



### 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.	201330140124700269800000	Period of Insurance	From: 00:00 Hrs of 23/11/2024
Geographical Area	India	To:	Midnight of 22/11/2025
Insured Address	RAKHAL MAL NEW BAMANGATA HADIA SOUTH 24 PARGANAS ***,,WEST BENGAL,SOUTH 24 PARGANAS,UCIHEPOTA-700150	Policy Issued on	21/11/2024
Contact Number	8910758408	Covernote No	201330140124700269800000
Customer GSTIN		Covernote Date	21/11/2024
UIN CODES:	IRDAN150RP0033V02201213	RTO Location	BARUJPUR
		POSP Name	
		Aadhar Number	
		PAN Number	
Agent Name	CERTIGO INSURANCE BROKERS PRIVATE LIMITED	Agent Contact No	9926920400
Agent Code	IMD1244948		

#### 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-95-1224	2015/02-06-2016/02-06-2016	JUYS791	FZJ35493			TATA MOTORS LTD/ACE/MEGA	OPEN	Goods Carrying (Other than 3-wh)- Public Carriers	2100	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
157,000.00	157,000.00	0.00	0	0	0	0	157,000.00

#### Section I - OWN DAMAGE (A)

Own Damage Premium on Vehicle and accessories

##### Basic Cover

Basic OD [ ] 568.97

##### EXTENSIONS UNDER OWN DAMAGE SECTIONS

Cover for Lamps tyres/tubes mudguards(IMT 23) [ ] 85.35

##### LOADING UNDER OWN DAMAGE SECTION

TOTAL OWN-DAMAGE PREMIUM (A) [ ] 654.32

TOTAL OWN-DAMAGE PREMIUM + ADD-ON COVER PREMIUM (A+C) [ ] 654.31

#### Section II - LIABILITY (B)

##### Third Party Premium

##### Basic Cover

Basic TP [ ] 16,049.00

##### EXTENSIONS UNDER THIRD PARTY SECTION

##### Legal Liability

Legal liability to Driver(1)/Cleaner(1)/Conductor(0) [ ] 100.00

##### TOTAL LIABILITY PREMIUM

[ ] 16,149.00

#### Section III - PA OWNER DRIVER (D)

##### Net Premium (A+B+C)Taxable Value

[ ] 16,803.00

##### State Cess

[ ] 0.00

CGST(WEST BENGAL) [ ] 1030.80

SGST(WEST BENGAL) [ ] 1030.80

TOTAL POLICY PREMIUM [ ] 18,865.00

Hire Purchase/Lease/Hypothecated with :ALLAHABAD BANK, 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) 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-(ii) of the policy(Damage to third party property)	7,50,00	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				0		

#### 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 21/11/2024

Receipt No: CR202319107740

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 :21/11/2024

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.

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.

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	CERTIGO INSURANCE BROKERS PRIVATE LIMITED	IMD Code	IMD1244948
Branch Name	KOLKATA1	Branch Code	301401
SM Name :		SM Code :	N1573310

Contact No.: 9926920400

POSP Name :

PAN Card Number :

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

Type of Cover :  Package (Comprehensive) Policy  Package (Act & Theft) Policy  Package(Act,Theft and Fire) Policy  Package(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	MEGA	2015 / 02-06-2016	798.00	2100	2	OPEN

#### Insured Declared Value

IDV of the Vehicle	Electrical Accessories	Non Electrical Accessories	Trailer	Value of CNG/LPG kit	Total IDV
157000.00	0	0	0	0.00	157000.00

"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.  Yes  No

If yes, please specify the Add on Coverage's

Vehicle Registration No.	WB-95-1224	Colour of Vehicle					
Engine No.	JUYS791	Chassis No	FZJ35493				
Place of Registration	BARUUIPUR	Date of Registration	02/06/2016				
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?  Yes  No No. of vehicles attached with fleet Cubic Capacity : 798.00

Is the vehicle made in India?  Yes  No

Financier Details :  Hypothecation Agreement  Hire Purchase  Lease Agreement Body Type : OPEN

Name of Financier & Address : ALLAHABAD BANK,KOLKATA

Name of Insured: (Mr/Mrs/M/s/Dr) RAKHAL MAL

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 : NEW BAMANGATA HADIA SOUTH 24 PARGANAS \*\*\*\*

Area/Landmark: NEW BAMANGATA HADIA SOUTH 24 PARGANAS \*\*\*\* State : WEST BENGAL City / District : SOUTH 24 PARGANAS Pin Code : 700150

Contact Details: Mobile No. : Residence:

Office : Email ID: anju96998@gmail.com PAN No. BPCM2917L

Date of Birth : 05/01/1979

Business/Occupation (For Individual Customer)

Registration Address: NEW BAMANGATA HADIA SOUTH 24 PARGANAS \*\*\*

Aadhar No.:

Any other details : UCHHEPOTA

Period of Insurance From Time: 00:00 Hrs of Date: 23/11/2024 To the Midnight of Date: 22/11/2025

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.

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): 18865.00 Bank Name and Branch:

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

Cheque / DD Date: 21/11/2024 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 Manfature	IDV
		2015	

Details of Non-Electrical Accessories:			
Item Details	Make & Model	Year Of Manfature	IDV
		2015	

Trailer IDV			
Trailer Towed :	Trailer IDV :		0

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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		<input type="checkbox"/> Owner Driver only <input type="checkbox"/> Any person other than Paid Driver	
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		If YES, give details of such other persons: Non fare Paying Passengers (No. of persons): 0	
4. Whether the vehicle is used for Driving tuitions? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Note: 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)	
5. Whether the vehicle is limited to own premises? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Any other Coverage details	
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		Break In Insurance Declaration	
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		<input type="checkbox"/> I/We hereby Declare and Undertake	
8. Whether the rally cover is required? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 at (Add more date/s with time if vehicle had met with accident more than once)	
9. Whether the vehicle is fitted with Fibre Glass Tank? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input checked="" type="checkbox"/> 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, had NOT met with any accident (*Select the appropriate check box and provide relevant information against selected entry)	
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		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.	
11. Whether insured is first registered owner of the vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No		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 stand forfeited and the contract of insurance will be treated as treated as void ab initio".	
12. Whether the vehicle is confined to Sites? (Applicable to Goods Carrying Vehicles) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		NCB Declaration	
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		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.	
14. Whether Cover required for lamps, tyres /tubes mudguard/side parts. (IMT 23 Cover) <input type="checkbox"/> Yes <input type="checkbox"/> No		Declaration	
15. Whether Cover for Overturning loading required? (Applicable to MISC D only) <input type="checkbox"/> Yes <input type="checkbox"/> No		I am/we are aware that the complete terms and conditions of this insurance policy are available at the official website of the insurer ( <a href="http://www.libertyinsurance.in">www.libertyinsurance.in</a> ). 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".	
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		I hereby declare and confirm that the PUC certificate of the vehicle proposed for insurance is valid as on date.	
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: 02/06/2016			
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 checked="" type="checkbox"/> No			
4. Has any insurer ever declined/cancelled the insurance of the proposed vehicle? <input type="checkbox"/> Yes <input checked="" 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 _____			
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 type="checkbox"/> Self Inspection			
2. Inspection Reference No.: SELF Conducted on (Mention Date & Time): 21/11/2024 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: _____	

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