

LIBERTY GENERAL INSURANCE LIMITED

STAND-ALONE OWN DAMAGE POLICY FOR PRIVATE CAR

CERTIFICATE OF INSURANCE CUM POLICY SCHEDULE

Period of Insurance:

Covernote No/ Ecovernote

Policy Issued On

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: 10TH FLOOR, TOWER A, PENINSULA BUSINESS PARK, GANPATH RAO KADAM MARG, Lower Parel, DELISLE ROAD, MUMBAI, MAHARASHTRA-400013 Phone: +91 22 67001300 Fax: +91 22 06700 1606

Policy Servicing Office: 2ND Floor, A-7, A-53, Second Avenue,, South Wing, Shriram House,, Anna Nagar East, Chennai, HINDI PARCHAR SABHA,

CHENNAI, TAMIL NADU-600102 Phone: +91 44 8655914097 Fax: +91 22 06700 1606

Policy No 202550040124700053202000

Geographical Area India

VINOD ANBALAGAN Insured Address PLOT NO 223 MADURAI

> MEENACHIPURAM IYANCHERRY URAPAKKAMCHENGALPATTU,,,TAMIL NADU.KANCHIPURAM.URAPAKKAM-

603210

(M) + 7845340202**Contact Number**

GSTIN No/State

RTO Location CHENGALPATTU

UIN CODES

Covernote Date

IRDAN150RP0001V02201920

15/04/2024

15/04/2024

9884775001

150420243140039355

From 00:00 Hrs of 19/04/2024 To Midnight of 18/04/2025

Zone: Zone B

TMIBASL SRI GOKULAM MOTORS AND SERVICES PVT Agent Name

IMD1110301 Agent Code Agent Contact No

INSURED MOTOR VEHICLE DETAILS

Registration **Year of Manufacture** Engine No. Chassis Make/Model/Type CC/HP/GV Licensed Trailer **Trailer Chassis Trailer** Mark & No. /Date of Registration of Body W/KW Carrying Registration **IDV** No. No. /Invoice Dates capacity No. including Driver

TATA 2022 / 19-04-2022/19-04-MOTORS/NEXON/ REVTRN11C MAT627243 TN-19-AS-4955 1199.00 5 NA 0.00 NA 2022 XXK39132 NLC33065 XM (S) PETROL Suv

IDV (INCLIDED'S DECLARED VALUE)

IDV (INSURED S DECLARED VALUE)						
IDV Of Vehicle	Trailers `	Side Car `	Non Electrical Accessories `	Electrical/electronic Accessories `	Bi-Fuel kit(CNG / LPG)	Total Value `
656,183.00	0	0	0	0	0.00	656,183.00

PREMIUM COMPUTATION

	111111111111111111111111111111111111111			
Basic - OD 6,281.64		TOTAL OWN-DAMAGE PREMIUM (A)		6,281.64
ADD ON COVERS	•	and ance		
Passenger Assist IRDAN150RP0001V02201920/A0006V02201920		TOTAL ADD-ON COVER PREMIUM (B)	`	4,764.19
Consumables Cover IRDAN150RP0001V02201920/A0004V02201920	984.27	Net Premium (A+B)Taxable Value		11,046.00
Depreciation Cover IRDAN150RP0001V02201920/A0003V02201920		Net Premium (A+D) Taxable Value		11,040.00
Roadside Assistance IRDAN150RP0001V02201920/A0007V02201920		CGST(TAMIL NADU)(9%)	•	994.14
Con Con		SGST(TAMIL NADU)(9%)	•	994.14
		TOTAL POLICY PREMIUM	,	13,034.00

Hire Purchase/ Lease/Hypothecated with STATE BANK OF INDIA,

LIMITATION 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) 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

				DF
Compulsory Deductible		Voluntary Deductible	Imposed Excess	Theft Excess
1000		0.00	0.00	0.00
Subject to I.M.T Endorsement Nos.	IMT 7, 1	IMT 22, AD 01, AD 02, AD 04, AD 05	, "	

Liability Policy Details:

Name of the Insurer	Policy Number	Period of Insurance
LIBERTY	201150040122800009500000	From 00:00 Hrs of 19/04/2022 To Midnight of 18/04/2025

In witness whereof this Policy has been signed at Mumbai on 15/04/2024

Receipt No: CP202415046767

In case of Claims, Please contact us at: Toll Free No -18002665844,

email id – care@libertyinsurance.in Date of Issue :15/04/2024

Place: CHENNAI

Consolidated Stamp duty has been paid as per letter of Authorization no. LOA/ENF-2/CSD/10/2024/(Validity Period Dt. 07/02/2024 to 06/02/2025)/OW.NO.1245/ Dated 08/02/2024 issued by Main Stamp Office, Mumbai. ** Not Applicable for the State of Jammu Kashmir.

Invoice No.

Branch GSTIN No:33AABCL9950A1ZS

SAC Code:997134; Description of Service: General Insurance Service;

Place of Supply: TAMIL NADU IRDA Regn. No. 150

CIN No. U66000MH2010PLC209656

Tax is not payable under reverse charge by the recipient.

For Liberty General Insurance Limited

Authorised Signatory

c)

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.

This Policy provides only Own Damage cover to the insured vehicle and no other liability is covered under the policy