Liberty General Insurance

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.	20144003012570021710000	**Period of Insurance**	**From:**	**13:30 Hrs of 03/11/2025**
Geographical Area	India		**To:**	**Midnight of 02/11/2026**
Insured	DIPAK GOKUL SABALE	**Policy Issued on**		03/11/2025
Address	S/O: GOKUL SABALE, AT MU NIMGAON H POST KOLGAON TAL KARMALA SOLAPUR, NIMGAON H . SOLAPUR, MAHARASHTRA - 413203 ,,,MAHARASHTRA,SOLAPUR,VIHAL-413203	**Covernote No**		201440030125700217100000
Contact Number	9423984172	**Covernote Date**		03/11/2025
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/KW	GVW	Licensed Carrying capacity including Driver
New	2025/03-11-2025/03-11-2025	EZ5003SHH34227	MBNBG55NMSHH03332	MiscDPackage	AGRICULTURAL TRACTORS (>6HP)	NA	NA	NA	SWARAJ	855 FE N TRACTOR	OPEN	52.00	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`
836,000.00	836,000.00	0.00	0	0.00	0.00	0	836,000.00

Section I - OWN DAMAGE (A)	
Own Damage Premium on Vehicle and accessories	
Basic Cover	
Basic OD	` 994.84
EXTENSIONS UNDER OWN DAMAGE SECTIONS	
Cover for lamps, tyres, tubes etc. - IMT 23	` 149.23
LOADING UNDER OWN DAMAGE SECTION	
TOTAL OWN-DAMAGE PREMIUM (A)	` 1144.07
Section I - ADD ON COVERS (C)	
TOTAL OWN-DAMAGE PREMIUM + ADD-ON COVER PREMIUM (A+C)	` 1144.07

Section II - LIABILITY (B)	
Third Party Premium	
Basic Cover	
Basic TP	` 7,267.00
EXTENSIONS UNDER THIRD PARTY SECTION	
PA Benefits	
Legal Liability	
Legal liability to Driver(1)/Cleaner(0)/Conductor(0) - IMT28	` 50.00
DISCOUNTS UNDER THIRD PARTY SECTION	
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)	` 8,836.00
State Cess	` 0.00
CGST(MAHARASHTRA)(9%)	` 795.24
SGST(MAHARASHTRA)(9%)	` 795.24
TOTAL POLICY PREMIUM	` 10,426.00

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 :NA

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:Rs4180**	**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)**	7,50,000.00	**P.A. cover for owner-Driver under section-III: CSI**	15,00,000.00
Subject to I.M.T Endorsement Nos.		IMT 28, IMT 21,IMT 23,					

Digitally signed by: DS LIBERTY GENERAL INSURANCE LIMITED 2
Date: 2025-11-03 13:11:35 IST
Location: Mumbai

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 03/11/2025

Receipt No:

For Liberty General Insurance Limited

Invoice No: 1461700217100000

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 :03/11/2025
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.

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.

Digitally signed by: DS LIBERTY GENERAL INSURANCE LIMITED 2
Date: 2025-11-03 13:11:35 IST
Location: Mumbai

Liberty General Insurance Limited
Unit 1501&1502, 15th Floor, Tower2, 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: U6600DMH2010PLC209656
PRODUCT UIN CODE: IRDAN150RP0033V01201213

PROPOSAL FORM MISCELLANEOUS VEHICLE PACKAGE POLICY

Proposal for : ☑ New Vehicle ☐ Rollover ☐ Endorsement ☐ Renewal **(LGI Policy No.)**

Note: 1)Please Complete the proposal form in BLOCK LETTERS and tick boxes whichever applicable
2)Attach additional sheets if space given is insufficient
3)The queries made/details stated below are the minimum requirements to be furnished by a proposer.(The Company may seek any other information as desired for underwriting purpose.)

Intermediary Details

IMD Name	SPARKSHIELD INSURANCE BROKER PRIVATE LIMITED	IMD Code	IMD1270246
Branch Name	PUNE	Branch Code	400301
SM Name :	SACHIN JADHAV	SM Code :	N1660644
Contact No.:			
POSP Name :		POSP Code :	
PAN Card Number :	or	Aadhar Card No.	

(Mandatory to provide PAN Card No. or Aadhar Card No. in case of POSP)

Type of Cover : ☑ Package (Comprehensive) Policy ☐ Package (Act & Theft) Policy ☐ Package(Act,Theft and Fire) Policy ☐ Package(Fire & Theft) Policy ☐ Act only policy

Purpose for which vehicle will be used: ☐ Goods Carrying (Private Carrier) ☐ Goods Carrying (Public Carrier) ☐ Passenger Carrying ☑ Misc. D

Type of Vehicle: ☑ Four Wheeler ☐ Three Wheeler ☐ Other (Please Specify)

Vehicle Details

Vehicle Make	Model	Variant	Year of Manufacture/ Invoice Date	CC/HP/KW	Gross Vehicle Weight (GVW) For Miscellaneous Vehicle	Seating Capacity/LCC (Including Driver/Cleaner)	Body Type
SWARAJ	855 FE N TRACTOR		2025/03-11-2025	52.00	0	1	OPEN

Insured Declared Value

IDV of the Vehicle	Electrical Accessories	Non Electrical Accessories	Trailer	Value of CNG/LPG kit	Total IDV
836000.00	0.00	0.00	0.00	0	836000.00

"Add On Covers" Selected: ☐ Depreciation Cover ☐ Consumable Cover ☐ Road Side Assistance Cover ☐ Engine Safe Cover ☐ Gap Value (Incl Taxes & Regn.)
☐ Gap Value Cover ☐ Addional Towing Expenses Cover ☐ EMI Protection Cover
☐

UIN Code of Add On covers selected :

Whether you have opted for any Add on Coverage's last year. ☐ Yes ☐ No

If yes, please specify the Add on Coverage's

Vehicle Registration No.	New	**Colour of Vehicle**	
Engine No.	EZ5003SHH34227	**Chassis No**	MBNBG55NMSHH03332
Place of Registration	AKLUJ	**Date of Registration**	03/11/2025
Trailer Chassis No. (if any)	NA	**Vehicle type**	☑ **Indigenous** ☐ **Imported Rated under:** ☐ Zone A ☐ Zone B ☑ Zone C

Is the vehicle attached with any of the Fleet? ☐ Yes ☐ No No. of vehicles attached with fleet CC/HP: 52.00

Is the vehicle made in India? ☑ Yes ☐ No

Financier Details : ☐ Hypothecation Agreement ☐ Hire Purchase ☐ Lease Agreement Body Type : OPEN

Name of Financier & Address :	,
Name of Insured: (Mr/Mrs/M/s/Dr)	DIPAK GOKUL SABALE
e-Insurance Accout Number	I would like to open e-Insurance account with Insurance Repository

(Mandatory to provide PAN card No.in case customer wishes to open E-Insurance Account.)

Name of Contact Person : (For Corporate)

Communication Address : S/O: GOKUL SABALE, AT MU NIMGAON H POST KOLGAON TAL KARMALA SOLAPUR, NIMGAON H . SOLAPUR, MAHARASHTRA - 413203

Area/Landmark:	S/O: Gokul Sabale, at mu nimgaon h post kolgaon Tal Karmala solapur, Nimgaon H . Solapur, Maharashtra - 413203	**State :**	MAHARASHTRA	**City / District :**	SOLAPUR	Pin Code :	413203
Contact Details: Mobile No. :	9423984172	**Residence:**					
Office :		**Email ID:**	SPARKPOLICY@GMAIL.COM	**PAN No. :**	CXLPS0739N		

Date of Birth : 01/06/1987 Business/Occupation (For Individual Customer)

Registration Address: S/O: GOKUL SABALE, AT MU NIMGAON H POST KOLGAON TAL KARMALA SOLAPUR, NIMGAON H . SOLAPUR, MAHARASHTRA - 413203

Aadhar No.:

Any other details : VIHAL

Period of Insurance From Time: 13:30 Hrs of **Date:** 03/11/2025 **To the Midnight of Date:** 02/11/2026

Personal accident Cover for Owner Driver is compulsory in liability only Cover. Please give details of nomination:

Particulars	Name of Passenger	Name of Nominee/ Existing Nominee	Name of New Nominee (In case of change of existing Nominee)	Age	Relationship	Name of Appointee (If Nominee is a minor)	Relationship with the nominee
For PA to owner Driver	NA		NA	NA			
For PA to Named Passenger							

(In case of more than 1 named passengers, please provide details in the above format on a separate sheet)

Note: • Personal Accident Cover for Owner Driver is compulsory for Sum Insured of Rs 15,00,000/- for Miscellaneous Vehicles • 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.

Persons or classes of Person entitled to drive: Please refer overleaf. Any Limitations as to use of Motor vehicle: Please refer overleaf.

In the event of dishonor of Cheque(s), insurance cover provided under this document automatically stands cancelled from inception irrespective of whether a separate communication is sent or not.

Premium Payment Details ☐ **Cash** ☐ **Cheque** ☐ **Demand Draft** ☐ **Credit Card** ☐ **NEFT/RTGS** **Insured Bank Details:**

Premium Amount (including service tax): **Bank Name and Branch:**
Cheque / DD No.: **Bank A/C No.:**
Cheuqe / DD Date: **IFSC Code:**

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.

Electrical Accessories:

Item Details: Make & Model: Year of Manf.: IDV

Details of Non-Electrical Accessories:

Item Details: Make & Model: Year of Manf.: 2025 IDV

Trailer IDV:

Item Details: Trailer Towed: Trailer IDV

Liberty General Insurance Limited
Unit 1501&1502, 15th Floor, Tower2, 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: U6600DMH2010PLC209656

Details of Vehicle Type and Usage

1. Fuel Type of the vehicle ☐ Petrol ☑ Diesel ☐ Any Other
2. Whether the Vehicle is driven by Non-Conventional source of Power ☐ Yes ☐ No If yes please give details ☐ Bi-fuel ☐ CNG ☐ LPG ☐ Externally Fitted ☐ ManufacturedFitted
3. Will the vehicle be exclusively used for: a) Private, Social, Pleasure and Professional Purposes ☐ Yes ☑ No b) Carriage of goods other than Samples or Personal Luggage ☐ Yes ☑ No
4. Whether the Vehicle used for Commercial purposes ? ☑ Yes ☐ No
5. Whether the vehicle is used for Driving tuitions ? ☐ Yes ☑ No
6. Whether the vehicle is limited to own premises? ☐ Yes ☑ No
7. Whether the vehicle is specially designed for use of Blind/Handicapped/ Mentally Challenged Person ☐ Yes ☑ No If so, whether the same is endorsed as such by RTA? ☐ Yes ☑ No
8. Whether the rally cover is required? ☐ Yes ☑ No
9. Whether the vehicle is fitted with Fibre Glass Tank? ☐ Yes ☑ No
10 Whether the vehicle belongs to the Embassy/Consulate of a foreign country? ☐ Yes ☑ No If so, is the Duty element is included in the IDV? ☐ Yes ☐ No
11 Whether insured is first registered owner of the vehicle? ☑ Yes ☐ No
12. Whether the vehicle is confined to Sites? **(Applicable to Miscellaneous Vehicles)** ☐ Yes ☐ No
13 Whether the Misc-D vehicle is also used for Private purposes (Excluding use for hire or reward)? ☐ Yes ☑ No
14 Whether Cover required for lamps, tyres /tubes mudguard/side parts. (IMT 23 Cover) ☑ Yes ☐ No
15 Whether Cover for Overturning loading required? (Applicable to MISC D only) ☐ Yes ☐ No
16 If the vehicle is owned by schools/corporate, will it be used exclusively for transportation of own staff / Students and guests? ☐ Yes ☑ No

Previous Insurance Details

Name and Address of Previous Insurer
Policy/Covernote no.
Type of Cover: ☐ Package (Comprehensive) Policy ☐ Act only Policy ☐ Bundle Policy ☐ Long Term Policy ☐ SAOD Policy ☐ Others
NCB*/Loading in expiring policy
Claim lodged in last three years:

Year	Expiring Year (1)	Expiring Year (2)	Expiring Year (3)
No.of Claims:			
Claim amount			

1. Date of purchase of the vehicle by the Proposer: 03/11/2025
2. Whether the vehicle was new or second hand at the time of purchase? ☐ New ☐ Second Hand
3. Is the vehicle in good condition? ☐ Yes ☐ No
If NO, Please give details:
4. Has any insurer ever declined/cancelled the insurance of the proposed vehicle? ☐ Yes ☐ No
5. Policy Period: From To
Are you entitled for No Claim Bonus on Renewal? ☐ Yes ☑ No
* If yes, Please mention the 0 %
6. Is the vehicle fitted with Anti - Theft Device which is approved by ARAI? ☐ Yes ☑ No
7. Are you a member of the Automobile Association of India? ☐ Yes ☐ No
If Yes, Please state :
Membership No. Date of expiry:

Driver's Detail

1. Does the owner has a valid driving licence? ☑ Yes ☐ No
2. Vehicle is primarily driven by: ☑ Registered Owner ☐ Any other
Name Relationship: Age
3. Does the driver suffer from defective vision or hearing or any physical infirmity? ☐ Yes ☑ No Give details
4. Driver's qualification: Driver's experience:
5. 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:
6. 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

Inspection Details

1. Does the vehicle stands fit for insurance? ☑ Yes ☐ No ☐ Self Inspection
2. Inspection Reference No.:
Conducted on (Mention Date & Time):

Additional Coverage Details

Do you require PA cover for Paid Driver, Cleaners and Conductors? ☐ Yes ☑ No
Name: CSI
Do you wish to cover Geographical Area Extension under your proposed insurance?
☐ N1660644 ☐ Bhutan ☐ Nepal ☐ Sri Lanka ☐ Maldives ☐ Pakistan
Do you require Unnamed PA Cover
1. No. of Passengers
2. Sum Insured per person (unnamed passengers/hirer/pillion rider, two wheelers)
Name Sum Insured Name Sum Insured
3. Do you wish to cover Legal liability towards
a) Driver/Cleaner/Conductor (No. of Persons:1) ☑ Yes ☐ No
b) Unnamed Passangers(No. of passangers) ☐ Yes ☐ No
c)Other Employee(No. of Persons) ☐ Yes ☐ No
d) Soldier/Sailor/Airman employed as Driver ☐ Yes ☐ No
4. Do you wish to have the statutory Third Party Property Damage (TPPD) liability of Rs. 6,000/- only? (IMT 20) ☐ Yes ☑ No
5. Do you require PA cover for named persons? ☐ Yes ☑ No
Name: CSI Nominee: Relationship
6. 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
7. 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. ☐ Yes ☑ No
Drivers (No. of persons:) 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 Workmen Compensation Act - 1923.)
8. Coverage for liability against Third Party Risks (Death or Bodily Injury) required in respect of ☐ Owner Driver only ☐ Any person other than Paid Driver
If 'YES', give details of such other persons:
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)
Any other Coverage details

Break In Insurance Declaration

"I/We hereby Declare 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 treated as void ab-initio".

NCB Declaration

I / We declare that the rate of NCB claimed by me/us is correct and that no claim as arisen in the expiring policy period (copy of the policy enclosed) I/We further undertake that if this declaration is found to be incorrect, all benefits under the policy in respect of Section I of the policy will be forfeited.

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

Any other Material Information Declaration and Consent

I/We hereby declare that the statements, answers given by me /us in this proposal form are true to the best of my 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 Ltd.It is hereby understood and agreed that the statements, answers and particulars provided herein above are the basis on which this insurance is being granted and that if, after the insurance is effected, it is found that any of the statements, answers or particulars are incorrect or untrue in any respect, the company shall have no liability under this Insurance.

I/We agree and undertake to convey to Liberty General Insurance Limited any change / alterations carried out in the risk proposed for insurance after submission of this proposal form.

"I/We have insurable interest in the subject matter of this insurance and we hereby declare that the Cost of the same and the premium for this insurance is paid from legal sources of funds."

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.

Please give details, if you are politically exposed person or relative of politically exposed person.

Please give details, if you are non profit organization.

☐ 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.

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

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 or 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 on the policy, nor shall any person taking out or 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, as may be prescribed under Insurance Act, 1938 or any amendment thereto for the time being in force.

For use by Intermediary only

Cover Note No. issued (if any)
Date of Issuance Time of Issuance
Period of Insurance: From (Time) (Date)
To the midnight of (Date)
Premium Amount (in Rs.)
Bank Name :
Cheque No. / DD No. / Cash:
Date

For Office Use only

Customer ID:
Proposal Number:
Policy / Cover Note Number: 201440030125700217100000
Proposal Checked By:
Date of Receipt:

Date : ____________ Place: ____________
Proposer Name : ____________ **Proposer's Sign :** ____________

*I am Environment friendly Customer :

Otp Status **OTP Generated Date & Time:**
Phone No : OTP Entered Date & Time:

Date :

Signature

V1 -20042015

PRODUCT UIN CODE: IRDAN150RP0033V01201213

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