# LIBERTY GENERAL INSURANCE LIMITED
## PRIVATE CAR 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.** | 20154003012570104550000 0 | **Period of Insurance** | **From:** | **00:00 Hrs of 13/10/2025** |
| **Geographical Area** | India | | **To:** | **Midnight of 12/10/2026** |
| **Insured** | AKHILESH KAKADE | **Policy Issued on** | | 11/10/2025 |
| **Address** | C/O: ANIL VAMAN KAKADE, 22/1 2/2 MUKTAI COMPLEX, OPP MMIT COLLEGE LOHAGAON, LAHAGAON N.V PUNE, MAHARASHTRA, 411047 ,,,MAHARASHTRA,PUNE,LOHOGAON-411047 | **Covernote No** | | 20154003012570104550000 0 |
| **Contact Number** | 9096417545 | **Covernote Date** | | 11/10/2025 |
| **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-TY-8531 | 2022/15-02-2022/15-02-2022 | G4HGNM123278 | MALAF51CLNM176768 | NA | NA | HYUNDAI/SANTRO/SPORTZ AMT | Hatch Back | NA | 1086.00 | | 5 |

| LIABILITY | |
|---|---|
| **Third Party Premium** | |
| **Basic Cover** | |
| Basic TP | ` 3,416.00 |
| **EXTENSIONS UNDER THIRD PARTY SECTION** | |
| CNG Kit - TP | ` 60.00 |
| **TOTAL LIABILITY PREMIUM** | ` 3,476.00 |
| **Net Premium** | ` 3,476.00 |
| **CGST(MAHARASHTRA)(9%)** | ` 312.84 |
| **State Cess** | 0.00 |
| **SGST(MAHARASHTRA)(9%)** | ` 312.84 |
| **TOTAL POLICY PREMIUM** | ` 4,102.00 |

Hire Purchase/Lease/Hypothecated with :HDFC BANK LTD, PUNE

**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 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)** | 7,50,000.00 | **P.A. coverfor owner-Driver under section-III: CSI** | NA |
| **Subject to I.M.T Endorsement Nos.** | IMT 25, IMT 7 | | | | |

**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 11/10/2025

Receipt No: CR202425078523

**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 :11/10/2025**
**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.

Digitally signed by: DS LIBERTY GENERAL INSURANCE LIMITED 2
Date: 2025-10-11 17:23:50 IST
Location: Mumbai

**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

Liberty General Insurance

# STANDARD PROPOSAL FORM FOR LIABILITY ONLY POLICY (For Private Car)

**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) | AKHILESH KAKADE |
| 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 |
| 5. | Period of Insurance | Policy Tenure : ☑ 1 Year ☐ 2 Years (Applicable for Two Wheelers Only)<br>☑ Private Car Liability Policy - 3 Years ☐ 5 Years (Applicable for New Two Wheelers Only)<br>From 13/10/2025 Hrs on 00:00 To 12/10/2026 Hrs on 23:59 |
| 6. | Period of Insurance for PA Owner Driver Cover | From Time: 00:00 Date: 13/10/2025 To the Midnight of Date: 12/10/2026 |

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

| | | |
|---|---|---|
| 6. | Registration Number of the Vehicle | MH-12-TY-8531 |
| 7. | Date of Registration of the Vehicle | 15/02/2022 |
| 8. | Registering Authority and Location | PUNE |
| 9. | Year of Manufacture/Invoice Date | 2022/15-02-2022 |
| 10. | Engine Number | G4HGNM123278 |
| 11. | Chassis Number | MALAF51CLNM176768 |
| 12 | Make of the Vehicle | HYUNDAI |
| 13. | Model /Variant | SANTRO SPORTZ AMT |
| 14. | Type of Body | HATCH BACK |
| 15. | Cubic Capacity of the Vehicle & Kilowatt (KW) | 1086.00 |
| 16. | Seating Capacity including driver | 5 |
| 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 vehicle is used for commercial purpose? | ☐ Yes ☑ No |
| 20. | Whether the vehicle is used for driving tuitions? (GR-44) | ☐ Yes ☑ No |
| 21. | 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 | HDFC BANK LTD |
| | (Note: Copies of R.C Book, Permit & Fitness Certificate should be submitted along with the proposal form) | PUNE |

**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):

**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 '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**

**25. Addl.: TPPD (GR-39)**

The Policy provides additional Third Party Property Damage liability limits 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]

**26. 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]

UIN: IRDAN150RP0034V01201213
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**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

Liberty General Insurance

| 27. | 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.

| 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 : 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.

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

| 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 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: 15/02/2022

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 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) | | |
| 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:

| | |
|---|---|
| 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 11/ 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 Figures and Words) 4102.00

**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:_____

Policy / Ecovernote Number: 20154003012570104550000 0
Proposer Name : _____
Proposer 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.

*I am Environment friendly Customer :

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

Phone No : OTP Entered Date & Time:

**Date :**

**Signature**

UIN: IRDAN150RP0034V01201213

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