



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:			
PolicyRef No.	201330140124700252200000	Period of Insurance	From: 00:00 Hrs of 10/11/2024
Geographical Area	India		To: Midnight of 09/11/2025
Insured	TARUN SARKAR	Policy Issued on	08/11/2024
Address	PANTAPARA SARAPUL SWARUNAGAR 24 PGS NROTH,C/O MANOTOSH GHOSH, KALIBARI, ISUBATI, DUTTAPUKUR, NORTH 24 PARGANAS WEST BENGAL - 743248,, WEST BENGAL,NORTH 24 PARGANAS,SWARUPNAGAR-743286	Covernote No	201330140124700252200000
Contact Number	9830544955	Covernote Date	08/11/2024
Customer GSTIN		RTO Location	BARASAT
UIN CODES:	IRDAN150RP0033V02201213	POSP Name	
		Aadhar Number	
		PAN Number	
Agent Name	CERTIGO INSURANCE BROKERS PRIVATE LIMITED		
Agent Code	IMD1244948	Agent Contact No	9926920400

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
WB-25-K-1465	2019/02-01-2020/02-01-2020	PYSD8399	KYK26605			TATA MOTORS LTD/ACE GOLD/ (FULLY BUILT) PICKUP	OPEN	Goods Carrying (Other than 3-wh)- Public Carriers	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
300,000.00	300,000.00	0.00	0	0	0	0	300,000.00

Section I - OWN DAMAGE (A)				Section II - LIABILITY (B)			
Own Damage Premium on Vehicle and accessories				Third Party Premium			
Basic Cover				Basic Cover			
Basic OD			1,035.60	Basic TP			16,049.00
EXTENSIONS UNDER OWN DAMAGE SECTIONS				EXTENSIONS UNDER THIRD PARTY SECTION			
Cover for Lamps tyres/tubes mudguards(IMT 23)			155.34	Legal Liability			
LOADING UNDER OWN DAMAGE SECTION				Legal liability to Driver(1)/Cleaner(1)/Conductor(0)			
TOTAL OWN-DAMAGE PREMIUM (A)			1,190.94	TOTAL LIABILITY PREMIUM			
TOTAL OWN-DAMAGE PREMIUM + ADD-ON COVER PREMIUM (A+C)			1190.94	Section III - PA OWNER DRIVER (D)			
				Net Premium (A+B+C)/Taxable Value			
				State Cess			
				CGST(WEST BENGAL)			
				SGST(WEST BENGAL)			
				TOTAL POLICY PREMIUM			

Hire Purchase/Lease/Hypothecated with :INDUSIND BANK LTD, KOLKATA

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

Deductible Under Section-I	Compulsory Deductible:RS 500 Voluntary Deductible: Rs 0.00	Under Section II-I(i) of the policy (Death of or bodily injury):	Such amount as is necessary to meet there requirements of the Motor Vehicles Act, 1988.	Under Section II-I(ii) of the policy(Damage to third party property)	7,50,000	P.A. cover for owner-Driver under section-III: CSI	NA
Subject to I.M.T Endorsement Nos. 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 08/11/2024

Receipt No: CP202330096370

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 :08/11/2024
Place: KOLKATA

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 :19AABCL9950A1Z1

SAC Code:997134 Description of Service:General Insurance Service

Place of Supply : WEST BENGAL

Tax is not payable under reverse charge by the recipient.

Authorised Signatory

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.

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	CERTIGO INSURANCE BROKERS PRIVATE LIMITED	IMD Code	IMD1244948
Branch Name	KOLKATA1	Branch Code	301401
SM Name :		SM Code :	N1622758
Contact No.:	9926920400		
POSP Name :		POSP Code :	
PAN Card Number :		Aadhar Card No.:	
(Mandatory to provide PAN Card No. or Aadhar Card No. in case of POSP)		or	

Type of Cover : ☒ Package (Comprehensive) Policy ☐ Package (Act & Theft) Policy ☐ Package(Act,Theft and Fire) Policy ☐ Pakage(Fire & Theft) Policy ☐ Act only policy

Purpose for which vehicle will be used: ☐ Goods Carrying (Private Carrier) ☒ Goods Carrying (Public Carrier) ☐ Passenger Carrying ☐ Misc. D

Type of Vehicle: ☒ Four Wheeler ☐ Three Wheeler ☐ 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	ACE GOLD	(FULLY BUILT) PICKUP	2019 / 02-01-2020	694.00	1550	2	OPEN

Insured Declared Value

IDV of the Vehicle	Electrical Accessories			Non Electrical Accessories			Trailer		Value of CNG/LPG kit		Total IDV	
300000.00	0			0			0		0.00		300000.00	
“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	<input type="checkbox"/>								

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			
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If yes, please specify the Add on Coverage's

Vehicle Registration No.	WB-25-K-1465		Colour of Vehicle																		
Engine No.	PYSD8399		Chassis No			KYK26605															
Place of Registration	BARASAT		Date of Registration			02/01/2020															
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 :		694.00				
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 :			INDUSIND BANK LTD,KOLKATA											
Name of Insured: (Mr/Mrs/M/s/Dr)			TARUN SARKAR											
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 :			PANTAPARA SARAPUL SWARUNAGAR 24 PGS NROTH C/O MANOTOSH GHOSH, KALIBARI, ISUBATI, DUTTAPUKUR, NORTH 24 PARGANAS WEST BENGAL - 743248											
Area/Landmark:		PANTAPARA SARAPUL SWARUNAGAR 24 PGS NROTH			State :		WEST BENGAL		City / District :		NORTH 24 PARGANAS		Pin Code : 743286	
Contact Details: Mobile No. :					Residence:									
Office :					Email ID:		mpg770038@gmail.com				PAN No.			

Date of Birth :	02/03/1972	Business/Occupation (For Individual Customer)
Registration Address:	PANTAPARA SARAPUL SWARUNAGAR 24 PGS NROTH C/O MANOTOSH GHOSH, KALIBARI, ISUBATI, DUTTAPUKUR, NORTH 24 PARGANAS WEST BENGAL - 743248	

Aadhar No.:

Any other details : SWARUPNAGAR C/O MANOTOSH GHOSH, KALIBARI, ISUBATI, DUTTAPUKUR, NORTH 24 PARGANAS WEST BENGAL - 743248

Period of Insurance From Time: 00:00 Hrs of **Date:** 10/11/2024 **To the Midnight of Date:** 09/11/2025

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.

Premium Payment Details ☐ Cash ☐ Cheque ☐ Demand Draft ☒ Credit Card Insured Bank Details:
☐ NEFT/RTGS

Premium Amount (including service tax):	19498.00	Bank Name and Branch:
Cheque / DD No.:	NA	Bank A/C No.:
Cheque / DD Date:	08/11/2024	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
		2019	

Details of Non-Electrical Accessories:

Item Details	Make & Model	Year Of Manufacture	IDV
		2019	

Trailer IDV

Trailer Towed :		Trailer IDV :	0
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PRODUCT UIN CODE: IRDANI50RP003V02201213

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	<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											
Policy/Covernote no.											
Type of Cover:											
<input 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:											
Claim amount											
1. Date of purchase of the vehicle by the Proposer:											
02/01/2020											
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											
To											
6. Are you entitled for No Claim Bonus on Renewal?											
<input type="checkbox"/> Yes											
<input checked="" type="checkbox"/> No											
* If yes, Please mention the											
0											
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 type="checkbox"/> Yes											
<input checked="" 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 checked="" type="checkbox"/> Self Inspection											
2. Inspection Reference No.:											
SELF											
Conducted on (Mention Date & Time):											
08/11/2024 00:00											

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											
Do you require Unnamed PA Cover											
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:2)											
<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 Workmens' 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

OTP Status: OTP Generated Date & Time:
Phone No: OTP Entered Date & Time:
Date:

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	
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)	
Any other Coverage details	

Break In Insurance Declaration	
<input type="checkbox"/> 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 checked="" type="checkbox"/> *That, the vehicle proposed to be insured had, during the period in which it was not covered by 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)	
I/we understand that all and/or any kind of liabilities arising out of accident/s which had occurred prior to risk inception date and time as mentioned in the Policy Document issued by Liberty General Insurance Limited in consideration of these presents will be completely out 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). 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.

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

For use by Intermediary only	
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:	
201330140124700252200000	
Proposal Checked By:	
Date of Receipt:	
Date :	Place:
Proposer Name :	Proposer's Sign :

V1 -20042015

Insurance is the Subject matter of Solicitation.

Trade Logo displayed above belongs to Liberty Mutual and used by the Liberty General Insurance Ltd.