LIBERTY GENERAL INSURANCE LIMITED

POS COMMERCIAL VEHICLE LIABILITY POLICY - GOODS CARRYING 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.	20174003012570006630000 0	**Period of Insurance** **From:**	**00:00 Hrs of 25/07/2025**
Geographical Area	India	**To:**	**Midnight of 24/07/2026**
Insured	LAXMAN SAMPAT HARPUDE	**Policy Issued on**	23/07/2025
Address	440 PABAL SHIKRAPUR VARCHA MALA A/P DHAMARI TAL,SHIRUR DIST PUNE PUNE MAHARASHTRA ,440, PABAL SHIKRAPUR ROAD, VARCHA MALA, DHAMARI, DHAMARI, PUNE, MAHARASHTRA, 412403,,MAHARASHTRA,PUNE,DHAMARI-412403	**Covernote No**	20174003012570006630000 0
Contact Number	7719882020	**Covernote Date**	23/07/2025
Customer GSTIN			
UIN CODES:	IRDAN150RP0034V01201213	**RTO Location**	PUNE **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/ Invoice Date	Engine No.	Chassis No.	Trailer Registration No	Trailer Chassis No	Make/Model/ Type of Vehicle	Type of Body	Vehicle Sub Class	CC/HP/ GVW/KW	Public/ Private Carrier	Licensed Carrying capacity including Driver
MH-12-GT-5894	2012/06-02-2012/06-02-2012	GLC1A51351	MA1ZP2GLKC1A16738			MAHINDRA/BOLERO MAXI TRUCK PLUS/(Fully Built) PICKUP	OPEN	Goods Carrying (Other than 3-wh)-Public Carriers	2450	Public	2

IDV (INSURED DECLARED VALUE)

IDV Of Vehicle `	Chassis IDV	Body IDV	Non Electrical Accessories `	Electrical & Electronics Accessories `	Bi-Fuel kit(CNG/LPG) `	Trailer `	Total Value `
0.00	0.00	0.00	0	0	0	0	0.00

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	` 0.00	Basic TP	` 16,049.00
EXTENSIONS UNDER OWN DAMAGE SECTIONS		**EXTENSIONS UNDER THIRD PARTY SECTION**	
LOADING UNDER OWN DAMAGE SECTION		**PA Benefits**	
TOTAL OWN-DAMAGE PREMIUM (A)	` 0.00	**Legal Liability**	
TOTAL OWN-DAMAGE PREMIUM + ADD-ON COVER PREMIUM (A+C)	` 0.00	Legal liability to Driver(0)/Cleaner(0)/Conductor(0)	` 100.00
		TOTAL LIABILITY PREMIUM	16,149.00
		Section III - PA OWNER DRIVER (D)	
		PA Owner Driver (D)	375.00
		Net Premium (A+B+C+D)Taxable Value	` 16,524.00
		State Cess	` 0.00
		CGST(MAHARASHTRA)	` 1005.69
		SGST(MAHARASHTRA)	` 1005.69
		TOTAL POLICY PREMIUM	` 18,535.00

Hire Purchase/Lease/Hypothecated with :MAHINDRA AND MAHINDRA FINANCE, .

LIMITATIONS AS TO USE -The Policy covers use only for carriage of goods within the meaning of the Motor Vehicles Act

The Policy does not cover 1) Use for Organized racing, Pace Making, Reliability Trial, Speed Testing 2) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled Mechanically propelled vehicle 3) Use for carrying passengers in vehicles; except employees (other than driver) not exceeding the no. permitted in registration document and coming under purview of Workmen's Comp Act 1923.

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 when not used for transport of goods at the time of the accident 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 500 Voluntary Deductible: Rs 0.00**	**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	**P.A. cover for owner-Driver under section-III: CSI**	15,00,000.00
Subject to I.M.T Endorsement Nos.	IMT 7, IMT 28,IMT 21						

NOMINATION DETAILS

Name of the Nominee	Relationship with Insured	Name of Appointee (if nominee is minor)	Relationship with the Nominee
	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.
In witness whereof this Policy has been signed at Mumbai on 23/07/2025

Receipt No: CR202420057802

Invoice No:

For Liberty General Insurance Limited

In case of claim ,Please contact us at : Toll Free No -18002665844,
Email id – care@libertyinsurance.in IRDA Registration No. 150
Insurance is the subject matter of solicitation;CIN No. U66000MH2010PLC209656
Date of Issue :23/07/2025
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).
LGI Branch GSTIN :27AABCL9950A1ZL
SAC Code:997134 Description of Service:General Insurance Service
Place of Supply : MAHARASHTRA

Tax is not payable under reverse charge by the recipient.

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 46, I am not required to prepare an invoice in terms of the provisions of the said sub-rule

Authorised Signatory

Digitally signed by: DS LIBERTY GENERAL INSURANCE LIMITED 2
Date: 2025-07-23 16:51:00 IST
Location: Mumbai

IMPORTANT NOTICE

LIBERTY GENERAL INSURANCE LIMITED

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.

POS1021611

Liberty General Insurance Limited
Unit 1501&1502, 15th Floor, Tower 2, One International Center, Senapati Bapat Marg, Prabhadevi, Mumbai – 400013, Maharashtra Phone: +91 226700 1313
Email:care@libertyinsurance.in
IRDA of India registration number : 150 . CIN: U66000MH2010PLC209656
PRODUCT UIN CODE: IRDAN150RP0034V01201213

STANDARD PROPOSAL FORM FOR LIABILITY ONLY POLICY

(For Commercial Vehicles other than Motor Trade Internal Risks Policies)

Intermediary Details

IMD Name | IMD Code
Branch Name: PUNE | Branch Code: 400301
SM Name : Nilesh Mohite | SM Code : N0274339
Contact No.:
POSP Name : | POSP Code :
PAN Card Number : or Aadhar Card No.:

A. Questions that are necessarily to be listed for granting the cover as per the Motor Vehicles Act-1988.

A (I) Personal Details of Proposer/Owner

Personal Details			
	1.	Proposer's (Owner's) Full Name (In capital letters)	LAXMAN SAMPAT HARPUDE
	2.	Address (where the vehicle is normally kept) (In capital letters, with pin code)	440 PABAL SHIKRAPUR VARCHA MALA A/P DHAMARI TAL,SHIRUR DIST PUNE PUNE MAHARASHTRA 440, PABAL SHIKRAPUR ROAD, VARCHA MALA, DHAMARI, DHAMARI, PUNE, MAHARASHTRA, 412403 DHAMARI PUNE PUNE MAHARASHTRA Pin Code : 412403 Telephone : Fax Number : Mobile No. : 7719882020 Mail ID : jadhavmanoj585@gmail.com
	3.	Occupation / Business	
	4.	Type of Cover	Liability Only Policy
	5.	Period of Insurance	From 25/07/2025 Hrs on 00:00 To 24/07/2026 Hrs on 23:59

A (II) Vehicle Details

Vehicle Specifications			
	6.	Registration Number of the Vehicle	MH-12-GT-5894
	7.	Date of Registration of the Vehicle	06/02/2012
	8.	Registering Authority and Location	PUNE
	9.	Year of Manufacture/Invoice Date	2012/06-02-2012
	10.	Engine Number	GLC1A51351
	11.	Chassis Number	MA1ZP2GLKC1A16738
	12	Make of the Vehicle	MAHINDRA
	13.	Model /Variant	BOLERO MAXI TRUCK PLUS (FULLY BUILT) PICKUP
	14.	Type of Body	OPEN
	15.	Gross Vehicle Weight (GVW) & Cubic Capacity (C.C) / KW	2450 & 1.00
	16.	Max. licensed carrying capacity (No. of Passengers) in case of Passenger Carrying Vehicles?	
	17.	Whether the vehicle is driven by non- conventional source of power / CNG / LPG / Bi-Fuel? If yes, please give details	☐ Yes ☑ No
	18.	Whether the use of vehicle is limited to own premises?	☐ Yes ☑ No
	19.	Whether the commercial vehicle is also used for private purposes (excluding use for hire or reward)?	☐ Yes ☑ No
	20.	Whether the vehicle is used for driving tuitions? (GR-44)	☐ Yes ☑ No
	21.	Details of Hire Purchase / Hypothecation / Lease (IMT-5)	
		a) Is the vehicle proposed for insurance is:	☑ Yes ☐ No
		(I) Under Hire Purchase?	☐ Yes ☑ No
		(ii) Under Lease Agreement?	☐ Yes ☑ No
		(iii) Under Hypothecation?	☑ Yes ☐ No
		If 'YES", give name and address of concerned party/parties	MAHINDRA AND MAHINDRA FINANCE
		(Note: Copies of R.C Book, Permit & Fitness Certificate should be submitted along with the proposal form)	.

A (III) Liability Section: Coverage

22. Third Party Risks: Death/Bodily Injury

Coverage for liability against Third Party Risks (Death or Bodily Injury) required in respect of:

(i) Owner Driver only ☑ Yes ☐ No (ii) Any person other than Paid Driver ☐ Yes ☑ No

If 'YES", give details of such other persons:

1.
2.
3.

(iii) Non fare Paying Passengers (No. of persons): 0)

Note: 1.Section146 of Motor Vehicles Act-1988 makes it mandatory for the owner of the vehicle to ensure that he or any other person authorized by him to drive a vehicle in public place has insurance against third party risks. The explanation to Section146 exempts the paid driver. 2. As per Section 147 (2)(a) The liability is 'as incurred' in the case of death / bodily injury of a third party].

23. Third Party Risks: TPPD (IMT-20)

Do you wish to have the statutory Third Party Property Damage (TPPD) liability of Rs.6000/- only? ☐ Yes ☑ No

(For additional TPPD limits, please see Q.No.25)

24. Third Party Risks: Liability to 'Workmen' under W.C.Act-1923 (Compulsorily to be covered by M.V Act-1988)

Legal liability to persons employed in connection with operation of the vehicle who are 'workmen'. [The liability of the Employer under the Workmens' Compensation Act-1923 is covered under the Motor Vehicles Act-1988.

1) Drivers: (No. of persons 2) 2) Employees (Workmen): (No. of persons NA)

Note : The Motor Vehicles Act-1988 under Sec.147(1)(ii)(i) covers liability to employees who are workmen within the meaning of the Workmen's Compensation Act-1923.

For additional coverage, please refer to **Q.No.26**

B.Questions that provide additional covers as per IMT Endorsements

25. Addl.: TPPD (GR-39)

The Policy provides additional Third Party Property Damage liability limit of Rs.7,50,000/- for commercial vehicles.

Do you wish to cover the additional limit? ☐ Yes ☑ No

[Refer to Q.No.23]

26. Additional Liability to Workmen (IMT-28)

Do you wish to cover wider legal liability to employees who are 'workmen'? [This information is sought to cover in addition to liability under the Workmens Compensation Act-1923, also liability under the Fatal Accidents Act-1855 and the Common Law] ☐ Yes ☑ No

Note: The additional liability under Common Law and Fatal Accidents Act in respect of employees who are workmen is covered under this endorsement.

[Refer to Q.No.24]

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IRDA of India registration number : 150 . CIN: U66000MH2010PLC209656

27. Liability to Employees who are not Workmen (IMT-29)

Do you wish to cover wider legal liability to employees who are **NOT** 'workmen'? ☐ Yes ☑ No

Note: The liability under Common Law and Fatal Accidents Act-1855 in respect of employees **who are not workmen** can be covered under this endorsement.

28. Personal Accident Cover For Owner Driver

Personal Accident Cover for Owner Driver is compulsory in the Liability Only Cover. Please give details of nomination:

(a) Name of the Nominee & Age:

(b) Relationship

(c) Name of the Appointee (If Nominee is a Minor) :

(d) Relationship to the Nominee :

Note : Personal Accident cover for Owner Driver is compulsory for Sum Insured of Rs.15,00,000/- for Commercial Vehicles.
2. 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.

29. PA Cover for Named Occupants (IMT-15)

Do you wish to include Personal Accident cover for named persons? ☐ Yes ☑ No

If YES, give name and Capital Sum Insured (CSI) opted for:

Sl No.	Name	CSI Opted (Rs.)	Nominee	Relationship
1.				
2.				
3.				

Note: The maximum CSI available per person is Rs.2 Lakhs in case of Commercial Vehicles)

30. PA Cover for Un-Named Occupants (IMT-16)

Do you wish to include Personal Accident cover for Un-named Passengers/hirer/pillion passengers (Two Wheelers)? ☐ Yes ☑ No

If YES, give number of persons and Capital Sum Insured (CSI) Opted:

No. of Persons : _____ C.S.I (Per Person) _____

Note: The maximum CSI available per person is Rs.2 Lakhs in case of Commercial Vehicles)

31. Geographical Extension (IMT-1)

Whether extension of geographical area to the following countries required?

1. Bangladesh	☐ Yes	☑ No	2. Bhutan	☐ Yes	☑ No
3. Maldives	☐ Yes	☑ No	4. Nepal	☐ Yes	☑ No
5. Pakistan	☐ Yes	☑ No	6. Sri Lanka	☐ Yes	☑ No

Note: Presently the territory covered is geographical area of India. Extension of geographical area cover can be availed by use of this endorsement

C. Questions that are elicited for information and data collection purposes

32. Previous History Details:

Previous History:

a. Date of purchase of the vehicle by the Proposer: 06/02/2012

b. Whether the vehicle was new or second hand at the time of purchase? ☐ New ☐ Second Hand

c. Will the vehicle be used exclusively for

(i) Private, Social, Domestic, Pleasure & Professional purpose? ☐ Yes ☑ No

(ii) Carriage of goods other than samples or Personal luggage? ☐ Yes ☑ No

d. Is the vehicle is in good condition? ☐ Yes ☑ No

If No, please give details:

e. Name and Address of previous insurance company : NA

NA

f. Previous policy number : NA

g. Period of Insurance : From NA To NA

h. Claims lodged during the preceding 3 years:

Sr.No	Year	No. of Claims	Claim Amount (Rs.)
1.	Expiring Year (1)		
2.	Expiring Year (2)		
3.	Expiring Year (3)		

33. Driver Details

Details of the Driver:

a. Does the owner has a valid driving licence? ☑ Yes ☐ No

b. Age & Date of Birth of the Owner : Age Yrs
Date of Birth:

c. Age & Date of Birth of the Driver : Age Yrs
Date of Birth:

d. Does the driver suffer from defective vision or hearing or any physical infirmity? ☐ Yes ☑ No
If YES, please give details of such infirmity: _____

e. 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:

*I am Environment friendly Customer :

Otp Status **OTP Generated Date & Time:**

Phone No : OTP Entered Date & Time:

Date :

_____

Signature

Driver's Name:	
Date of Accident:	
Loss / Cost (Rs.):	
Circumstances of Accident/Loss:	

Break in Insurance Declaration:

I/We hereby Déclare 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"

Premium Payment Details:

☐ Cheque ☐ Demand Draft ☑ Credit Card ☐ Cash

Instrument Number (Cheque or DD) NA

Date 23/ 07/ 2025

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.

Amount 18535.00

Insured Bank Details:

Bank Name and Branch

Bank A/C Number

IFSC Code

Declaration:

"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 be made available free of cost upon my/our request".

Declaration by the Insured

I/We hereby declare that the statements made by me/us in this Proposal Form are true to the best of my/our knowledge and belief and I/We hereby agree that this declaration shall form the basis of the contract between me/us and Liberty General Insurance Limited.

I/We also declare that any additions or alterations are carried out after the submission of this proposal form then the same would be conveyed to the Insurance Company immediately.

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.

☐ I hereby confirm having a valid personal accident policy for sum Insured of minimum Rs.15 lakhs.

Date:_____ Place:_____

Policy / Covernote Number: 2017400301257000663000000

Signature of the Proposer/s : _____

Prohibition of Rebates (Insurance Act-1938, Section 41)

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 of 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 in the policy, nor shall any person taking out of 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 which may extened to ten lac rupees.

Note: Denial of "Third Party Liability Only Cover" by Insurer, for reasons other than fraud/misrepresentation by proposer, will entail Regulatory action.