,267.00      |
| EXTENSIONS UNDER OWN DAMAGE SECTIONS                  |               |            |            |                              | EXTENSIONS UNDER THIRD PARTY SECTION                         |                         |               |
| Cover for lamps, tyres, tubes etc. - IMT 23           |               |            |            | 141.17                       | PA Benefits                                                  |                         |               |
| LOADING UNDER OWN DAMAGE SECTION                      |               |            |            |                              | Legal Liability                                              |                         |               |
| TOTAL OWN-DAMAGE PREMIUM (A)                          |               |            |            | 1082.31                      | 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) |               |            |            | 1082.31                      | TOTAL LIABILITY PREMIUM (B)                                  |                         | 7,317.00      |
|                                                       |               |            |            |                              | Section III - PA OWNER DRIVER (D)                            |                         |               |
|                                                       |               |            |            |                              | Net Premium Taxable Value (A+B)                              |                         | 8,399.00      |
|                                                       |               |            |            |                              | State Cess                                                   |                         | 0.00          |
|                                                       |               |            |            |                              | CGST(MAHARASHTRA)(9%)                                        |                         | 755.91        |
|                                                       |               |            |            |                              | SGST(MAHARASHTRA)(9%)                                        |                         | 755.91        |
|                                                       |               |            |            |                              | TOTAL POLICY PREMIUM                                         |                         | 9,911.00      |

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 :KOTAK MAHINDRA BANK LTD, .

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:Rs2636.25 | 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) | 7,50,00 0.00 | P.A. cover for owner-Driver under section-III: CSI | NA |
| Subject to I.M.T Endorsement Nos. |                                 | IMT 28, IMT 7, 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.<br>In witness whereof this Policy has been signed at Mumbai on 31/03/2025                                                                                                                                          |                                                                                    |
| Receipt No:                                                                                                                                                                                                                                                                                                                                                                                                                  | For Liberty General Insurance Limited                                              |
| Invoice No: 1461700148600000                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                    |
| <b>In case of claim ,Please contact us at : Toll Free No -18002665844,<br/>Email id – care@libertyinsurance.in<br/>Insurance is the subject matter of solicitation;</b>                                                                                                                                                                                                                                                      |  |
| Date of Issue :31/03/2025                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                    |
| 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/128/2024/(Validity Period Dt. 30/12/2024 to 29/12/2025)/OW.NO.5591/ Dated 24/12/2024).                   |                                                                                    |
| 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. |          |

(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/<br>Invoice Date | CC/HP/KW | Gross Vehicle Weight (GVW)<br>For Miscellaneous Vehicle | Seating Capacity/LCC<br>(Including Driver/Cleaner) | Body Type |
|--------------|------------------------|---------|--------------------------------------|----------|---------------------------------------------------------|----------------------------------------------------|-----------|
| SWARAJ       | 724 XM ORCHARD TRACTOR |         | 2025/31-03-2025                      | 27.00    | 0                                                       | 1                                                  | OPEN      |

Insured Declared Value

| IDV of the Vehicle | Electrical Accessories | Non Electrical Accessories | Trailer | Value of CNG/LPG kit | Total IDV |
|--------------------|------------------------|----------------------------|---------|----------------------|-----------|
| 527250.00          | 0.00                   | 0.00                       | 0.00    | 0                    | 527250.00 |

|                           |                          |                    |                          |                                  |                          |                            |                          |                          |                          |                                |
|---------------------------|--------------------------|--------------------|--------------------------|----------------------------------|--------------------------|----------------------------|--------------------------|--------------------------|--------------------------|--------------------------------|
| “Add On Covers” Selected: | <input type="checkbox"/> | Depreciation Cover | <input type="checkbox"/> | Consumable Cover                 | <input type="checkbox"/> | Road Side Assistance Cover | <input type="checkbox"/> | Engine Safe Cover        | <input type="checkbox"/> | Gap Value (Incl Taxes & Regn.) |
|                           | <input type="checkbox"/> | Gap Value Cover    | <input type="checkbox"/> | Additional Towing Expenses Cover |                          |                            |                          | <input type="checkbox"/> | EMI Protection Cover     |                                |
|                           | <input type="checkbox"/> |                    |                          |                                  |                          |                            |                          |                          |                          |                                |

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.                   | 381369SHB00646 | Chassis No           | MBNAA45ACSTB20999                              |                                                 |                          |        |                          |        |                                            |
| Place of Registration        | AKLUJ          | Date of Registration | 31/03/2025                                     |                                                 |                          |        |                          |        |                                            |
| Trailer Chassis No. (if any) | NA             | Vehicle type         | <input checked="" type="checkbox"/> Indigenous | <input type="checkbox"/> Importe d Rated under: | <input type="checkbox"/> | Zone A | <input type="checkbox"/> | Zone B | <input checked="" type="checkbox"/> Zone C |

|                                                                                         |                                                                                                                                             |                                               |                       |                      |                              |
|-----------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|-----------------------|----------------------|------------------------------|
| Is the vehicle attached with any of the Fleet?                                          | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                    | No. of vehicles attached with fleet           |                       | CC/HP:               | 27.00                        |
| Is the vehicle made in India?                                                           | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                                         |                                               |                       |                      |                              |
| Financier Details :                                                                     | <input checked="" type="checkbox"/> Hypothecation Agreement <input type="checkbox"/> Hire Purchase <input type="checkbox"/> Lease Agreement |                                               |                       | Body Type :          | OPEN                         |
| Name of Financier & Address :                                                           | KOTAK MAHINDRA BANK LTD.,                                                                                                                   |                                               |                       |                      |                              |
| Name of Insured: (Mr/Mrs/Ms/Dr)                                                         | NAVANATH DATTATRAY PALAVE                                                                                                                   |                                               |                       |                      |                              |
| 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 :                                                                 | AT MALWADI PO WADSHIVANE TAL KARMALA, MALWADI, WADSHIVANE, SOLAPUR, MAHARASHTRA, 413223                                                     |                                               |                       |                      |                              |
| Area/Landmark:                                                                          | At Malwadi Po Wadshivane Tal Karmala, Malwadi, Wadshivane, Solapur, Maharashtra, 413223                                                     | State :                                       | MAHARASHTRA           | City / District :    | SOLAPUR    Pin Code : 413223 |
| Contact Details: Mobile No. :                                                           | 7038578982                                                                                                                                  | Residence:                                    |                       |                      |                              |
| Office :                                                                                |                                                                                                                                             | Email ID:                                     | SPARKPOLICY@GMAIL.COM | PAN No. :            | EDGPP6824Q                   |

Date of Birth : 01/01/1984    Business/Occupation (For Individual Customer)  
Registration Address: AT MALWADI PO WADSHIVANE TAL KARMALA, MALWADI, WADSHIVANE, SOLAPUR, MAHARASHTRA, 413223  
Aadhar No.:

Any other details : WADSHIVANE

Period of Insurance From Time: 11:20 Hrs of    Date: 31/03/2025    To the Midnight of Date: 30/03/2026

Personal accident Cover for Owner Driver is compulsory in liability only Cover. Please give details of nomination:

| Particulars                                                                                               | Name of Passenger | Name of Nominee/<br>Existing Nominee | Name of New Nominee<br>(In case of change of<br>existing Nominee) | Age | Relationship | Name of Appointee<br>(If Nominee is a<br>minor) | Relationship with the<br>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                 | <input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Demand Draft <input type="checkbox"/> Credit Card <input type="checkbox"/> NEFT/RTGS | Insured Bank Details: |  |
| Premium Amount (including service tax): |                                                                                                                                                                             | Bank Name and Branch: |  |
| Cheque / DD No.:                        |                                                                                                                                                                             | Bank A/C No.:         |  |
| Cheque / 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.: 2025    IDV

Trailer IDV:

Item Details:    Trailer Towed:    Trailer IDV

