



LIBERTY GENERAL INSURANCE LIMITED

POS COMMERCIAL VEHICLE PACKAGE POLICY - GOODS CARRYING 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.

|                                                                                                                                                                |                                                                                                                                                                    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Policy issuing office :Unit 1501&amp;1502, 15th Floor, Tower 2, One International Center, Senapati Bapat Marg, Prabhadevi, Mumbai – 400013, Maharashtra</b> |                                                                                                                                                                    |
| <b>Phone: +91 226700 1313</b>                                                                                                                                  |                                                                                                                                                                    |
| <b>Policy Servicing office :'The Capitol',4th Floor, New D.P.Road,, Near Ashoka Hotel, Vishal Nagar,, Pimple Nilakh,, PUNE, PUNE,MAHARASHTRA-411027</b>        |                                                                                                                                                                    |
| <b>PH: +91 020 30856567 Fax:</b>                                                                                                                               |                                                                                                                                                                    |
| <b>PolicyRef No.</b>                                                                                                                                           | 201340030125700155500000                                                                                                                                           |
| <b>Geographical Area</b>                                                                                                                                       | India                                                                                                                                                              |
| <b>Insured</b>                                                                                                                                                 | RAVINDRA KAILAS UNDRE                                                                                                                                              |
| <b>Address</b>                                                                                                                                                 | MALVADI ROAD, NEAR MAHADEV<br>TEMPLE MANJARI KHI, MANJARI KHURD,<br>MANJARI FARM HAVELI PUNE,<br>MAHARASHTRA 412307<br>,,,MAHARASHTRA,PUNE,MANJARI FARM-<br>412307 |
| <b>Contact Number</b>                                                                                                                                          | 9604375292                                                                                                                                                         |
| <b>Customer GSTIN</b>                                                                                                                                          |                                                                                                                                                                    |
| <b>UIN CODES:</b>                                                                                                                                              | IRDAN150RP0033V02201213                                                                                                                                            |
| <b>Period of Insurance</b>                                                                                                                                     | <b>From:</b> 00:00 Hrs of 21/07/2025<br><b>To:</b> Midnight of 20/07/2026                                                                                          |
| <b>Policy Issued on</b>                                                                                                                                        | 20/07/2025                                                                                                                                                         |
| <b>Covernote No</b>                                                                                                                                            | 201340030125700155500000                                                                                                                                           |
| <b>Covernote Date</b>                                                                                                                                          | 20/07/2025                                                                                                                                                         |
| <b>RTO Location</b>                                                                                                                                            | PUNE                                                                                                                                                               |
| <b>POSP Name:</b>                                                                                                                                              | YASMIN ILIYAS                                                                                                                                                      |
| <b>POSP Code:</b>                                                                                                                                              | POS1021611                                                                                                                                                         |
| <b>Aadhar Card/Pan Number:</b>                                                                                                                                 | DQIPS5412P                                                                                                                                                         |
| <b>POSP Conatct Number:</b>                                                                                                                                    | 9067887858                                                                                                                                                         |
| <b>Zone:</b>                                                                                                                                                   | Zone C                                                                                                                                                             |
| <b>Agent Name</b>                                                                                                                                              |                                                                                                                                                                    |
| <b>Agent Code</b>                                                                                                                                              |                                                                                                                                                                    |
| <b>Agent Contact No</b>                                                                                                                                        |                                                                                                                                                                    |

INSURED MOTOR VEHICLE DETAILS AND PREMIUM COMPUTATION

| Registration Mark & No. | Year of Manufacture/ Date of Registration/ Invoice Date | Engine No.  | Chassis No.        | Trailer Registration No | Trailer Chassis No | Make/Model/ Type of Vehicle | Type of Body | Vehicle Sub Class                                 | CC/HP/ GVW/K W | Public/ Private Carrier | Licensed Carrying capacity including Driver |
|-------------------------|---------------------------------------------------------|-------------|--------------------|-------------------------|--------------------|-----------------------------|--------------|---------------------------------------------------|----------------|-------------------------|---------------------------------------------|
| MH-12-KP-5392           | 2014/21-07-2014/21-07-2014                              | 41A84140388 | MAT388081E5 A00427 |                         |                    | TATA MOTORS LTD/LPT 1613/   | OPEN         | Goods Carrying (Other than 3-wh)- Public Carriers | 16200          | Public                  | 3                                           |

IDV (INSURED DECLARED VALUE)

| IDV Of Vehicle | Chassis IDV | Body IDV   | Non Electrical Accessories | Electrical & Electronics Accessories | Bi-Fuel kit(CNG/LPG) | Trailer | Total Value |
|----------------|-------------|------------|----------------------------|--------------------------------------|----------------------|---------|-------------|
| 757,558.00     | 657,558.00  | 100,000.00 | 0                          | 0                                    | 0                    | 0       | 757,558.00  |

| Section I - OWN DAMAGE (A)                                   | Section II - LIABILITY (B)                           |
|--------------------------------------------------------------|------------------------------------------------------|
| <b>Own Damage Premium on Vehicle and accessories</b>         | <b>Third Party Premium</b>                           |
| <b>Basic Cover</b>                                           | <b>Basic Cover</b>                                   |
| Basic OD                                                     | Basic TP                                             |
| 1,486.10                                                     | 35,313.00                                            |
| <b>EXTENSIONS UNDER OWN DAMAGE SECTIONS</b>                  | <b>EXTENSIONS UNDER THIRD PARTY SECTION</b>          |
| Cover for Lamps tyres/tubes mudguards(IMT 23)                | <b>Legal Liability</b>                               |
| 222.91                                                       | Legal liability to Driver(1)/Cleaner(0)/Conductor(0) |
| <b>LOADING UNDER OWN DAMAGE SECTION</b>                      | 50.00                                                |
| <b>DISCOUNTS UNDER OWN DAMAGE SECTION</b>                    | <b>TOTAL LIABILITY PREMIUM</b>                       |
| No claim bonus 20%                                           | 35,363.00                                            |
| 341.80                                                       | <b>Section III - PA OWNER DRIVER (D)</b>             |
| <b>TOTAL OWN-DAMAGE PREMIUM (A)</b>                          | <b>Net Premium (A+B+C)Taxable Value</b>              |
| 1,367.21                                                     | 36,730.00                                            |
| <b>TOTAL OWN-DAMAGE PREMIUM + ADD-ON COVER PREMIUM (A+C)</b> | <b>State Cess</b>                                    |
| 1367.21                                                      | 0.00                                                 |
|                                                              | <b>CGST(MAHARASHTRA)</b>                             |
|                                                              | 2246.31                                              |
|                                                              | <b>SGST(MAHARASHTRA)</b>                             |
|                                                              | 2246.31                                              |
|                                                              | <b>TOTAL POLICY PREMIUM</b>                          |
|                                                              | 41,223.00                                            |

Hire Purchase/Lease/Hypothecated with :TVS CREDIT SERVICE LTD, PUNE

**LIMITATIONS AS TO USE -The Policy covers use only for carriage of goods within the meaning of the Motor Vehicles Act**

The Policy does not cover 1) Use for Organized racing, Pace Making, Reliability Trial, Speed Testing 2) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled Mechanically propelled vehicle 3) Use for carrying passengers in vehicles; except employees (other than driver) not exceeding the no. permitted in registration document and coming under purview of Workmen's Comp Act 1923.

**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 when not used for transport of goods at the time of the accident and that such a person satisfies the requirements of Rule 3 of the Central Motor Vehicle Rules, 1989.

**Limits of Liability**

|                                                                       |                                                                    |                                                                         |                                                                                         |                                                                             |          |                                                           |    |
|-----------------------------------------------------------------------|--------------------------------------------------------------------|-------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|----------|-----------------------------------------------------------|----|
| <b>Deductible Under Section-I</b>                                     | <b>Compulsory Deductible:RS 1000 Voluntary Deductible: Rs 0.00</b> | <b>Under Section II-I(i) of the policy (Death of or bodily injury):</b> | Such amount as is necessary to meet there requirements of the Motor Vehicles Act, 1988. | <b>Under Section II-I(ii) of the policy(Damage to third party property)</b> | 7,50,000 | <b>P.A. cover for owner-Driver under section-III: CSI</b> | NA |
| <b>Subject to I.M.T Endorsement Nos.</b> IMT 7, IMT 28,IMT 23 ,IMT 21 |                                                                    |                                                                         |                                                                                         |                                                                             |          |                                                           |    |

**NOMINATION DETAILS**

| Name of the Nominee | Relationship with Insured | Name of Appointee (if nominee is minor) | Relationship with the Nominee |
|---------------------|---------------------------|-----------------------------------------|-------------------------------|
|                     | 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 20/07/2025

Receipt No: CR202416057971

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 :20/07/2025**  
**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

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

**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          | YASMIN ILIYAS | IMD Code         | POS1021611 |
| Branch Name       | PUNE          | Branch Code      | 400301     |
| SM Name :         | Nilesh Mohite | SM Code :        | N0274339   |
| Contact No.:      |               |                  |            |
| POSP Name :       |               | POSP Code :      |            |
| PAN Card Number : |               | Aadhar Card No.: |            |

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

|                                         |                                                                    |                                                                     |                                                             |                                                      |                                          |
|-----------------------------------------|--------------------------------------------------------------------|---------------------------------------------------------------------|-------------------------------------------------------------|------------------------------------------------------|------------------------------------------|
| Type of Cover :                         | <input checked="" type="checkbox"/> Package (Comprehensive) Policy | <input type="checkbox"/> Package (Act & Theft) Policy               | <input type="checkbox"/> Package(Act,Theft and Fire) Policy | <input type="checkbox"/> Pakage(Fire & Theft) Policy | <input type="checkbox"/> Act only policy |
| Purpose for which vehicle will be used: | <input type="checkbox"/> Goods Carrying (Private Carrier)          | <input checked="" type="checkbox"/> Goods Carrying (Public Carrier) | <input type="checkbox"/> Passenger Carrying                 | <input type="checkbox"/> Misc. D                     |                                          |
| Type of Vehicle:                        | <input checked="" type="checkbox"/> Four Wheeler                   | <input type="checkbox"/> Three Wheeler                              | <input type="checkbox"/> Other (Please Specify)             |                                                      |                                          |

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 |
|-----------------|----------|---------|-----------------------------------|-------------------|-------------------------------------------------------|-------------------------------------------------|-----------|
| TATA MOTORS LTD | LPT 1613 |         | 2014 / 21-07-2014                 | 5883.00           | 16200                                                 | 3                                               | OPEN      |

Insured Declared Value

|                    |                        |                            |         |                      |           |
|--------------------|------------------------|----------------------------|---------|----------------------|-----------|
| IDV of the Vehicle | Electrical Accessories | Non Electrical Accessories | Trailer | Value of CNG/LPG kit | Total IDV |
| 757558.00          | 0                      | 0                          | 0       | 0.00                 | 757558.00 |

|                           |                                                |                                                           |                                                     |                                            |                                                         |
|---------------------------|------------------------------------------------|-----------------------------------------------------------|-----------------------------------------------------|--------------------------------------------|---------------------------------------------------------|
| “Add On Covers” Selected: | <input type="checkbox"/> Depreciation Cover    | <input type="checkbox"/> Consumable Cover                 | <input type="checkbox"/> Road Side Assistance Cover | <input type="checkbox"/> Engine Safe Cover | <input type="checkbox"/> Gap Value (Incl Taxes & Regn.) |
|                           | <input type="checkbox"/> Gap Value Cover       | <input type="checkbox"/> Additional Towing Expenses Cover |                                                     |                                            | <input type="checkbox"/> EMI Protection Cover           |
|                           | <input type="checkbox"/> Tyre Protection Cover |                                                           |                                                     |                                            |                                                         |

|                                                                     |  |               |  |                                                |                                                |                                 |                                 |                                            |  |
|---------------------------------------------------------------------|--|---------------|--|------------------------------------------------|------------------------------------------------|---------------------------------|---------------------------------|--------------------------------------------|--|
| UIN Code of Add On covers selected :                                |  |               |  |                                                |                                                |                                 |                                 |                                            |  |
| 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-12-KP-5392 |  |                                                | Colour of Vehicle                              |                                 |                                 |                                            |  |
| Engine No.                                                          |  | 41A84140388   |  |                                                | Chassis No                                     |                                 | MAT388081E5A00427               |                                            |  |
| Place of Registration                                               |  | PUNE          |  |                                                | Date of Registration                           |                                 | 21/07/2014                      |                                            |  |
| Trailer Chassis No. (if any)                                        |  | Vehicle type  |  | <input checked="" type="checkbox"/> Indigenous | <input type="checkbox"/> Imported Rated under: | <input type="checkbox"/> Zone A | <input type="checkbox"/> Zone B | <input checked="" type="checkbox"/> Zone C |  |

|                                                                                         |  |                                                                                                            |                                        |                                          |             |                             |      |                   |  |            |            |  |        |  |
|-----------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------|----------------------------------------|------------------------------------------|-------------|-----------------------------|------|-------------------|--|------------|------------|--|--------|--|
| 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 :            |      | 5883.00           |  |            |            |  |        |  |
| Is the vehicle made in India?                                                           |  | <input checked="" type="checkbox"/> Yes                                                                    | <input type="checkbox"/> No            |                                          |             |                             |      |                   |  |            |            |  |        |  |
| Financier Details :                                                                     |  | <input checked="" type="checkbox"/> Hypothecation Agreement                                                | <input type="checkbox"/> Hire Purchase | <input type="checkbox"/> Lease Agreement | Body Type : |                             | OPEN |                   |  |            |            |  |        |  |
| Name of Financier & Address :                                                           |  | TVS CREDIT SERVICE LTD,PUNE                                                                                |                                        |                                          |             |                             |      |                   |  |            |            |  |        |  |
| Name of Insured: (Mr/Mrs/M/s/Dr)                                                        |  | RAVINDRA KAILAS UNDRE                                                                                      |                                        |                                          |             |                             |      |                   |  |            |            |  |        |  |
| 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 :                                                                 |  | MALVADI ROAD, NEAR MAHADEV TEMPLE MANJARI KHI, MANJARI KHURD, MANJARI FARM HAVELI PUNE, MAHARASHTRA 412307 |                                        |                                          |             |                             |      |                   |  |            |            |  |        |  |
| Area/Landmark:                                                                          |  | malvadi road, near mahadev temple manjari khi, Manjari Khurd, Manjari Farm Haveli Pune, Maharashtra 412307 |                                        | State :                                  |             | MAHARASHTRA                 |      | City / District : |  | PUNE       | Pin Code : |  | 412307 |  |
| Contact Details: Mobile No. :                                                           |  |                                                                                                            |                                        | Residence:                               |             |                             |      |                   |  |            |            |  |        |  |
| Office :                                                                                |  |                                                                                                            |                                        | Email ID:                                |             | taimoor.firoj3313@gmail.com |      | PAN No.           |  | ABOPU6716C |            |  |        |  |

|                                |                                                                                                            |                                               |            |                          |            |  |
|--------------------------------|------------------------------------------------------------------------------------------------------------|-----------------------------------------------|------------|--------------------------|------------|--|
| Date of Birth :                | 23/05/1982                                                                                                 | Business/Occupation (For Individual Customer) |            |                          |            |  |
| Registration Address:          | MALVADI ROAD, NEAR MAHADEV TEMPLE MANJARI KHI, MANJARI KHURD, MANJARI FARM HAVELI PUNE, MAHARASHTRA 412307 |                                               |            |                          |            |  |
| Aadhar No.:                    |                                                                                                            |                                               |            |                          |            |  |
| Any other details :            | MANJARI FARM                                                                                               |                                               |            |                          |            |  |
| Period of Insurance From Time: | 00:00 Hrs of                                                                                               | Date:                                         | 21/07/2025 | To the Midnight of Date: | 20/07/2026 |  |

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 Commercial 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 | <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): | 41223.00   | Bank Name and Branch: |  |
| Cheque / DD No.:                        | NA         | Bank A/C No.:         |  |
| Cheue / DD Date:                        | 20/07/2025 | 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

| Details of Electrical Accessories: |              |                     |     |
|------------------------------------|--------------|---------------------|-----|
| Item Details                       | Make & Model | Year Of Manufacture | IDV |
|                                    |              | 2014                |     |

| Details of Non-Electrical Accessories: |              |                     |     |
|----------------------------------------|--------------|---------------------|-----|
| Item Details                           | Make & Model | Year Of Manufacture | IDV |
|                                        |              | 2014                |     |

| Trailer IDV     |  |               |   |
|-----------------|--|---------------|---|
| Trailer Towed : |  | Trailer IDV : | 0 |

|     |                                                                                                                                  |                                     |                                                                |                          |                                                     |                          |     |                          |                              |                             |                     |  |
|-----|----------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|----------------------------------------------------------------|--------------------------|-----------------------------------------------------|--------------------------|-----|--------------------------|------------------------------|-----------------------------|---------------------|--|
|     | give details                                                                                                                     | <input type="checkbox"/>            | Bi-fuel                                                        | <input type="checkbox"/> | CNG                                                 | <input type="checkbox"/> | LPG | <input type="checkbox"/> | Externally Fitted            | <input type="checkbox"/>    | Manufactured Fitted |  |
| 3   | Will the vehicle be exclusively used for: a) Private, Social, Pleasure and Professional Purposes                                 |                                     |                                                                |                          |                                                     |                          |     |                          |                              |                             |                     |  |
|     | <input type="checkbox"/> Yes                                                                                                     | <input checked="" type="checkbox"/> | No b) Carriage of goods other than Samples or Personal Luggage |                          |                                                     |                          |     |                          |                              |                             |                     |  |
|     | <input type="checkbox"/> Yes                                                                                                     | <input checked="" type="checkbox"/> | No                                                             |                          |                                                     |                          |     |                          |                              |                             |                     |  |
| 4.  | Whether the vehicle is used for Driving tuitions ?                                                                               |                                     |                                                                |                          |                                                     |                          |     |                          |                              |                             |                     |  |
|     | <input type="checkbox"/> Yes                                                                                                     | <input checked="" type="checkbox"/> | No                                                             |                          |                                                     |                          |     |                          |                              |                             |                     |  |
| 5.  | Whether the vehicle is limited to own premises?                                                                                  |                                     |                                                                |                          |                                                     |                          |     |                          |                              |                             |                     |  |
|     | <input type="checkbox"/> Yes                                                                                                     | <input checked="" type="checkbox"/> | No                                                             |                          |                                                     |                          |     |                          |                              |                             |                     |  |
| 6.  | Whether the vehicle is specially designed for use of Blind/Handicapped/ Mentally Challenged Person                               |                                     |                                                                |                          |                                                     |                          |     |                          |                              |                             |                     |  |
|     | <input type="checkbox"/> Yes                                                                                                     | <input checked="" type="checkbox"/> | No                                                             |                          | If so, whether the same is endorsed as such by RTA? |                          |     |                          |                              |                             |                     |  |
|     | <input type="checkbox"/> Yes                                                                                                     | <input checked="" type="checkbox"/> | No                                                             |                          |                                                     |                          |     |                          |                              |                             |                     |  |
| 7.  | Whether the vehicle is certified as Vintage Car by Vintage & Classic Car Club of India?                                          |                                     |                                                                |                          |                                                     |                          |     |                          |                              |                             |                     |  |
|     | <input type="checkbox"/> Yes                                                                                                     | <input checked="" type="checkbox"/> | No                                                             |                          |                                                     |                          |     |                          |                              |                             |                     |  |
| 8.  | Whether the rally cover is required?                                                                                             |                                     |                                                                |                          |                                                     |                          |     |                          |                              |                             |                     |  |
|     | <input type="checkbox"/> Yes                                                                                                     | <input checked="" type="checkbox"/> | No                                                             |                          |                                                     |                          |     |                          |                              |                             |                     |  |
| 9.  | Whether the vehicle is fitted with Fibre Glass Tank?                                                                             |                                     |                                                                |                          |                                                     |                          |     |                          |                              |                             |                     |  |
|     | <input type="checkbox"/> Yes                                                                                                     | <input checked="" type="checkbox"/> | No                                                             |                          |                                                     |                          |     |                          |                              |                             |                     |  |
| 10  | Whether the vehicle belongs to the Embassy/Consulate of a foreign country?                                                       |                                     |                                                                |                          |                                                     |                          |     |                          |                              |                             |                     |  |
|     | <input type="checkbox"/> Yes                                                                                                     | <input checked="" type="checkbox"/> | No If so, is the Duty element is included in the IDV?          |                          |                                                     |                          |     |                          | <input type="checkbox"/> Yes | <input type="checkbox"/> No |                     |  |
| 11  | Whether insured is first registered owner of the vehicle?                                                                        |                                     |                                                                |                          |                                                     |                          |     |                          |                              |                             |                     |  |
|     | <input type="checkbox"/> Yes                                                                                                     | <input type="checkbox"/> No         |                                                                |                          |                                                     |                          |     |                          |                              |                             |                     |  |
| 12. | Whether the vehicle is confined to Sites? (Applicable to Goods Carrying Vehicles)                                                |                                     |                                                                |                          |                                                     |                          |     |                          |                              |                             |                     |  |
|     | <input type="checkbox"/> Yes                                                                                                     | <input checked="" type="checkbox"/> | No                                                             |                          |                                                     |                          |     |                          |                              |                             |                     |  |
| 13  | Whether the commercial vehicle is also used for Private purposes (Excluding use for hire or reward)?                             |                                     |                                                                |                          |                                                     |                          |     |                          |                              |                             |                     |  |
|     | <input type="checkbox"/> Yes                                                                                                     | <input checked="" type="checkbox"/> | No                                                             |                          |                                                     |                          |     |                          |                              |                             |                     |  |
| 14  | Whether Cover required for lamps, tyres /tubes mudguard/side parts. (IMT 23 Cover)                                               |                                     |                                                                |                          |                                                     |                          |     |                          |                              |                             |                     |  |
|     | <input checked="" type="checkbox"/> Yes                                                                                          | <input type="checkbox"/> No         |                                                                |                          |                                                     |                          |     |                          |                              |                             |                     |  |
| 15  | Whether Cover for Overturning loading required? (Applicable to MISC D only)                                                      |                                     |                                                                |                          |                                                     |                          |     |                          |                              |                             |                     |  |
|     | <input type="checkbox"/> Yes                                                                                                     | <input type="checkbox"/> No         |                                                                |                          |                                                     |                          |     |                          |                              |                             |                     |  |
| 16  | If the vehicle is owned by schools/corporate, will it be used exclusively for transportation of own staff / Students and guests? |                                     |                                                                |                          |                                                     |                          |     |                          |                              |                             |                     |  |
|     | <input type="checkbox"/> Yes                                                                                                     | <input checked="" type="checkbox"/> | No                                                             |                          |                                                     |                          |     |                          |                              |                             |                     |  |

|                                      |                                                                    |                                          |                                        |
|--------------------------------------|--------------------------------------------------------------------|------------------------------------------|----------------------------------------|
| Previous Insurance Details           |                                                                    |                                          |                                        |
| Name and Address of Previous Insurer |                                                                    | TATA AIG                                 |                                        |
| Policy/Covernote no.                 |                                                                    | 6301882927                               |                                        |
| Type of Cover:                       | <input checked="" type="checkbox"/> Package (Comprehensive) Policy | <input type="checkbox"/> Act only Policy | <input type="checkbox"/> Bundle Policy |
|                                      | <input type="checkbox"/> LongTerm Policy                           | <input type="checkbox"/> SAOD Policy     | <input type="checkbox"/> 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:                     | 0                 |                   |                   |
| Claim amount                      | 0                 |                   |                   |

|    |                                                                                |                                         |                                        |            |
|----|--------------------------------------------------------------------------------|-----------------------------------------|----------------------------------------|------------|
| 1. | Date of purchase of the vehicle by the Proposer:                               | 21/07/2014                              |                                        |            |
| 2. | Whether the vehicle was new or second hand at the time of purchase?            |                                         |                                        |            |
|    | <input type="checkbox"/> New                                                   | <input type="checkbox"/> Second Hand    |                                        |            |
| 3. | Is the vehicle in good condition?                                              | <input type="checkbox"/> Yes            | <input type="checkbox"/> No            |            |
| 4. | Has any insurer ever declined/cancelled the insurance of the proposed vehicle? | <input type="checkbox"/> Yes            | <input type="checkbox"/> No            |            |
| 5. | Policy Period: From                                                            | 21/07/2024                              | To                                     | 20/07/2025 |
| 6. | Are you entitled for No Claim Bonus on Renewal?                                | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            |            |
|    | * If yes, Please mention the                                                   | 20                                      |                                        |            |
|    | Is the vehicle fitted with Anti - Theft Device which is approved by ARAI?      | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |            |
| 7. | Are you a member of the Automobile Association of India?                       | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |            |
|    | If Yes, Please state :                                                         |                                         |                                        |            |
|    | Membership No.                                                                 | Date of expiry:                         |                                        |            |

| Driver's Detail |                                                                                    |                                                                                         |                                 |
|-----------------|------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|---------------------------------|
| 1.              | Does the owner has a valid driving licence?                                        | <input checked="" type="checkbox"/>                                                     | Yes <input type="checkbox"/> No |
| 2.              | Vehicle is primarily driven by:                                                    | <input type="checkbox"/> Registered Owner <input checked="" type="checkbox"/> Any other |                                 |
|                 | Name                                                                               | Relationship:                                                                           | Age                             |
| 3.              | Does the driver suffer from defective vision or hearing or any physical infirmity? |                                                                                         |                                 |
|                 | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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?    | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                     |                                 |
|                 | If YES, give details as under including the pending prosecutions:                  |                                                                                         |                                 |
|                 | Driver's Name:                                                                     |                                                                                         |                                 |
|                 | Date of Accident:                                                                  |                                                                                         |                                 |
|                 | Circumstances of Accident/Loss                                                     |                                                                                         |                                 |

| Inspection Details |                                            |                                     |     |                          |    |                                          |
|--------------------|--------------------------------------------|-------------------------------------|-----|--------------------------|----|------------------------------------------|
| 1.                 | Does the vehicle stands fit for insurance? | <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> 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?                                                           |                                                                                                                                                                                                                         |                          |        |                          |       |                                     |                                     |                                      |                                     | <input type="checkbox"/> | Yes      | <input checked="" type="checkbox"/> | No  |                                     |    |
| Name:                                                                                                                       |                                                                                                                                                                                                                         |                          |        | CSI                      |       |                                     |                                     |                                      |                                     |                          |          |                                     |     |                                     |    |
| Do you wish to cover Geographical Area Extension under your proposed insurance?                                             |                                                                                                                                                                                                                         |                          |        |                          |       |                                     |                                     |                                      |                                     |                          |          |                                     |     |                                     |    |
| <input type="checkbox"/>                                                                                                    | Bangladesh                                                                                                                                                                                                              | <input type="checkbox"/> | Bhutan | <input type="checkbox"/> | Nepal | <input type="checkbox"/>            | Sri Lanka                           | <input type="checkbox"/>             | Maldives                            | <input type="checkbox"/> | Pakistan |                                     |     |                                     |    |
| <b>Do you require Unnamed PA Cover</b>                                                                                      |                                                                                                                                                                                                                         |                          |        |                          |       |                                     |                                     |                                      |                                     |                          |          |                                     |     |                                     |    |
| 1.                                                                                                                          | No. of Passengers                                                                                                                                                                                                       |                          |        |                          | 0     |                                     | Yrs                                 |                                      |                                     | Date of Birth:           |          |                                     |     |                                     |    |
| 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)                                                                              |                                                                                                                                                                                                                         |                          |        |                          |       |                                     | <input checked="" type="checkbox"/> | Yes                                  | <input type="checkbox"/>            | No                       |          |                                     |     |                                     |    |
| b) Unnamed Passengers (No. of Persons:0)                                                                                    |                                                                                                                                                                                                                         |                          |        |                          |       |                                     | <input type="checkbox"/>            | Yes                                  | <input checked="" type="checkbox"/> | No                       |          |                                     |     |                                     |    |
| c) Other employees (No. of Persons:0)                                                                                       |                                                                                                                                                                                                                         |                          |        |                          |       |                                     | <input type="checkbox"/>            | Yes                                  | <input checked="" type="checkbox"/> | No                       |          |                                     |     |                                     |    |
| d) Soldier/Sailor/Airman employed as Driver                                                                                 |                                                                                                                                                                                                                         |                          |        |                          |       |                                     | <input type="checkbox"/>            | Yes                                  | <input checked="" type="checkbox"/> | No                       |          |                                     |     |                                     |    |
| 4.                                                                                                                          | Do you wish to have the statutory Third Party Property Damage (TPPD) liability of                                                                                                                                       |                          |        |                          |       |                                     |                                     |                                      |                                     |                          |          |                                     |     |                                     |    |
| Rs. 6,000/- only? (IMT 20)                                                                                                  |                                                                                                                                                                                                                         |                          |        | <input type="checkbox"/> | Yes   | <input checked="" type="checkbox"/> | 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? |                                                                                                                                                                                                                         |                          |        |                          |       |                                     |                                     |                                      |                                     |                          |          | <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/>            | No |
| 7.                                                                                                                          | Legal liability to persons employed in connection with operation of the vehicle who are 'workmen'.The liability of the Employer under the Workmen's Compensation Act-1923 is covered under the Motor Vehicles Act-1988. |                          |        |                          |       |                                     |                                     |                                      |                                     |                          |          | <input type="checkbox"/>            | Yes | <input checked="" type="checkbox"/> | No |
| Drivers (No. of persons:                                                                                                    |                                                                                                                                                                                                                         |                          |        |                          |       |                                     |                                     | Employees (Workmen) (No. of persons: |                                     |                          |          | )                                   |     |                                     |    |

\* I am environment friendly customer

|                    |                                       |
|--------------------|---------------------------------------|
| <b>OTP Status:</b> | <b>OTP Generated Date &amp; Time:</b> |
| Phone No:          | <b>OTP Entered Date &amp; Time:</b>   |
| <b>Date:</b>       |                                       |

\_\_\_\_\_  
Signature

|                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                            |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|
| <input type="checkbox"/> Owner Driver only                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Any person other than Paid Driver |
| If 'YES', give details of such other persons:                                                                                                                                                                                                                                                                                                                                                                        |                                                            |
| Non fare Paying Passengers (No. of persons) :                                                                                                                                                                                                                                                                                                                                                                        | 0                                                          |
| <p>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)</p> |                                                            |
| 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 accident more than once)

|                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> *That, the vehicle proposed to be insured had, during the period in which it was not covered by<br>by valid and effective insurance policy issued by any insurer/s, had NOT met with any accident<br>(*Select the appropriate check box and provide relevant information against selected entry)                                                                                                       |
| <input type="checkbox"/> I/we understand that all and/or any kind of liabilities arising out of accident/s which had occurred prior<br>to risk inception date and time as mentioned in the Policy Document issued by Liberty<br>General Insurance Limited in consideration of these presents will be completely out<br>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](http://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 no profit organization.

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|                                     |                                                                                                  |
|-------------------------------------|--------------------------------------------------------------------------------------------------|
| <input type="checkbox"/>            | I hereby agree to receive a one pager policy document                                            |
| <input checked="" type="checkbox"/> | 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.                                                                                                                                                                                                                                                                                                              |

|                                     |        |        |                  |
|-------------------------------------|--------|--------|------------------|
| <b>For use by Intermediary only</b> |        |        |                  |
| 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: | 201340030125700155500000 |  |  |  |
| Proposal Checked By:        |                          |  |  |  |
| Date of Receipt:            |                          |  |  |  |

Date : \_\_\_\_\_ Place: \_\_\_\_\_  
 Proposer Name : \_\_\_\_\_ Proposer's Sign : \_\_\_\_\_