LIBERTY GENERAL INSURANCE LIMITED
TWO WHEELER MOTOR - LIABILITY ONLY 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.

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 :New Office Address: Unit No-402 , Final Plot No 100, Bhambhurda, Behind Hotel Pride, Shivaji Nagar, Pune-411005, Maharashtra, PUNE, PUNE,MAHARASHTRA-411027 PH: +91 020 8655949146 Fax:

PolicyRef No.	2016400301257002527000000	**Period of Insurance**	**From:**	**00:00 Hrs of 08/10/2025**
Geographical Area	India		**To:**	**Midnight of 07/10/2026**
Insured	VISHWAS NANA KHANDVE	**Policy Issued on**		06/10/2025
Address	SR NO 102 HARANE TALE WASTI, LOHAGAON, HAVELI, PUNE. MAHARASHTRA - 411047 ,,,MAHARASHTRA,PUNE,LOHOGAON-411047	**Covernote No**		2016400301257002527000000
Contact Number	9096417545	**Covernote Date**		06/10/2025
Customer GSTIN				
UIN CODES:	IRDAN150RP0034V01201213	**RTO Location**	PUNE	**Zone: Zone A**
		POSP Name		
		Aadhar Card		
		PAN Number		

Agent Name	SPARKSHIELD INSURANCE BROKER PRIVATE LIMITED		
Agent Code	IMD1270246	Agent Contact No	8421887858

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-LS-9899	2015/06-03-2015/06-03-2015	U3K5C0FA667165	ME3U3K5C0FA667165	NA	NA	ROYAL ENFIELD/BULLET/CLASSIC 350CC	Solo with Pillion		350.00		2

LIABILITY	
Third Party Premium	
Basic Covers	
Basic TP	` 1,366.00
PA Benefits	
PA Owner Driver	` 375.00
TOTAL LIABILITY PREMIUM	` 1,741.00
Net Premium	` 1,741.00
CGST(MAHARASHTRA)(9%)	` 156.69
State Cess	` 0.00
SGST(MAHARASHTRA)(9%)	` 156.69
TOTAL POLICY PREMIUM	` 2,054.00

Hire Purchase/Lease/Hypothecated with :NA

DRIVERS CLAUSE

LIMITS OF LIABILITY

Under Section 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 I(ii) of the policy(Damage to third party property)**	1,00,000.00	**P.A. coverfor owner-Driver under section-III: CSI**	15,00,000.00
Subject to I.M.T Endorsement Nos.	IMT 15				

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.
In witness whereof this Policy has been signed at Mumbai on 06/10/2025

Receipt No:

For Liberty General Insurance Limited

In case of claim ,Please contact us at : Toll Free No -18002665844,
Email id – care@libertyinsurance.com IRDA Registration No. 150
Insurance is the subject matter of solicitation;CIN No.
U66000MH2010PLC209656
Date of Issue :06/10/2025
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

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.

Break in insurance.

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

STANDARD PROPOSAL FORM FOR LIABILITY ONLY POLICY (For Two Wheelers)

Intermediary Details

IMD Name : SPARKSHIELD INSURANCE BROKER PRIVATE LIMITED — IMD Code : IMD1270246
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)

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)	VISHWAS NANA KHANDVE
2.	Address (where the vehicle is normally kept) (In capital letters, with pin code)	City / District: PUNE — State: MAHARASHTRA Pin Code: 411047 — Telephone: — Fax Number: — Mobile No.: 9096417545 Mail ID: SPARKPOLICY@GMAIL.COM — GSTIN:
3.	Occupation / Business	
4.	Type of Cover	Liability Only Policy
		Policy Tenure: ☑ 1 Year ☐ 2 Years (Applicable for Two Wheelers Only)
		☐ 3 Years(Applicable for Two Wheelers & New Private Car Only) ☐ Two Wheeler Liability Policy - 5 Years
5.	Period of Insurance	From 08/10/2025 Hrs on 00:00 To 07/10/2026 Hrs on 23:59
6.	Period of Insurance for PA Owner Driver Cover	From Time : 00:00 Date : 08/10/2025 To the Midnight of Date: 07/10/2026

PAN Card No. : — Aadhar Card No.
E Insurance Account No. : _____ I would like to open E Insurance Account with _____ Insurance Repository

A (II) Vehicle Details

Vehicle Specifications

7.	Registration Number of the Vehicle	MH-12-LS-9899
8.	Date of Registration of the Vehicle	06/03/2015
9.	Registering Authority and Location	PUNE
10.	Year of Manufacture/Invoice Date	2015/06-03-2015
11.	Engine Number	U3K5C0FA667165
12.	Chassis Number	ME3U3K5C0FA667165
13.	Make of the Vehicle	ROYAL ENFIELD
14.	Model /Variant	BULLET CLASSIC 350CC
15.	Type of Body	SOLO WITH PILLION
16.	Cubic Capacity of the Vehicle & Kilowatt (KW)	350.00
17.	Seating Capacity including driver	2
18.	Whether the vehicle is driven by non- conventional source of power / CNG / LPG / Bi-Fuel? If yes, please give details	☐ Yes ☑ No
19.	Whether the use of vehicle is limited to own premises?	☐ Yes ☑ No
20.	Whether the vehicle is used for commercial purpose?	☐ Yes ☑ No
21.	Whether the vehicle is used for driving tuitions? (GR-44)	☐ Yes ☑ No
22.	Details of Hire Purchase / Hypothecation / Lease (IMT-5) / (IMT-7) / (IMT-6)	
	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	
	(Note: Copies of R.C Book, Permit & Fitness Certificate should be submitted along with the proposal form)	

A (III) Liability Section: Coverage Third Party Risks: Death/Bodily Injury

23. 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. _____

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].

24. 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]

25. Third Party Risks: Liability to 'Employee' 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 Employees Compensation Act-1923 is covered under the Motor Vehicles Act-1988.

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

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

26. Addl.: TPPD (GR-39)

The Policy provides additional Third Party Property Damage liability limit of Rs.1,00,000/- for Two Wheelers and Rs. 7,50,000 for other classes of vehicles. Do you wish to cover the additional limit?

☐ Yes ☑ No [Refer to Q.No.23]

27. Additional Liability to Employee (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 Employees 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 Employees is covered under this endorsement.

[Refer to Q.No.24]

28. Liability to Employees who are not Employee (IMT-29)

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

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

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

29. Personal Accident Cover For Owner Driver

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

Break in Insurance Declaration:

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

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

30. 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 Private Cars and Rs.1 Lakh in the case of Motorized Two Wheelers.

31. 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 Private Cars and Rs. 1 Lakh in the case of Motorized Two Wheelers.

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: 06/03/2015

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 in good condition? ☐ Yes ☑ No

If No, please give details:

e. Name and Address of the previous insurance company : 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)	0	
2.	Expiring Year (2)		
3.	Expiring Year (3)		

33. Driver Details

Details of the Driver:

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

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

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

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

d. 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

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 06/ 10/ 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 (In Figure and Words) 2054.00

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 the 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 declare and confirm that the PUC certificate of the vehicle proposed for insurance is valid as on date.

☐ I hereby agree to receive a one pager policy document.
☐ I hereby confirm having a valid personal accident policy for sum insured of minimum Rs. 15 lakhs.

Date:_____ Place:_____

Proposal Name : _____
Proposal Sign : _____

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 extend 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.