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 PH: +91 22 67001313
Policy Servicing Office	The Capitol, 3rd Floor, New D.P. Road, Near Ashoka Hotel, Vishal Nagar, Pimple Nilakh, PUNE 411027 MAHARASHTRA PH: +91 20 30856567

		Period Of Insurance	From 19:00 Hrs of **28/05/2025** To Midnight of **27/05/2026**
		Policy Issued On	28/05/2025
Policy No	2014-400301-25-1000066-00-000	**Covernote No/Ecovernote No**	
Geographical Area	India	**Covernote Date**	
Insured	**MR MANGESH BABRUWAN BHANGE**	**RTO Location**	SOLAPUR **Zone** Zone-C
Address	AT LAVHE. POST SHELGAV TAL KARMALA, DIST SOLAPUR, 413202 SOLAPUR MAHARASHTRA	**UIN CODES**	IRDAN150RP0033V02201213
		POSP Name:	YASMIN ILIYAS SHAIKH
		POSP Code:	POS1021611
Contact Number	(M) +919922057179 **Customer ID** 4114125354	**Aadhaar Card/PAN:**	748687286347 / DQIPS5412P
GSTIN No/State Name	NA/MAHARASHTRA	**POSP Contact 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.	Vehicle Class	Vehicle Sub Class	Trailer Registration No.	Trailer Chassis No.	Trailer IDV	Make	Model Build	Type of Body	Cubic Capacity/KW	GVW	Licensed Carrying capacity including Driver
NEW	2025//28-05-2025	EZ5003/SHB09959	MBNBG55NMSHB01107		AGRICULTURAL TRACTORS (>6HP)				SWARAJ	855 FE N TRACTOR	OPEN	52	0	1

IDV (INSURED'S DECLARED VALUE)

IDV of Vehicle	Chassis IDV	Body IDV	Trailers	Non Electrical Accessories	Electrical/electronic Accessories	Bi-Fuel kit (CNG/LPG)	Total Value
844550	844550	0	0	0	0	0 / 0	**844,550.00**

A-OWN DAMAGE		B-LIABILITY	
Own Damage Premium on vehicle and accessories		**Third Party Premium**	
Basic Cover		**Basic Cover**	
Basic - OD	₹ 1,507.52	Basic - TP	₹ 7,267.00
EXTENSIONS UNDER OWN DAMAGE SECTION		**PA Benefits**	
Cover for lamps, tyres, tubes etc. - IMT-23	₹ 226.13	Under WC act-Driver/cleaner/employees-IMT 28	₹ 50.00
TOTAL OWN-DAMAGE PREMIUM (A)	₹ 1,734.00	**TOTAL LIABILITY PREMIUM (B)**	₹ 7,317.00
		Net Premium(A+B) Taxable Value	₹ 9,051.00
		CGST(9% - MAHARASHTRA)	₹ 814.59
		SGST(9% - MAHARASHTRA)	₹ 814.59
		TOTAL POLICY PREMIUM	₹ **10,680.00**

NOMINATION DETAILS

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

Hire Purchase/ Lease /Hypothecated with KOTAK MAHINDRA 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 Trials, 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 Passenger 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: Rs **4,222.75/-** Imposed Excess : Rs **{lblImposedEx}/-**. Theft 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)**	750,000.00 in respect of any one claim or series of claims arising out of one event	**P.A. cover for owner-Driver under section III : CSI**	0.00

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

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 28/05/2025

Receipt No: 10240030125100203986

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

Date of Issue : 28/05/2025

Place : Mumbai

Stamp Duty of Rs.0.5 /- is paid as provided under Article (47.B.ii) 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).

Invoice No. 2725011001641460
Branch GSTIN No : 27AABCL9950A1ZL
SAC Code : 997134; Description of Service : General Insurance Service; Place of Supply : MAHARASHTRA/27
IRDA Regn. No. 150
CIN No. U66000MH2010PLC209656
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

Digitally signed by: DS
LIBERTY GENERAL
INSURANCE LIMITED 2
Date: 2025-05-28 19:22:22
IST
Location: Mumbai

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: 2025-05-28 19:22:28
IST
Location: Mumbai

CUSTOMER INFORMATION SHEET			
This document provides only key information about your policy No 2014-400301-25-1000066-00-000. Please refer to the policy document for detail terms and conditions.			
Sl No	**Title**	**Description**	**Policy / Clause**
1	Product Name	Commercial Vehicle Package Policy - Miscellaneous And Special Type Of Vehicles	NA
2	Unique Identification Number(UIN) allotted by IRDAI	IRDAN150RP0033V02201213	NA
3	Structure	Indemnity	NA
4	Intrests Insured	Interest of insured is Own Damage & third party liablity arising out of insured vehicle	NA
5	Sum Insured / Motor Insured Declared Value Scope	844,550.00/-	NA
6	Policy Coverage	**SECTION I** - LOSS OF OR DAMAGE TO THE VEHICLE INSURED : The Company will indemnify the insured against loss or damage to the vehicle insured hereunder and/or its accessories whilst thereon: i. by fire explosion self ignition or lightning; ii. by burglary housebreaking or theft; iii. by riot and strike; iv. by earthquake (fire and shock damage); v. by flood typhoon hurricane storm tempest inundation cyclone hailstorm frost; vi. by accidental external means; vii. by malicious act; viii. by terrorist activity; ix. whilst in transit by road rail inland waterway lift elevator or air; x. by landslide rockslide. **SECTION II** - LIABILITY TO THIRD PARTIES : Subject to the limits of liability as laid down in the Schedule hereto the Company will indemnify the insured in the event of an accident caused by or arising out of the use of the vehicle against all sums including claimant's cost and expenses which the insured shall become legally liable to pay in respect of i. Death of or bodily injury to any person caused by or arising out of the use (including the loading and/or unloading) of the vehicle. ii.Damage to property caused by the use (including the loading and/or unloading) of the vehicle.	Section I & Section II
7	Add-on Cover	N A	NA
8	Loss Participation	Compulsary deductible will be applied in each and every claim intimated under Own Damage section of the policy. Deductible : 4,222.75/-	NA
9	Exclusions	The Company shall not be liable in respect of: 1. any accidental loss damage and/or liability caused sustained or incurred outside the Geographical Area. 2. any claim arising out of any contractual liability. 3. any accidental loss damage and/or liability caused sustained or incurred whilst the vehicle insured herein is: a) being used otherwise than in accordance with the Limitations as to Use or b) being driven by or is for the purpose of being driven by him/her in the charge of any person other than a Driver as stated in the Driver's clause. 4. i) any accident loss or damage to any property whatsoever or any loss or expense whatsoever resulting or arising there from or any consequential loss ii) any liability of whatsoever nature directly or indirectly caused by or contributed to by or arising from ionising radiations or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel. For the purposes of this exception combustion shall include any self-sustaining process of nuclear fission. 5. any accidental loss or damage or liability directly or indirectly caused by or contributed to by or arising from nuclear weapons material 6. any accidental loss damage and/or liability directly or indirectly or proximately or remotely occasioned by or contributed to by or traceable to or arising out of or in connection with war, invasion, the act of foreign enemies, hostilities or warlike operations (whether before or after declaration of war), civil war, mutiny rebellion, military or usurped power or by any direct or indirect consequences of any of the said occurrences and in the event of any claim hereunder the Insured shall prove that the accidental loss damage and/or liability arose independently of and was in no way connected with or occasioned by or contributed to by or traceable to any of the said occurrences or any consequences thereof and in default of such proof the Company shall not be liable to make any payment in respect of such a claim.	NA
10	Special Conditions and Warranties (if any)	The Company may cancel the Policy on grounds of mis-representation, fraud, non-disclosure of material facts or non-cooperation of the insured by sending seven days notice by recorded delivery to the insured at insured s last known address and in such event will return to the insured the premium paid less the pro rata portion thereof for the period the Policy has been in force or the Policy may be cancelled at any time by the insured on seven days notice by recorded delivery and provided no claim has arisen during the currency of the Policy, the insured shall be entitled to a return of premium less premium at the Company's Short Period rates for the period the Policy has been in force. Return of the premium by the company will be subject to retention of the minimum premium of Rs.100/- (or Rs.25/- in respect of vehicles specifically designed/modified for use by blind/handicapped/mentally challenged persons). Where the ownership of the vehicle is transferred, the Policy cannot be cancelled unless evidence that the vehicle is insured elsewhere is produced.	NA
		1. Notice shall be given in writing to the Company immediately upon the occurrence of any accident or loss or damage and in the event of any claim and thereafter the insured shall give all such information and assistance as the Company shall require. Every letter claim writ summons and/or process or copy thereof shall be forwarded to the Company immediately on receipt by the insured. Notice shall also be given in writing to the Company immediately the insured shall have knowledge of any impending prosecution inquest or fatal injury in respect of any occurrence which may give rise to a claim under this Policy. In case of theft or other criminal act which may be the subject of a claim under this Policy the insured shall give immediate notice to the police and co-operate with the Company in securing the conviction of the offender. 2. No admission offer promise payment or indemnity shall be made or given by or on behalf of the Insured without the written consent of the Company which shall be entitled if it so desires to take over and conduct in the name of the Insured the defence or settlement of any claim or to prosecute in the name of the Insured for its own benefit any claim for indemnity or damages or otherwise and shall have full discretion in the conduct of any proceedings or in the settlement of any claim and the Insured shall give all such information and assi[illegible]s the Company may require. 3. The Company may at its option repair reinstate or replace the vehicle or pa[illegible] accessories or may pay in cash the amount of the loss or damage and the liability [illegible] shall not exceed:	

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11	Admissibility of Claim	(a) for total loss / constructive total loss of the vehicle - the Insuredï¿½s Declared Value (IDV) of the vehicle (including accessories thereon) as specified in the Schedule less the value of the wreck. (b) for partial losses, i.e. losses other than Total Loss/Constructive Total Loss of the vehicle - actual and reasonable costs of repair and/or replacement of parts lost/damaged subject to depreciation as per limits specified. 4. The Insured shall take all reasonable steps to safeguard the vehicle from loss or damage and to maintain it in efficient condition and the Company shall have at all times free and full access to examine the vehicle or any part thereof or any driver or employee of the insured. In the event of any accident or breakdown, the vehicle shall not be left unattended without proper precautions being taken to prevent further damage or loss and if the vehicle be driven before the necessary repairs are effected any extension of the damage or any further damage to the vehicle shall be entirely at the insured's own risk. 5. If at the time of occurrence of an event that gives rise to any claim under this Policy there is in existence any other insurance covering the same liability, the Company shall not be liable to pay or contribute more than its rateable proportion of any compensation, cost or expense. 6. The due observance and fulfillment of the terms, conditions and endorsements of this Policy in so far as they relate to anything to be done or complied with by the insured and the truth of the statements and answers in the said proposal shall be conditions precedent to any liability of the Company to make any payment under this Policy. 7. In the event of the death of the sole insured, this Policy will not immediately lapse but will remain valid for a period of three months from the date of the death of insured or until the expiry of this Policy (whichever is earlier). During the said period, legal heir(s) of the insured to whom the custody and use of the Motor Vehicle passes may apply to have this Policy transferred to the name(s) of the heir(s) or obtain a new insurance policy for the Motor Vehicle. Where such legal heir(s) desire(s) to apply for transfer of this Policy or obtain a new policy for the vehicle such heir(s) should make an application to the Company accordingly within the aforesaid period. All such applications should be accompanied by:- a) Death Certificate in respect of the insured b) Proof of title to the vehicle c) Original Policy	NA

Sample Calculation:

Particulars	Admissible Amount	Amount net off depreciation	Final amount inc. Tax
Part	40000	20000	23600
Labour	20000	20000	23600
Paint Material	1800	900	1062
Paint Labour	1800	1800	2124
Final Amount (+)			50386
Compulsory Excess (-)			1000
Final Claim amount			**49386**

12	Policy Servicing - Claim Intimation and Processing	Toll free / IVRS number of the Insurer - **1800-266-5844** Website / Email - **care@libertyinsurance.in** Details of designated company officials to be contacted in time of claim - **1800-266-5844** Customer can call our customer care number @1800-266-5844 or mail to care@libertyinsutance.in or visit website/Liv Mobile app or directly walk-in to any of our offices and can get his/her claim registered with us For Cashless Service: You may call to our Customer care number@1800-266-5844 or may visit to our Company website www.libertyinsurance.in to know the list of cashless workshops. Surveyor appointment shall be within 72 hours of claim registration. The following basic minimum Claim documents ae to be submitted by the insured Motor Claim Form Copy of Registration Certificate Copy of Driving License - Copy Estimate and invoice FIR in case of TP Injury/Death Case we or our surveyors may call for any additional documents/ information depending upon the nature and type of loss. The Company shall settle or reject a claim, as the case may be, within 30 days from the date of receipt of last necessary document. Call us on Toll free number: +91 22 6700 1313 (8:00 AM to 8:00 PM, 7 days of the week) or Email us at: care@libertyinsurance.in or Write to us at: Unit 1501 & 1502, 15th Floor, Tower 2, One International Center, Senapati Bapat Marg, Prabhadevi, MUMBAI 400013, MAHARASHTRA FAX: +91 22 6700 1606	NA

Grievance Redressal Officer : Sameer Malgundkar
Email ID : gro@libertyinsurance.in

IRDAI Integrated Grievance Management System -
https://igms.irda.gov.in
Insurance Ombudsman The contact details of the Insurance Ombudsman offices have been provided as AnneNoure-B of Policy document.

OMBUDSMAN'S OFFICE	CONTACT DETAILS	JURISDICTION
Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, Ahmedabad - 380 001.	Tel.: 079 -25501201/02/05/06 bimalokpal.ahmedabad@cioins.co.in	Gujarat, Dadra & Nagar Haveli, Daman and Diu.
Office of the Insurance Ombudsman, Jeevan Soudha Building,PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, Ist Phase, Bengaluru 560 078.	Tel.: 080 - 26652048 / 26652049 bimalokpal.bengaluru@cioins.co.in	Karnataka
Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel Office, Near New Market, Bhopal 462 003.	Tel.: 0755 - 2769201 / 2769202 Fax: 0755 - 2769203 bimalokpal.bhopal@cioins.co.in	Madhya Pradesh and Chhattisgarh
Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar 751 009.	Tel.: 0674 - 2596461 /2596455 Fax: 0674 - 2596429 bimalokpal.bhubaneswar@cioins.co.in	Orissa

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		Office of the Insurance Ombudsman, Jeevan Deep Building SCO 20-27, Ground Floor Sector- 17 A, Chandigarh - 160017	Tel.: 0172 - 2706196 / 2706468 Fax: 0172 - 2708274 bimalokpal.chandigarh@cioins.co.in	Punjab, Haryana(excluding Gurugram, Faridabad, Sonepat and Bahadurgarh) Himachal Pradesh, Union Territories of Jammu & Kashmir, Ladakh & Chandigarh.	
		Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI 600 018.	Tel.: 044 - 24333668 / 24335284 Fax: 044 - 24333664 bimalokpal.chennai@cioins.co.in	Tamil Nadu, PuducherryTown and Karaikal (which are part of Puducherry).	
		Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi 110 002.	Tel.: 011 - 23232481/23213504 bimalokpal.delhi@cioins.co.in	Delhi & Following Districts of Haryana - Gurugram, Faridabad, Sonepat & Bahadurgarh.	
		OFFICE OF THE INSURANCE OMBUDSMAN LIC OF INDIA 10TH FLOOR, JEEVAN PRAKASH , DIVISIONAL OFFICE M G ROAD, ERNAKULAM KOCHI - 682011	Tel.:- 0484-2358759/2359338 Fax:- 0484-2359336 bimalokpal.ernakulam@cioins.co.in	Kerala, Lakshadweep, Mahe-a part of Union Territory of Puducherry.	
		Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati - 781001 (ASSAM).	Tel.: 0361 - 2632204 / 2602205 bimalokpal.guwahati@cioins.co.in	Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.	
13	Grievance Redressal and Policyholders Protection	Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court", Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004.	Tel.: 040 - 23312122 Fax: 040 - 23376599 bimalokpal.hyderabad@cioins.co.in	Andhra Pradesh, Telangana, Yanam and part of Union Territory of Puducherry.	NA
		Office of the Insurance Ombudsman, Jeevan Nidhi II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005.	Tel.: 0141 - 2740363 bimalokpal.jaipur@cioins.co.in	Rajasthan	
		Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 4th Floor, 4, C.R. Avenue, KOLKATA - 700 072.	Tel.: 033 - 22124339 / 22124340 Fax : 033 - 22124341 M : 8009693830 bimalokpal.kolkata@cioins.co.in	West Bengal, Sikkim, Andaman & Nicobar Islands.	
		Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001.	Tel.: 0522 - 2231330 / 2231331 Fax: 0522 - 2231310 bimalokpal.lucknow@cioins.co.in	Districts of Uttar Pradesh : Lalitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhabdra, Fatehpur, Pratapgarh, Jaunpur,Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.	
		Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054.	Tel.: 69038821/23/24/25/26/27/28/28/29/30/31 Fax: 022 - 26106052 bimalokpal.mumbai@cioins.co.in	Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane.	
				State of Uttaranchal and the following Districts of Uttar Pradesh:	

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		Office of the Insurance Ombudsman, Bhagwan Sahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P-201301.	Tel.: 0120-2514252 / 2514253 bimalokpal.noida@cioins.co.in bimalokpal.mumbai@cioins.co.in	Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kanooj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautambodhanagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.	
		Office of the Insurance Ombudsman, 2nd Floor, Lalit Bhawan, Bailey Road, Patna 800 001.	Tel.: 0612-2547068 bimalokpal.patna@cioins.co.in	Bihar, Jharkhand.	
		Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune 411 030.	Tel.: 020-41312555 bimalokpal.pune@cioins.co.in	Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region.	
14	Obligations of the Policyholder	To disclose all information correctly sought by the insurer at time of filling the proposal form In case of any change / modification / addition to the already declared information the same shall be brought to the notice of the Insurer immediately Non-disclosure of material information may affect the claim settlement. (Disclosure of other material information during the policy period.) Insurer to specify the material information			

Declaration by the Policyholder:

I have read the above and confirm having noted the details.

Place

Date

(Signature of the PolicyHolder)

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