

LIBERTY GENERAL INSURANCE LIMITED

PRIVATE CAR LIABILITY 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) In the event of misrepresentation, fraud or non-disclosure of material facts, the company reserves the right to cancel the policy from inception.

|                                                                                                                                                                                     |                                                                                                               |                                   |                                                        |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|-----------------------------------|--------------------------------------------------------|
| <b>Policy issuing office :Unit 1501&amp;1502, 15th Floor,Tower 2, One International Center,Senapati Bapat Marg, Prabhadevi,Mumbai – 400013 Maharashtra. Phone:+91 226700 1313</b>   |                                                                                                               |                                   |                                                        |
| <b>Policy Servicing office :Unit 1501&amp;1502, 15th Floor,Tower 2, One International Center,Senapati Bapat Marg, Prabhadevi,Mumbai – 400013 Maharashtra. Phone:+91 226700 1313</b> |                                                                                                               |                                   |                                                        |
| <b>Policy No.</b>                                                                                                                                                                   | 201510000025700988100000                                                                                      | <b>Period of Insurance</b>        | From 00:00 Hrs of 24/07/2025 To Midnight of 23/07/2026 |
| <b>Geographical Area</b>                                                                                                                                                            | India                                                                                                         | <b>Policy Issued on</b>           | 23/07/2025                                             |
| <b>Insured</b>                                                                                                                                                                      | MRS NEETA VIKAS LONKAR                                                                                        | <b>Covernote No/Ecovernote No</b> | 201510000025700988100000                               |
| <b>Address</b>                                                                                                                                                                      | 601/4, KONDWA KH, KUBERA PARK, BLDG NO 9,FLAT NO 16, LULLA NAGAR WANOWARIE,PUNE,MAHARASHTRA,PUNE,A FMC-411040 | <b>Covernote Date</b>             | 23/07/2025                                             |
| <b>Contact Number</b>                                                                                                                                                               | (M) +7719828259                                                                                               | <b>RTO Location</b>               | PUNE                                                   |
| <b>GSTIN No/State</b>                                                                                                                                                               | NA / MAHARASHTRA                                                                                              | <b>Zone:</b>                      | Zone A                                                 |
| <b>UIN CODES:</b>                                                                                                                                                                   | IRDAN150RP0035V02201213                                                                                       | <b>POSP Name</b>                  |                                                        |
|                                                                                                                                                                                     |                                                                                                               | <b>POSP Code</b>                  |                                                        |
|                                                                                                                                                                                     |                                                                                                               | <b>Aadhar/PAN No</b>              | /                                                      |
|                                                                                                                                                                                     |                                                                                                               | <b>POSP Contact Number</b>        | 9998880965                                             |
| <b>Agent Name</b>                                                                                                                                                                   | PROBUS INSURANCE BROKER LIMITED                                                                               |                                   |                                                        |
| <b>Agent Code</b>                                                                                                                                                                   | IMD1115804                                                                                                    | <b>Agent Contact No</b>           | 9998880965                                             |

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-12-FK-3509           | 2009/16-06-2009/16-06-2009                              | DI3A498989 | MA3FKEB2S 00179871 | MARUTI/SWIFT/ZX I/Hatch Back | 1298          | 5                                           | NA                       | NA                  |

|                                      |          |
|--------------------------------------|----------|
| LIABILITY                            |          |
| Third Party Premium                  |          |
| Basic Cover                          |          |
| Basic TP                             | 3,416.00 |
| EXTENSIONS UNDER THIRD PARTY SECTION |          |
| LEGAL LIABILITY                      |          |
| LLTo Paid Driver                     | 50.00    |
| LOADING UNDER THIRD PARTY SECTION    |          |
| LPG/CNG Fuel Kit TP                  | 60.00    |
| TOTAL LIABILITY PREMIUM              | 3,526.00 |
| Net Premium                          | 3,526.00 |
| State Cess                           | 0        |
| CGST (9%)                            | 317.00   |
| SGST (9%)                            | 317.00   |
| TOTAL POLICY PREMIUM                 | 4,161.00 |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |  |  |  |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|
| 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                                             |                                                                           |                                                                      |             |                                                    |    |
| 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 | NA |
| Subject to I.M.T Endorsement Nos. IMT 25, IMT 28                |                                                                           |                                                                      |             |                                                    |    |

|                     |                           |                                         |                               |
|---------------------|---------------------------|-----------------------------------------|-------------------------------|
| NOMINATION DETAILS  |                           |                                         |                               |
| Name of the Nominee | Relationship with Insured | Name of Appointee (if nominee is minor) | Relationship with the Nominee |
| NA                  | NA                        | NA                                      | NA                            |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                   |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------|
| 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 23/07/2025<br>Receipt No:                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | <div>For Liberty General Insurance Limited</div> <div></div> |
| <b>In case of claim ,Please contact us at : Toll Free No -18002665844, Email id – care@libertyinsurance.in Insurance is the subject matter of solicitation.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                   |
| <b>Date of Issue :23/07/2025</b><br><b>Place: MUMBAI</b><br>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).<br>Branch GSTIN :27AABCL9950A1ZL<br>SAC Code:997134 Description of Service:General Insurance Service<br>Place of Supply : MAHARASHTRA/27<br>IRDA Regn. No. 150<br>CIN No. U66000MH2010PLC209656<br>Tax is not payable under reverse charge by the recipient. |  |                                                                                                                                                   |
| IMPORTANT NOTICE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | Authorised Signatory                                                                                                                              |
| 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.                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                   |
| Break in insurance.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                   |