

LIBERTY GENERAL INSURANCE LIMITED

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.

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: KANKARIA CENTRE 2/1, 2nd FLOOR,, RUSSELL STREET, , PARK CIRCUS, KOLKATA, West Bengal-700071 PH: +91 33 40951200 Fax:

00:00 Hrs of 11/11/2024 PolicyRef No. 201330140124700253500000 **Period of Insurance** From: Geographical Area To: Midnight of 10/11/2025 India SREEKRISHNA DEY 09/11/2024 **Insured Policy Issued on** 653, MASJID BATI ROAD MILONNAGAR, 201330140124700253500000 Address **Covernote No** KANCHRAPARA M, KANCHRAPARA, NORTH 24 PARGANAS, WEST BENGAL 743145 "WEST BENGAL, MONDALGACHI, SALIADAHA B.O-743145 09/11/2024 **Contact Number** 7278740740 **Covernote Date Customer GSTIN** UIN CODES: IRDAN150RP0033V022012 **RTO Location** BARRACKPORE Zone: Zone C **POSP Name Aadhar Number PAN Number** Agent Name CERTIGO INSURANCE BROKERS PRIVATE IMD1266794

9926920400 Agent Contact No

INSURED MOTOR VEHICLE DETAILS AND PREMIUM COMPUTATION											
Registration Mark & No.	Year of Manufacture/ Date of Registration/ Invoice Date	Engine No.	Chassis No.	Trailer Registration No	Trailer Chassis No	Make/Model/ Type of Vehicle	Type of Body	Vehicle Sub Class	GVW/K	Carrier	Licensed Carrying capacity including Driver
WB-23-C-3926	2011/18-10-2011/18-10- 2011	275IDI07HYY SF4560	MAT445057BZ H72855			TATA MOTORS LTD/ACE/	OPEN	Goods Carrying (Other than 3-wh)-	1550	Public	2

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 `	
115,884.00	115,884.00	0.00	0		14	0	0	0	115,884.00	
S	Section I - OWN	DAMAGE (A)					Section II - LIABILITY	Y (B)	THE STATE OF THE S	
Own Damage Prem	ium on Vehicle a	nd accessories				Third Party Premium				
Basic Cover						Basic Cover				
Basic OD			,		524.96	Basic TP ' 16,049				
EXTENSIONS UNI	DER OWN DAM	IAGE SECTION	S	-e"		EXTENSIONS UNDER THIRD PARTY SECTION				
LOADING UNDER	OWN DAMAG	E SECTION		Talle		PA Benefits				
DISCOUNTS UND	ER OWN DAMA	GE SECTION	100	7350		Legal Liability	cher	ance and		
No claim bonus 20%)	25	111		104.99	TOTAL LIABILITY PRE	MIUM	Silie	16,049.00	
TOTAL OWN-DAN	MAGE PREMIU	M (A)	Cent		419.97	Section	on III - PA OWNER DRIVER	R (D)		
TOTAL OWN-DAMAG	E PREMIUM + ADI	O-ON COVER PREM	IIUM (A+C)		419.96	PA Owner Driver (D)	TICK		375.00	
			11			Net Premium (A+B+C+D)	Taxable Value	`	16,844.00	
						State Cess		,	0.00	
						CGST(WEST BENGAL)		,	1034.49	
					N and	SGST(WEST BENGAL)	.:1	,	1034.49	

Hire Purchase/Lease/Hypothecated with :NA

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.

TOTAL POLICY PREMIUM

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

Agent Code

Deductible	Compulsory Deductible:RS 500	Under Section II-I(i) of the policy	Such amount as is necessary to	Under Section II-I(ii) of the	7,50,00	P.A. cover for owner-	15,00,000.
Under	Voluntary Deductible: Rs 0.00	(Death of or bodily injury):	meet there requirements of the	policy(Damage to third party	0	Driver under section-	00
Section-I	1-61 12511		Motor Vehicles Act, 1988.	property)		III: CSI	-01
Subject to T M	T Endorsement Nos	TMT 21	4 4 0 / 3 /				. 100

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 09/11/2024

Receipt No: CP202302102660

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 :09/11/2024

Place: KOLKATA

Invoice No:

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/88/2024/(Validity Period Dt. 28/08/2024 to 27/08/2025)/OW.NO.4330/ Dated 28/08/2024).

LGI Branch GSTIN:19AABCL9950A1ZI

SAC Code:997134 Description of Service:General Insurance Service

Place of Supply: WEST BENGAL

Tax is not payable under reverse charge by the recipient.

For Liberty General Insurance Limited

18,913.00

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.

Break in insurance.

Aadhar No.:

Note:

Cheuqe / DD Date:

Any other details: SALIADAHA B.O

Period of Insurance From Time: 00:00 Hrs of 11/11/2024 To the Midnight of Date: 10/11/2025 Date:

Personal accident Cover for Owner Driver is compulsory in liability only Cover. Please give details of nomination

Personal accident Cover for Owner Driver is compaisory in liability only Cover. Please give details of normination.							
Particulars	Name of Passenger	Name of Nominee/ Existing Nominee	Name of New Nominee (In case of change of	Age	Relationship	Name of Appointee (If Nominee is a	Relationship with the nominee
			existing Nominee)			minor)	
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 formation a separate sheet							

(In case of more than 1 named passengers, please provide details in the above format on a separate sheet Personal Accident Cover for Owner Driver is compulsory for Sum Insured of Rs 15,00,000/- for Commercial Vehicles

Year Of Manfacture

2011

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.

Make & Model

Compulsory PA cover to Owner Driver cannot be granted

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.

☐ Cash ☐ Cheque ☐ Demand Draft ☑ Credit Card Insured Bank Details: **Premium Payment Details**

□ NEFT/RTGS

Premium Amount (including service tax): 18913.00

Item Details

Bank Name and Branch: Bank A/C No.:

Cheque / DD No.: NA

IFSC Code: 09/11/2024

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 Manfacture	IDV
		2011	
Details of Non-Electrical Accessories:			

Trailer IDV		
Trailer Towed :	Trailer IDV :	0
	· · · · · · · · · · · · · · · · · · ·	

IDV

2	give details \square Bi-fuel \square CNG \square LPG \square Externally Fitted \square ManufacturedFitted Will the vehicle be exclusively used for: a) Private, Social, Pleasure and Professional Purposes	□ Owner Driver only □ Any person other than Paid Driver If 'YES', give details of such other persons:		
3	☐ Yes ☐ No b) Carriage of goods other than Samples or Personal Luggage	Non fare Paying Passengers (No. of persons):		
	☐ Yes ☑ No	Note: 1. Section146 of Motor Vehicles Act-1988 makes it mandatory for the owner of the		
4.	Whether the vehicle is used for Driving tuitions?	vehicle to ensure that he or any other person authorized by him to drive a vehicle in public		
5.	Whether the vehicle is limited to own premises?	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		
6.	Whether the vehicle is specially designed for use of Blind/Handicapped/ Mentally Challenged Person Yes No If so, whether the same is endorsed as such by RTA?	death / bodily injury of a third party)		
	☐ Yes ☑ No	Any other Coverage details		
7.	Whether the vehicle is certified as Vintage Car by Vintage & Classic Car Club of India?	Break In Insurance Declaration		
	☐ Yes ☑ No	□"I/We hereby Declare and Undertake		
8. 9.	Whether the rally cover is required? ☐ Yes ☑ No Whether the vehicle is fitted with Fibre Glass Tank? ☐ Yes ☑ No	*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		
	Whether the vehicle belongs to the Embassy/Consulate of a foreign country?	at (Add more date/s with time if vehicle had met with accident more than once)		
	☐ Yes ☑ No If so, is the Duty element is included in the IDV? ☐ Yes ☐ No			
	Whether insured is first registered owner of the vehicle?	✓ *That, the vehicle proposed to be insured had, during the period in which it was not covered by		
	Whether the vehicle is confined to Sites? (Applicable to Goods Carrying Vehicles) Yes No	by valid and effective insurance policy issued by any insurer/s, had NOT met with any accident (*Select the appropriate check box and provide relevant information against selected entry)		
13	Whether the commercial vehicle is also used for Private purposes (Excluding use for hire or reward)? □ Yes □ No	I/we understand that all and/or any kind of liabilities arising out of accident/s which had occurred prior		
14	Whether Cover required for lamps, tyres /tubes mudguard/side parts. (IMT 23 Cover) ☐ Yes ☑ No	to risk inception date and time as mentioned in the Policy Document issued by Liberty		
15	Whether Cover for Overturning loading required? (Applicable to MISC D only)	General Insurance Limited in consideration of these presents will be completely out		
16	If the vehicle is owned by schools/corporate, will it be used exclusively for transportation of own	of ambit of said Policy and said Company will not be in any manner liable or held responsible therefore.		
Prev	staff / Students and guests? □ Yes □ No vious Insurance Details	I/we further undertake that if this declaration and/or any of its part is found to be incorrect in any		
	ne and Address of Previous Insurer Royal Sundaram	manner, all the benefits under the Policy will then stand forfeited and the contract of insurance		
Poli	cy/Covernote no. VGC1041237000100	will be treated as treated as void ab-initio". NCB Declaration		
Тур	e of Cover: \square Package (Comprehensive) Policy \square Act only Policy \square Bundle Policy			
NOE	□ LongTerm Policy □ SAOD Policy □ Others	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		
	*/Loading in expiring policy 0 m lodged in last three years:	benefits under the policy in respect of Section I of the policy will be forfeited. Declaration		
Yea		"I am/we are aware that the complete terms and conditions of this insurance policy are available at		
	of Claims: 0	the official website of the insurer (www.libertyinsurance.in). I/We hereby consent to receiving only		
	m amount 0	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".		
	Date of purchase of the vehicle by the Proposer: 18/10/2011 Whether the vehicle was new or second hand at the time of purchase?	I hereby declare and confirm that the PUC certificate of the vehicle proposed for insurance is valid as on date.		
	□ New □ Second Hand	Any other Material Information Declaration and Consent		
3.	Is the vehicle in good condition?	I/We hereby declare that the statements, answers given by me /us in this proposal form are true to the		
	Has any insurer ever declined/cancelled the insurance of the proposed vehicle?	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		
	Policy Period: From 05/11/2023 To 04/11/2024 Are you entitled for No Claim Bonus on Renewal? ☑ Yes □ No	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		
0.	* If yes, Please mention the	particulars are incorrect or untrue in any respect, the company shall have no liability under this Insurance.		
	Is the vehicle fitted with Anti - Theft Device which is approved by ARAI? ☐ Yes ☑ No	I/We agree and undertake to convey to Liberty General Insurance Limited any change / alterations carried		
7.	Are you a member of the Automobile Association of India? ☐ Yes ☑ No	out in the risk proposed for insurance after submission of this proposal form.		
	If Yes, Please state :	"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."		
	Membership No. Date of expiry: er's Detail			
_	Does the owner has a valid driving licence? ☑ Yes □ No	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		
	Vehicle is primarily driven by: □ Registered Owner □ Any other	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		
	Name Relationship: Age	and the premium paid shall be forfeited to the Company.		
3.	Does the driver suffer from defective vision or hearing or any physical infirmity?	Please give details, if you are politically exposed person or relative of politically exposed person.		
4	□ Yes ☑ No Give details Driver's qualification: Driver's experience:			
	Age & Date of Birth of the Owner: Age Yrs Date of Birth:	Please give details, if you are no profit organization.		
_	b. Age & Date of Birth of the Driver: Age Yrs Date of Birth:			
	Has the driver ever been involved / convicted for causing any accident of loss? ☐ Yes ☑ No	☐ I hereby agree to receive a one pager policy document		
	If YES, give details as under including the pending prosecutions: Driver's Name:	I hereby confirm having a valid personal accident policy for sum Insured of minimum Rs.15 lakhs.		
	Date of Accident:	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		
	Circumstances of Accident/Loss	take out or renew or continue an insurance in respect of any kind or risk relating to lives or property in		
_	Does the vehicle stands fit for incurence?	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		
_	Does the vehicle stands fit for insurance?	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		
_	Conducted on (Mention Date & Time): 09/11/2024 00:00	fine, as may be prescribed under Insurance Act, 1938 or any amendment thereto for the time being in		
	litional Coverage Details	force. For use by Intermediary only		
	Do you require PA cover for Paid Driver, Cleaners and Conductors? ☐ Yes ☑ No	For use by Intermediary only Cover Note No. issued (if any)		
_	Name: CSI	Date of Issuance Time of Issuance		
	Do you wish to cover Geographical Area Extension under your proposed insurance? ☐ Bangladesh ☐ Bhutan ☐ Nepal ☐ Sri Lanka ☐ Maldives ☐ Pakistan	Period of Insurance: From (Time) (Date)		
	Do you require Unnamed PA Cover	To the midnight of (Date)		
_	No. of Passengers 0 Yrs Date of Birth:	Premium Amount (in Rs.)		
2.	Sum Insured per person (unnamed passengers/hirer/pillion rider, two wheelers)	Bank Name :		
2	Name Sum Insured Name Sum Insured	Cheque No. / DD No. / Cash:		
_	Do you wish to cover Legal liability towards a) Driver/Cleaner/Conductor (No. of Persons:0) ☐ Yes ☑ No	Cheque No. / DD No. / Cash: Date		
\rightarrow	b) Unnamed Passengers (No. of Persons:0)	For Office use only		
	c) Other employees (No. of Persons:0)	Customer ID:		
\rightarrow	d) Soldier/Sailor/Airman employed as Driver	Proposal Number:		
\rightarrow	Do you wish to have the statutory Third Party Property Damage (TPPD) liability of Rs. 6,000/- only? (IMT 20) □ Yes □ No			
_	Rs. 6,000/- only? (IMT 20) ☐ Yes ☑ No Do you require PA cover for named persons? Yes No	Policy / Cover Note Number: 201330140124700253500000		
	Name: CSI Nominee: Relationship	Proposal Checked By:		
_	The Policy provides additional Third Party Property Damage liability limits of	Date of Receipt:		
-	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?	Date : Place:		
_	to cover the additional limit?	Proposer Name : Proposer's Sign		
	'workmen'. The liability of the Employer under the Workmens' Compensation Act-1923 is	·::		
_	covered under the Motor Vehicles Act-1988. □ Yes ☑ No			
	Drivers (No. of persons:)Employees (Workmen) (No. of persons:)	V1 -20042015		
	* I am environment friendly customer OTP Status: OTP Generated Date & Time:			
	- Constitution Party of Tillion			

Signature

PRODUCT UIN CODE: IRDAN150RP0033V02201213

Date: