



LIBERTY GENERAL INSURANCE LIMITED

COMMERCIAL VEHICLE PACKAGE POLICY - MISCELLANEOUS AND SPECIAL TYPE OF 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 :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.     | 201440030125700171700000                                                                                                                           | Period of Insurance | From:      | 14:25 Hrs of 20/10/2025  |
| Geographical Area | India                                                                                                                                              |                     | To:        | Midnight of 19/10/2026   |
| Insured           | ASHITOSH DHANANJAY TANPURE                                                                                                                         | Policy Issued on    |            | 20/10/2025               |
| Address           | S/O: DHANANJAY TANPURE, AT, WARKUTANE POST KONDHEJ, 413202<br>WARKATNE, SOLAPUR, KONDHEJ, MAHARASHTRA, 413202<br>,,MAHARASHTRA,SOLAPUR,ZARE-413202 | Covernote No        |            | 201440030125700171700000 |
| Contact Number    | 7972341427                                                                                                                                         | Covernote Date      |            | 20/10/2025               |
| Customer GSTIN    |                                                                                                                                                    | RTO Location        | AKLUJ      | Zone: Zone C             |
| UIN CODES:        | IRDAN150RP0033V01201213                                                                                                                            | 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.        | Vehicle Class | Vehicle Sub Class            | Trailer Registration No | Trailer Chassis No | Trailer IDV | Make   | Model Build       | Type of Body | CC/HP/K W | GVW | Licensed Carrying capacity including Driver |
|-------------------------|---------------------------------------------------------|----------------|--------------------|---------------|------------------------------|-------------------------|--------------------|-------------|--------|-------------------|--------------|-----------|-----|---------------------------------------------|
| New                     | 2025/20-10-2025/20-10-2025                              | 381369SHH04057 | MBNAA45AE STH24414 | MiscDPackage  | AGRICULTURAL TRACTORS (>6HP) | NA                      | NA                 | NA          | SWARAJ | 724 XM NT TRACTOR | OPEN         | 26.00     | 0   | 1                                           |

IDV (INSURED DECLARED VALUE)

| IDV Of Vehicle` | Chassis IDV` | Body IDV` | Trailers` | Non Electrical Accessories` | Electrical /electronic Accessories` | Bi-Fuel kit (CNG/LPG)` | Total Value` |
|-----------------|--------------|-----------|-----------|-----------------------------|-------------------------------------|------------------------|--------------|
| 522,500.00      | 522,500.00   | 0.00      | 0         | 0.00                        | 0.00                                | 0                      | 522,500.00   |

| 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                                              |  |  |  | 621.78 | Basic TP                                                     |  |  |  | 7,267.00 |
| EXTENSIONS UNDER OWN DAMAGE SECTIONS                  |  |  |  |        | EXTENSIONS UNDER THIRD PARTY SECTION                         |  |  |  |          |
| Cover for lamps, tyres, tubes etc. - IMT 23           |  |  |  | 93.27  | PA Benefits                                                  |  |  |  |          |
| LOADING UNDER OWN DAMAGE SECTION                      |  |  |  |        | Legal Liability                                              |  |  |  |          |
| TOTAL OWN-DAMAGE PREMIUM (A)                          |  |  |  | 715.04 | Legal liability to Driver(1)/Cleaner(0)/Conductor(0) - IMT28 |  |  |  | 50.00    |
| Section I - ADD ON COVERS (C)                         |  |  |  |        | DISCOUNTS UNDER THIRD PARTY SECTION                          |  |  |  |          |
| TOTAL OWN-DAMAGE PREMIUM + ADD-ON COVER PREMIUM (A+C) |  |  |  | 715.04 | TOTAL LIABILITY PREMIUM (B)                                  |  |  |  | 7,317.00 |
|                                                       |  |  |  |        | Section III - PA OWNER DRIVER (D)                            |  |  |  |          |
| PA Owner Driver (D)                                   |  |  |  |        |                                                              |  |  |  | 375.00   |
| Net Premium Taxable Value (A+B+D)                     |  |  |  |        |                                                              |  |  |  | 8,407.00 |
| State Cess                                            |  |  |  |        |                                                              |  |  |  | 0.00     |
| CGST(MAHARASHTRA)(9%)                                 |  |  |  |        |                                                              |  |  |  | 756.63   |
| SGST(MAHARASHTRA)(9%)                                 |  |  |  |        |                                                              |  |  |  | 756.63   |
| TOTAL POLICY PREMIUM                                  |  |  |  |        |                                                              |  |  |  | 9,920.00 |

NOMINATION DETAILS

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

Hire Purchase/Lease/Hypothecated with :ICICI BANK LTD, .

LIMITATIONS AS TO USE - Use only for agricultural and forestry purposes:The Policy does not cover (1) Use for hire or reward or for racing pace making reliability trial or speed testing. (2) Use for the carriage of passengers for hire or reward. (3) Use whilst drawing a greater number of trailers in all than is permitted by law.

The Policy does not cover use for a)Organized racing, b)Pace Making, c)Reliability Trial, d)Speed Testing e)Use whilst drawing a trailer except the towing (other than for reward) of any one disabled Mechanically propelled vehicle (only for passengers carrying vehicles).

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

|                            |                                |                                                                  |                                                                                         |                                                                      |              |                                                    |              |
|----------------------------|--------------------------------|------------------------------------------------------------------|-----------------------------------------------------------------------------------------|----------------------------------------------------------------------|--------------|----------------------------------------------------|--------------|
| Deductible Under Section-I | Compulsory Deductible:Rs2612.5 | 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) | 7,50,00 0.00 | P.A. cover for owner-Driver under section-III: CSI | 15,00,000.00 |
|----------------------------|--------------------------------|------------------------------------------------------------------|-----------------------------------------------------------------------------------------|----------------------------------------------------------------------|--------------|----------------------------------------------------|--------------|

Subject to I.M.T Endorsement Nos. IMT 28, IMT 7, IMT 21,IMT 23,

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 20/10/2025

Receipt No:

Invoice No: 1461700171700000

In case of claim ,Please contact us at : Toll Free No -18002665844, Email id – care@libertyinsurance.in

Insurance is the subject matter of solicitation;

Date of Issue :20/10/2025

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

IRDA Registration No. 150

CIN No. U66000MH2010PLC209656

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 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.



For Liberty General Insurance Limited

Authorised Signatory





