



LIBERTY GENERAL INSURANCE LIMITED

POS PRIVATE CAR PACKAGE 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) 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<br>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<br>PH: +91 020 30856567 Fax: |                                                                                                                                           |                         |                                                        |
| PolicyRef No.                                                                                                                                                                 | 201140030125700207800000                                                                                                                  | Period of Insurance     | From 18:06 Hrs of 03/05/2025 To Midnight of 02/05/2026 |
| Geographical Area                                                                                                                                                             | India                                                                                                                                     | Policy Issued on        | 03/05/2025                                             |
| Insured                                                                                                                                                                       | PRASHANT MAHADEV GAIKWAD                                                                                                                  | Covernote No            | 201140030125700207800000                               |
| Address                                                                                                                                                                       | BHIM NAGAR, MURUM TO OMERGA, MURUM RURAL, OSMANABAD, MAHARASHTRA - 413605<br>„MAHARASHTRA,OSMANABAD,SUNDAR WADI-413605<br>(M) +9890916872 | ECovernote Date         | 03/05/2025                                             |
| Contact Number                                                                                                                                                                |                                                                                                                                           | RTO Location            | PIMPRI-CHINCHWAD Zone: Zone B                          |
| Customer GSTIN                                                                                                                                                                |                                                                                                                                           | POSP Name:              | YASMIN ILIYAS                                          |
| UIN CODES:                                                                                                                                                                    | IRDAN150RP0035V02201213                                                                                                                   | 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.        | Make/Model/ Type of Vehicle               | Type of Body | CC/HP/GVW /KW | Licensed Carrying capacity including Driver | Trailer Registration No. | Trailer Chassis No. |
|-------------------------|---------------------------------------------------------|------------|--------------------|-------------------------------------------|--------------|---------------|---------------------------------------------|--------------------------|---------------------|
| MH-14-HD-8736           | 2018/11-01-2019/11-01-2019                              | ESJZM08700 | MA1WA2ES1 J2M17475 | MAHINDRA & MAHINDRA/M ARAZZO/M6 PLUS 8STR | Suv          | 1497.00       | 8                                           | NA                       | NA                  |

IDV (INSURED’S DECLARED VALUE)

| IDV Of Vehicle` | Trailers` | Non Electrical Accessories` | Electrical & Electronics Accessories` | Bi-Fuel kit(CNG/LPG)` | Total Value` |
|-----------------|-----------|-----------------------------|---------------------------------------|-----------------------|--------------|
| 604,872.00      | 0         | 0                           | 0                                     | 0.00                  | 604,872.00   |

|                                               |          |                                                                 |  |
|-----------------------------------------------|----------|-----------------------------------------------------------------|--|
| Own Damage Premium on Vehicle and accessories |          | Section II - LIABILITY (B)                                      |  |
| Section I - OWN DAMAGE (A)                    |          | Third Party Premium                                             |  |
| Basic Cover                                   |          | Basic Cover                                                     |  |
| Basic OD                                      | 5,067.32 | Basic TP                                                        |  |
| TOTAL OWN-DAMAGE PREMIUM (A)                  |          | 3,416.00                                                        |  |
|                                               |          | PA BENEFITS                                                     |  |
|                                               |          | PA to Paid Driver                                               |  |
|                                               |          | Personal Accident Cover Unnamed(No. Of Persons=8, SI=100000.00) |  |
|                                               |          | LEGAL LIABILITY                                                 |  |
|                                               |          | TOTAL LIABILITY PREMIUM (B)                                     |  |
|                                               |          | 3,866.00                                                        |  |
|                                               |          | Section III - PA OWNER DRIVER (D)                               |  |
|                                               |          | PA to Owner Driver (D)                                          |  |
|                                               |          | Net Premium (A+B+C+D)Taxable Value                              |  |
|                                               |          | State Cess                                                      |  |
|                                               |          | CGST(MAHARASHTRA)(9%)                                           |  |
|                                               |          | SGST(MAHARASHTRA)(9%)                                           |  |
|                                               |          | TOTAL POLICY PREMIUM                                            |  |
|                                               |          | 10,983.00                                                       |  |

Hire Purchase/Lease/Hypothecated with :NA

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          |                                                                                    |                                                                 |                                                                           |                                                                      |             |                                                    |              |
| Deductible under section - I | Compulsory Deductible: Rs 1000/- Voluntary Excess: Rs: 0/. Imposed Excess : Rs 0/. | Under Section II-I(i) of the policy(Death of or bodily injury): | Such amount necessary to meet the requirements of motor vehicle 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 16, IMT 17, IMT 22

|                     |                           |                                         |                               |
|---------------------|---------------------------|-----------------------------------------|-------------------------------|
| 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 03/05/2025

Receipt No: CR202503059102

Invoice No:

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 :03/05/2025 Place: PUNE

Stamp duty for the said policy is paid vide GRASS DEFACE no.0004656521201617, Dt. 10/02/2017 as prescribed in Government Notification Revenue & Forest Department no. Mudrank 2004/4125/CR/690/M-1, Dt 31/12/2004.

LGI Branch GSTIN :27AABCL9950A1ZL

SAC Code:997134 Description of Service:General Insurance Service

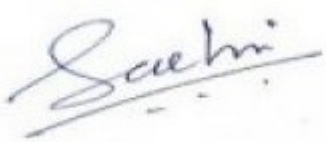
Place of Supply : MAHARASHTRA

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 48, we are not required to prepare an invoice in terms of the provisions of the said sub-rule

For Liberty General Insurance Limited





Authorised Signatory

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.



PROPOSAL FORM PRIVATE CAR 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 a desired for underwriting purpose.)

Intermediary Details

|                   |               |              |                  |
|-------------------|---------------|--------------|------------------|
| IMD Name          | YASMIN ILIYAS | IMD Code:    | POS1021611       |
| 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 for 1 year ☐ Package (Comprehensive) Policy for 3 years ☐ Bundled Cover (1year Own Damage & 3 years Third Party)

Vehicle Details

| Vehicle Make        | Model   | Variant      | Year of Manufacture / Invoice Date | Cubic Capacity/KW | Gross Vehicle Weight (GVW) For Goods carrying Vehicle | Seating Capacity/LCC (Including Driver/Cleaner) | Body Type |
|---------------------|---------|--------------|------------------------------------|-------------------|-------------------------------------------------------|-------------------------------------------------|-----------|
| MAHINDRA & MAHINDRA | MARAZZO | M6 PLUS 8STR | 2018/11-01-2019                    | 1497.00           | o                                                     | 8                                               | Suv       |

Insured Declared Value

| Year | For Vehicle Rs. | Electrical Accessories | Non Electrical Accessories | Trailer/Side Car (if any) | Value of CNG/LPG kit (if not part of standard vehicle) | Total IDV Rs. |
|------|-----------------|------------------------|----------------------------|---------------------------|--------------------------------------------------------|---------------|
| 1    | 604872.00       | 0.00                   | 0.00                       | 0.00                      | 0.00                                                   | 604872.00     |

“Add On Covers” Selected:

- ☐ Depreciation Cover
- ☐ Consumable Cover
- ☐ Passenger Assist Cover
- ☐ Road Side Assistance Cover
- ☐ Engine Safe Cover
- ☐ Key Loss Cover
- ☐ GAP(Incl. Taxes & Regn. charges)
- ☐ GAP Value
- ☐ Towing Expenses Cover
- ☐ EMI Cover Protection
- ☐ Tyre Protection Cover
- ☐

UIN Code of Add On covers selected :

|                                                             |                              |                                        |
|-------------------------------------------------------------|------------------------------|----------------------------------------|
| Invoice Price Value                                         | Road Tax                     | First time Registration Charges        |
| Whether you have opted for any Add on Coverage's last year. | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |

If yes, please specify the Add on Coverage's

|                          |                  |                      |                   |
|--------------------------|------------------|----------------------|-------------------|
| Vehicle Registration No. | MH-14-HD-8736    | Colour of Vehicle :  |                   |
| Engine No.               | ESJZM08700       | Chassis No           | MA1WA2ES1J2M17475 |
| Place of Registration    | PIMPRI-CHINCHWAD | Date of Registration | 11/ 01/ 2019      |

|                                                |                                         |                                                |                                     |                  |                                 |                                            |
|------------------------------------------------|-----------------------------------------|------------------------------------------------|-------------------------------------|------------------|---------------------------------|--------------------------------------------|
| Trailer Chassis No. (if any)                   | Vehicle type                            | <input checked="" type="checkbox"/> Indigenous | <input type="checkbox"/> Imported   | Rated under:     | <input type="checkbox"/> Zone A | <input checked="" type="checkbox"/> Zone B |
| Is the vehicle attached with any of the Fleet? | <input type="checkbox"/> Yes            | <input type="checkbox"/> No                    | No. of vehicles attached with fleet | Cubic Capacity : | 1497.00                         |                                            |
| Is the vehicle made in India?                  | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No                    |                                     |                  |                                 |                                            |

|                     |                                                  |                                        |                                          |             |  |
|---------------------|--------------------------------------------------|----------------------------------------|------------------------------------------|-------------|--|
| Financier Details : | <input type="checkbox"/> Hypothecation Agreement | <input type="checkbox"/> Hire Purchase | <input type="checkbox"/> Lease Agreement | Body Type : |  |
|---------------------|--------------------------------------------------|----------------------------------------|------------------------------------------|-------------|--|

Name of Financier & Address :

Name of Insured: (Mr/Mrs/Ms/Dr) PRASHANT MAHADEV GAIKWAD

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 : BHIM NAGAR, MURUM TO OMERGA, MURUM RURAL, OSMANABAD, MAHARASHTRA - 413605

Area/Landmark: State : MAHARASHTRA City / District : OSMANABAD Pin Code : 413605

Contact Details: Mobile No. : 9890916872 Residence:

Office : Email ID: SPARKPOLICY@GMAIL.COM PAN No. BSHPG2109J

Date of Birth : 01/ 01/ 1930 Business/Occupation (For Individual Customer)

Aadhar No. :

Registration Address: BHIM NAGAR, MURUM TO OMERGA, MURUM RURAL, OSMANABAD, MAHARASHTRA - 413605

Any other details :

Period of Insurance for Package Policy of 1 year & 3 years :

From Time : 18:6 Date : 03/ 05/ 2025 To the Midnight of Date : 02/ 05/ 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                                                          | 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 Private Car • Compulsory PA cover to Owner Driver cannot be granted where a vehicle owned by a company, a partnership firm or a similar body corporate or where the owner driver does not hold an effective driving license. 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 | <input type="checkbox"/> Cash      | <input type="checkbox"/> Cheque | <input type="checkbox"/> Demand Draft | <input checked="" type="checkbox"/> Credit Card | Insured Bank Details: |
|                         | <input type="checkbox"/> NEFT/RTGS |                                 |                                       |                                                 |                       |

Premium Amount (including service tax): 10983.00 Bank Name and Branch

Cheque / DD No: NA Bank A/C No.:

Cheque / DD Date: NA 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.: 2018 IDV





Details of Vehicle Type and Usage

1. Fuel Type of the vehicle ☐ Petrol ☒ Diesel ☐ Any Other
2. Whether the Vehicle driven by Non-Conventional source of Power ☐ Yes ☒ No If yes please give details ☐ Bi-fuel ☐ CNG ☐ LPG ☐ Externally Fitted ☐ Manufactured Fitted
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 is 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 vehicle is certified as Vintage Car by Vintage & Classic Car Club of India ? ☐ Yes ☒ No
9. Whether the rally cover is required? ☐ Yes ☒ No
10. Whether the vehicle is fitted with Fiber Glass Tank? ☐ Yes ☒ No
11. 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
12. Whether insured is first registered owner of the vehicle? ☐ Yes ☐ No

Previous Insurance Details

Name and Address of Previous Insurer

Policy/Covernote no.

Type of Covers: ☐ Package (Comprehensive) Policy ☐ Act only Policy ☐ Bundle Policy ☐ Long Term Policy ☐ SAOD Policy ☐ Others

NCB\*/loading in expiring policy 0 %

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: 11/ 01/ 2019
2. Whether the vehicle was new or second hand at the time of purchase? ☐ New ☐ Second Hand
3. Is 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 If answer of the above question is Yes, Please submit the certificate for the same.
7. Are you a member of the Automobile Association of India? ☐ Yes ☒ No If Yes, Please state Name of Association 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 Yrs
3. Does the driver suffer from defective vision or hearing or any physical infirmity? ☐ Yes ☒ No Give details
4. Drivers 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 Name: Date of Accident : Loss / Cost (Rs.): Circumstances of Accident or Loss

Inspection Details

1. Does the vehicle stands fit for insurance? ☒ Yes ☐ No ☐ Self Inspection
2. Inspection Reference No.: LB0946945 Conducted on (Mention Date & Time): 03/05/2025 13:44:00

Additional Coverage Details

- Do you require PA cover for Paid Driver, Cleaners and Conductors? ☒ Yes ☐ No
- Do you wish to cover Geographical Area Extension under your proposed insurance? ☐ Bangladesh ☐ Bhutan ☐ Nepal ☐ Sri Lanka ☐ Maldives ☐ Pakistan
- Voluntary excess:Do you wish to take the Voluntary excess over an above the compulsory excess. If Yes please mention SI 0 ☐ RS.2,500 ☐ RS.5000 ☐ RS.7,500 ☐ RS. 15,000
- Do you require Unnamed PA Cover ☒ Yes ☐ No
1. No. of Passengers 1 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 0) ☐ Yes ☒ No b) Unnamed Passengers (No. of Persons 8) ☒ Yes ☐ No c) Other employees (No. of Persons:0) ☐ 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 Vhicle Act - 1988 under Sec. 147(1)(ii)(l)cover 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 metwith 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 anyaccident

(\*Select the appropriate check box and provide relevant information against selectedentry) 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 nsurance will be 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 policy respect of Section I of the policy will 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 n conditions will 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 aretrue 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, answersand 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 no 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

Cover Note No. issued (if any)

Period of Insurance for Package Policy of 1 year & 3 years : 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: 201140030125700207800000

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