



LIBERTY GENERAL INSURANCE LIMITED

PRIVATE CARPACKAGE POLICY

CERTIFICATE OF INSURANCE CUM POLICY SCHEDULE

IMPORTANT 1)The Validity of this Certificate of Insurance cum Schedule is subject to realization of the premium cheque.
 2) No Claim Bonus will only be allowed provided the Policy is renewed within 90 days of the expiry date of the previous policy.
 3) In the event of misrepresentation, fraud or non-disclosure of material facts, the company reserves the right to cancel the policy from inception.

Policy issuing office :Unit 1501&1502, 15th Floor, Tower 2, One International Center, Senapati Bapat Marg, Prabhadevi, Mumbai – 400013, Maharashtra
Phone: +91 226700 1313

Policy Servicing office :B-302, 3rd Floor, ITC Centre, Majura Gate, Surat 395002, Gujarat, RUSTAMPURA (SURAT), SURAT, GUJARAT-395002 PH: +91 261 8655914100 Fax:

Policy Ref No.	201140020225700500501000	Period of Insurance	From 00:00 Hrs of 12/10/2025 To Midnight of 11/10/2026
Geographical Area Insured Address	India RAMANI KAPILBHAI KANTIBHAI 284-SHUBHLAXMI SOC N/R-SARDAR PATEL SCHOOL NANA VARACHHA,,GUJARAT,SURAT,VARACHHA ROAD-395006	Policy Issued on Covernote No	02/10/2025 201140020225700500501000
Contact Number Customer GSTIN UIN CODES:	(M) +9979343593 IRDAN150RP0035V03201213	ECovernote Date RTO Location POSP Name Aadhar Card PAN Number	02/10/2025 SURAT Zone: Zone B
Agent Name	DARSHANKUMAR BHARATBHAI PATEL	Agent Contact No	9081023100
Agent Code	IMD1262675		

INSURED MOTOR VEHICLE DETAILS AND PREMIUM COMPUTATION

Registration Mark & No.	Year of Manufacture/ Date of Registration/ Invoice Date	Engine No.	Chassis No.	Make/Model/ Type of Vehicle	Type of Body	CC/HP/GVW /KW	Licensed Carrying capacity including Driver	Trailer Registration No.	Trailer Chassis No.
GJ-05-RE-8990	2018/03-11-2018/03-11-2018	G4LAJM002492	MALBM51BL JM593564	HYUNDAI/ELITE I20/1.2 MAGNA EXECUTIVE	Hatch Back	1197.00	5	NA	NA

IDV (INSURED'S DECLARED VALUE)

IDV Of Vehicle	Trailers	Non Electrical Accessories	Electrical & Electronics Accessories	Bi-Fuel kit(CNG/LPG)	Total Value
283,500.00	0	0	0	0.00	283,500.00

Own Damage Premium on Vehicle and accessories

Section I - OWN DAMAGE (A)

Basic Cover	
Basic OD	1,425.01
DISCOUNTS UNDER OWN DAMAGE SECTION	
No claim bonus 35%	498.75
TOTAL OWN-DAMAGE PREMIUM (A)	926.26
Section I - ADD ON COVERS (C)	
Passenger Assist IRDAN150RP0035V02201213/A0020V02201213	250.00
Consumables Cover IRDAN150RP0035V02201213/A0015V02201213	567.00
Depreciation Cover IRDAN150RP0035V02201213/A0012V02201213	2,097.90
TOTAL ADD-ON COVER PREMIUM (C)	2,914.90

Section II - LIABILITY (B)

Third Party Premium

Basic Cover	
Basic TP	3,416.00
PA BENEFITS	
Personal Accident Cover Unnamed(No. Of Persons=5, SI=100000.00)	250.00
LEGAL LIABILITY	
LLTo Paid Driver	50.00
TOTAL LIABILITY PREMIUM (B)	3,716.00
Section III - PA OWNER DRIVER (D)	
PA to Owner Driver (D)	375.00
Net Premium (A+B+C+D)Taxable Value	7,932.00
State Cess	0.00
CGST(GUJARAT)(%)	713.88
SGST(GUJARAT)(%)	713.88
TOTAL POLICY PREMIUM	9,360.00

Hire Purchase/Lease/Hypothecated with :NA

LIMITATIONS AS TO USE -The Policy covers use of vehicle for any purpose other than: a) Hire or Reward b) Carriage of goods(other than sample of personal luggage)
 c) Organized racing d) Pace Making e) Speed Testing f) Reliability Trial g) Use in connection with motor trade.

DRIVERS CLAUSE

Persons or Classes of Person entitled to drive: Any person including the insured provided that a person driving holds an effective driving license at the time of the accident and is not disqualified from holding or obtaining such a license. Provided also that the person holding an effective learner's license may also drive the vehicle and that such a person satisfies the requirements of Rule 3 of the Central Motor Vehicle Rules, 1989.

LIMITS OF LIABILITY

Deductible under section - I	Compulsory Deductible: Rs 1000/- Voluntary Excess: Rs 0/- Imposed Excess : Rs 0/-	Under Section II-I(i) of the policy(Death of or bodily injury):	Such amount necessary to meet the requirements of motor vehicle Act,1988.	Under Section II-I(ii) of the policy(Damage to third party property)	7,50,000.00	P.A. cover for owner- Driver under section- III: CSI	15,00,000.00
-------------------------------------	---	--	---	---	-------------	---	--------------

Subject to I.M.T Endorsement Nos. IMT 16, IMT 22, IMT 28, AD 01, AD 02, AD 04

Passenger assist cover details: Hospital Cash: Rs 1500 per day for 30 days (per Pax.), Medical Expenses: Rs 10,000 (per Pax.), Ambulance Charges: Rs. 5000

NOMINATION DETAILS

Name of the Nominee	Relationship with Insured	Name of Appointee (if nominee is minor)	Relationship with the Nominee
ASMITABEN K RAMANI	SPOUSE	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 02/10/2025

Receipt No: CR202502103938

Invoice No: For Liberty General Insurance Limited

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 :02/10/2025

Place: SURAT

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

LGI Branch GSTIN :24AABCL9950A1ZR

SAC Code:997134 Description of Service:General Insurance Service

Place of Supply : GUJARAT

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.



Authorised Signatory

PROPOSAL FORM PRIVATE CAR PACKAGE POLICY

Proposal for : New Vehicle Rollover Endorsement Renewal **(LGI Policy No.)** 201140020224702241400000

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

Intermediary Details

IMD Name	DARSHANKUMAR BHARATBHAI PATEL	IMD Code:	IMD1262675
Branch Name:	SURAT	Branch Code:	400202
SM Name :		SM Code :	N1694021
Contact No:	9081023100	POSP Code :	
POSP Name :		Aadhar Card No.:	
PAN Card Number :		or	

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

Type of Cover : Package (Comprehensive) Policy for 1 year Package (Comprehensive) Policy for 3 years Bundled Cover (1year Own Damage & 3 years Third Party)

Vehicle Details

Vehicle Make	Model	Variant	Year of Manufacture / Invoice Date	Cubic Capacity/KW	Gross Vehicle Weight (GVW) For Goods carrying Vehicle	Seating Capacity/LCC (Including Driver/Cleaner)	Body Type
HYUNDAI	ELITE I20	1.2 MAGNA EXECUTIVE	2018/03-11-2018	1197.00	0	5	Hatch Back

Insured Declared Value

Year	For Vehicle Rs.	Electrical Accessories	Non Electrical Accessories	Trailer/Side Car (if any)	Value of CNG/LPG kit (if not part of standard vehicle)	Total IDV Rs.
1	283500.00	0.00	0.00	0.00	0.00	283500.00

"Add On Covers" Selected: Depreciation Cover Consumable Cover Passenger Assist Cover Road Side Assistance Cover Engine Safe Cover
 Key Loss Cover GAP(Incl. Taxes & Regn. charges) GAP Value Towing Expenses Cover
 EMI Cover Protection Tyre Protection Cover

UIN Code of Add On covers selected : IRDAN150RP0035V02201213/A0012V02201213,IRDAN150RP0035V02201213/A0015V02201213,IRDAN150RP0035V02201213/A0020V02201213,

Invoice Price Value

Road Tax First time Registration Charges

Whether you have opted for any Add on Coverage's last year.

Yes No

If yes, please specify the Add on Coverage's

Vehicle Registration No.

GJ-05-RE-8990

Colour of Vehicle :

G4LAJM002492

Chassis No

MALBM51BLJM593564

Place of Registration

SURAT

Date of Registration

03/ 11/ 2018

Trailer Chassis No. (if any)

Is the vehicle attached with any of the Fleet?

Yes No

No. of vehicles attached with fleet

Indigenous Imported

Rated under:

Zone A

1197.00

Zone B

Is the vehicle made in India?

Yes No

Financier Details :

Hypothecation Agreement Hire Purchase Lease Agreement

Body Type :

Name of Financier & Address :

Name of Insured: (Mr/Mrs/M/s/Dr) RAMANI KAPILBHAI KANTIBHAI

e-Insurance Account 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 : 284-SHUBHLAXMI SOC N/R-SARDAR PATEL SCHOOL NANA VARACHHA

Area/Landmark: _____ State : GUJARAT City / District : SURAT Pin Code : 395006

Contact Details: Mobile No. : 9979343593 Residence:

Office : _____ Email ID: RAMANIKAPIL284@YAHOO.COM PAN No. AQWPR9468D

Date of Birth : 28/ 12/ 1985

Business/Occupation (For Individual Customer)

Aadhar No. :

Registration Address: 284-SHUBHLAXMI SOC N/R-SARDAR PATEL SCHOOL NANA VARACHHA

Any other details :

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

From Time : 00:00 Date : 12/ 10/ 2025 To the Midnight of Date : 11/ 10/ 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	ASMITABEN K RAMANI	NA	NA	Spouse	NA	
For PA to Named Passenger							

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

Note . Personal Accident Cover for Owner Driver is compulsory for Sum Insured of Rs 15,00,000/- for Private Car

• Compulsory PA cover to Owner Driver cannot be granted where a vehicle owned

by a company, a partnership firm or a similar body corporate or where the owner driver does not hold an effective driving license.

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

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

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

Premium Amount (including service tax): 9360.00 **Bank Name and Branch** _____

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

Cheque / DD Date: NA **IFSC Code** _____

In case the annualized premium is more than Rs. 25000/-, the proposer is requested to provide a cancelled cheque of his/her bank account if the premium is not paid from the same

Electrical Accessories:

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

Details of Non-Electrical Accessories:

Item Details: _____ Make & Model: _____ Year of Manf.: 2018 IDV: _____

