



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	202540030125700079200000	Period of Insurance:	From 00:00 Hrs of 20/06/2025 To Midnight of 19/06/2026
Geographical Area	India	Policy Issued On	19/06/2025
Insured	SHRIMANT SARJERAO HONMANE	Covernote No/ Ecovernote	202540030125700079200000
Address	GAT NO 1295/1 DNYAN MANJULA SOCIETY SHIKRAPUR TAL SHIRUR PUNE ,,MAHARASHTRA,PUNE,SHIKRAPUR-412208 (M) +7719882020	Covernote Date	19/06/2025
Contact Number		RTO Location	PUNE
GSTIN No/State		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/K W	Licensed Carrying capacity including Driver	Trailer Registration No.	Trailer Chassis No.	Trailer IDV
MH-12-VQ-1117	2023/23-06-2023/23-06-2023	D4FAPM887391	MALPA813LPM522592	HYUNDAI/CRETA/E 1.5 DIESEL	1493.00	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 `
865,000.00	0	0	0	0	0.00	865,000.00

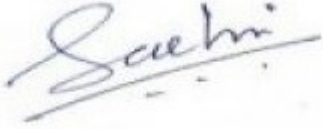
PREMIUM COMPUTATION

Basic - OD	5,679.59	TOTAL OWN-DAMAGE PREMIUM (A)	4,259.69
DISCOUNTS UNDER OWN DAMAGE SECTION			
NCB Amount(25%)	1419.90	TOTAL ADD-ON COVER PREMIUM (B)	3,526.50
ADD ON COVERS			
Passenger Assist IRDAN150RP0001V02201920/A0006V02201920	250.00	Net Premium (A+B)Taxable Value	7,786.00
Depreciation Cover IRDAN150RP0001V02201920/A0003V02201920	3,027.50	CGST(MAHARASHTRA)(9%)	700.74
Liberty Complete Assistance(Plan A) (IRDAN150RP0001V01201920/A0007V01202223)	249.00	SGST(MAHARASHTRA)(9%)	700.74
		TOTAL POLICY PREMIUM	9,187.00

Hire Purchase/ Lease/Hypothecated with STATE 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.		

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, AD 01, AD 04, AD 21			

Liability Policy Details :		
Name of the Insurer	Policy Number	Period of Insurance
ACKO GENERAL	BCBA00918408296/00	From 00:00 Hrs of 19/06/2023 To Midnight of 18/06/2026

In witness whereof this Policy has been signed at Mumbai on 19/06/2025 Receipt No: CR2025190610103 In case of Claims, Please contact us at : Toll Free No -18002665844, email id – care@libertyinsurance.in Date of Issue :19/06/2025 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/45/2025/(Validity Period Dt. 23/04/2025 to 20/04/2026)/OW.NO.1407/ Dated 23/04/2025). 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  
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 :		IMD Code :	
Branch Name :	PUNE	Branch Code :	400301
SM Name :	Nilesh Mohite	SM Code :	N0274339
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	CRETA	E 1.5 DIESEL	2023/23-06-2023	1493.00	0	5	Suv

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	865000.00	0.00	0.00	0.00	0.00	865000.00

“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-12-VQ-1117	Colour of Vehicle :	
Engine No.	D4FAPM887391	Chassis No.	MALPA813LPM522592
Place of Registration:	PUNE	Date of Registration	23/ 06/ 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 : 1493.00
Is the vehicle made in India? ☒ Yes ☐ No
Financier Details : ☒ Hypothecation Agreement ☐ Hire Purchase ☐ Lease Agreement Body Type : Suv

Name of Financier & Address : STATE BANK OF INDIA .
Name of Insured: (Mr/Mrs/M/s/Dr) SHRIMANT SARJERAO HONMANE
PAN Card No. : ACTPH4701L Aadhar Card No. : _____

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

Communication Address : GAT NO 1295/1 DNYAN MANJULA SOCIETY SHIKRAPUR TAL SHIRUR PUNE

Area / Landmark _____ State MAHARASHTRA City / District : PUNE Pin Code : 412208
Contact Details: Mobile No. : 7719882020 Residence / Office: _____
Email ID: jadhavmanoj585@gmail.com GSTIN : _____

Date of Birth : 01/ 01/ 1930 Business/Occupation (For Individual Customer) _____

Registration Address: GAT NO 1295/1 DNYAN MANJULA SOCIETY SHIKRAPUR TAL SHIRUR PUNE

Any other details : _____

Period of Insurance:

Section I - Own Damage	From Time :	00:00	Date :	20/ 06/ 2025	To the Midnight of Date :	19/ 06/ 2026
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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): 9187.00	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 tutions ? ☐ 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? ☐ Ye ☒ No s
- 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 InsurerTATA AIG

Policy/Covernote no.62029617490000

Type of Cover:

☐ Package (Comprehen) Policy

☐ Act only Policy

☐ Bundle Policy

☐ Long Term Policy

☒ SAOD Policy

☐ Others

NCB*/Loading in expiring policy20%

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:23/ 06/ 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; From20/ 06/ 2024To19/ 06/ 2025

Are you entitled for No Claim Bonus on Renewal ?

☒ Yes

☐ No

* If yes, Please mention the25%

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 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:AgeYrsDate of Birth:
Age & Date of Birth of the Driver:AgeYrsDate 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 SI0

☐ Rs.2,500

☐ Rs.5,000

☐ Rs.7,500

☐ Rs. 15,000

Third Party Insurance Details

Name of the Insurer	ACKO GENERAL
Policy Number	3CBA00918408296/00
Period of Insurance	From 00:00 Hrs of 19/06/2023 To Midnight of 18/06/2026

"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 IssuanceTime of Issuance

From Time:		Date:		To the Midnight of Date:	
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Premium Amount (in Rs.) :

Bank Name :

Cheque No. / DD No. / Cash:

Date

For Office use only

Customer ID:

Proposal Number:

Policy / Cover Note Number:202540030125700079200000

Proposal Checked By:

Date of Receipt:

Date :Place:

Proposer Name :Proposer's Sign :

*I am Environment friendly Customer :

Otp StatusOTP Generated Date & Time:

Phone No :OTP Entered Date & Time:

Date :

Signature