

LIBERTY GENERAL INSURANCE LIMITED

COMMERCIAL VEHICLE LIABILITY 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 17/11/2024 PolicyRef No. 201730140124700189500000 Period of Insurance From: Geographical Area To: Midnight of 16/11/2025 India

AKUL ROY 15/11/2024 **Insured Policy Issued on** 201730140124700189500000 **LAXMIPUL BALUIGACHINORTH 24 Address Covernote No**

PARGANAS,,,WEST

743234 8537940726 **Covernote Date** 15/11/2024

Customer GSTIN IRDAN150RP0034V01201213 **RTO Location**

> **POSP Name Aadhar Number PAN Number**

CERTIGO INSURANCE BROKERS PRIVATE LIMITED Agent Name

BENGAL, MONDALGACHI, TALSA B.O-

IMD1244948 Agent Code 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		Public/ Private Carrier	Licensed Carrying capacity including Driver
WB-25-K-9592	2021/22-11-2021/22-11- 2021	JYXS80301	MYJ36790			TATA MOTORS LTD/INTRA/V30	OPEN	Goods Carrying (Other than 3-wh)- Public Carriers	2565	Public	3

IDV (INSURED DECLARED VALUE)

IDV Of Vehicle	Chassis IDV	Body IDV	Non Electrica	l Accessories	Electrical &	Electronics Accessories	Bi-Fuel kit(CNG/LPG) `	Trailer `	Total Value `	
0.00	0.00	0.00	uraile 0)	4	0	0 50	0	0.00	
S	Section I - OWN	DAMAGE (A)	,		Section II - LIABILITY (B)					
Own Damage Prem	ium on Vehicle a	nd accessories				Third Party Premium				
Basic Cover	A SECTION OF THE PERSON OF THE	0				Basic Cover				
Basic OD ' 0.00					Basic TP ' 16,049.00					
EXTENSIONS UNI	DER OWN DAM	IAGE SECTIONS	S			EXTENSIONS UNDER THIRD PARTY SECTION				
LOADING UNDER	R OWN DAMAG	E SECTION				Legal Liability				
TOTAL OWN-DAM	MAGE PREMIU	M (A)		1 ace	0.00	Legal liability to Driver(0)/Cleaner(0)/Conductor(0)			100.00	
TOTAL OWN-DAMAGE PREMIUM + ADD-ON COVER PREMIUM (A+C) 0.00					TOTAL LIABILITY PREMIUM			16,149.00		
7Silrane			:1001	Inst		Section	on III - PA OWNER DRIVE	R (D)		
TISIL		4	Till Jet 91			Net Premium (A+B+C)Tax	able Value	Trist	16,149.00	
		G S	E Ger			State Cess	ota		0.00	
						CGST(WEST BENGAL)	SILE	,	971.94	
			7(1			SGST(WEST BENGAL)		,	971.94	

Hire Purchase/Lease/Hypothecated with: CHOLAMANDALAM INVESTMENT & FINANCE CO 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.

TOTAL POLICY PREMIUM

DRIVERS CLAUSE

Contact Number

UIN CODES:

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	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-	NA
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-	
Section-I	at a street		Motor Vehicles Act, 1988.	property)		III: CSI	
Subject to I.M.	.T Endorsement Nos.	IMT 7, IMT 28,IMT 21	-			-	

NOMINATION DETAILS	200	A DITTO	
Name of the Nominee	Relationship with Insured	Name of Appointee (if nominee is minor)	Relationship with the Nominee
100	NΛ	NA	NA ASS

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 15/11/2024 Receipt No: CR202309104678

Invoice No: 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 :15/11/2024

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: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.

Authorised Signatory

For Liberty General Insurance Limited

Zone: Zone C

18,093.00

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.

Liberty General Insurance Limited
Unit 1501&1502, 15th Floor, Tower 2, One International Center, Senapati
Bapat Marg, Prabhadevi, Mumbai – 400013, Maharashtra Phone: +91
226700 1313
Email:care@libertyinsurance.in

Intermediary Details

IMD Name

IRDA of India registration number : 150 . CIN: U66000MH2010PLC209656 PRODUCT UIN CODE: IRDAN150RP0034V01201213



IMD1244948

IMD Code

STANDARD PROPOSAL FORM FOR LIABILITY ONLY POLICY

(For Commercial Vehicles other than Motor Trade Internal Risks Policies)

CERTIGO INSURANCE BROKERS PRIVATE LIMITED

	h Name	KOLKATA1		Branch Code 301401					
SM N	ame :	9926920400		SM Code: N1622758					
POSP Name :				POSP Code :					
PAN	Card Nur	mber:	or	Aadhar Card No.:					
			granting the cover as per the Motor Vehicles Act-1988.						
A (I) Personal Details of Proposer/Owner									
	1.	Proposer's (Owner's) Full Name (In capital letters)	AKUL ROY						
	2.	Address	LAXMIPUL BALUIGACHINORTH 24 PARGANAS TALSA	R O					
Details	۷.	(where the vehicle is normally kept)	MONDALGACHI NORTH 24 PARGANAS WEST BENGAL						
		(In capital letters, with pin code)	Telephone : Fax Number :	Mobile No. : 8537940726					
ona			Mail ID: mpg770038@gmail.com						
Personal [3.	Occupation / Business							
	4.	Type of Cover	Liability Only Policy						
	5.	Period of Insurance	From 17/11/2024 Hrs on 00:00	To 16/11/2025 Hrs on 23:59					
A (II)	Vehicl	e Details							
	6.	Registration Number of the Vehicle		WB-25-K-9592					
	7.	Date of Registration of the Vehicle		22/11/2021					
	8.	Registering Authority and Location		BARASAT					
	9.	Year of Manufacture/Invoice Date		2021/22-11-2021					
	10.	Engine Number		JYXS80301					
	11.	Chassis Number		MYJ36790					
	12	Make of the Vehicle		TATA MOTORS LTD					
_	13.	Model /Variant		INTRA V30					
cifications	14.	Type of Body Gross Vehicle Weight (GVW) & Cubic Capa	osih. (C.O.) (KM)	OPEN CONTRACTOR OF THE PROPERTY OF THE PROPERT					
ficat	15.	,	sengers) in case of Passenger Carrying Vehicles?	2565 & 1496.00					
	16.		entional source of power / CNG / LPG / Bi-Fuel?						
e Spe	17.	If yes, please give details	entional source of power / GNG / Er G / Bi-r der:	☐ Yes ☑ No					
Vehicle	18.	Whether the use of vehicle is limited to own	•	☐ Yes ☑ No					
Ve	19.		ed for private purposes (excluding use for hire or reward)?	☐ Yes ☑ No					
	20.	Whether the vehicle is used for driving tuition		☐ Yes ☑ No					
	21.	Details of Hire Purchase / Hypothecation /	_ease (IMT-5)	7 Van E Na					
		a) Is the vehicle proposed for insurance is:		☑ Yes □ No					
		(I) Under Hire Purchase? (ii) Under Lease Agreement?		☐ Yes ☑ No					
				☐ Yes ☑ No ☑ Yes ☐ No					
		(iii) Under Hypothecation? If 'YES", give name and address of concern	ned party/parties	☑ Yes ☐ No CHOLAMANDALAM INVESTMENT & FINANCE CO LTD					
			s Certificate should be submitted along with the proposal form)	KOLKATA					
			,						
A (II	-	ity Section: Coverage Third Party Risks: Death/Bodily Injur							
Cove		liability against Third Party Risks (Death or E							
	vner Driv		☑ No (ii) Any person other that	an Paid Driver ☐ Yes ☑ No					
1 '		details of such other persons:	(ii) Any person other the	an rad briver					
1.	, gc	долано от одот отног ролония							
2.									
3.									
(iii) N	on fare F	Paying Passengers (No. of persons):	0)						
Note	· 1 Section	on146 of Motor Vehicles Act-1988 makes it r	nandatory for the owner of the vehicle to ensure that he or any other person au	ithorized by him to drive a vehicle in public place has					
insur	ance aga	ainst third party risks. The explanation to Sec	tion146 exempts the paid driver. 2. As per Section 147 (2)(a) The liability is 'as	s incurred' in the case of death / bodily injury of a third party].					
	-								
		Third Party Risks: TPPD (IMT-20)							
1		o have the statutory Third Party Property Da Il TPPD limits, please see Q.No.25)	mage (TPPD) liability of Rs.6000/- only?	☐ Yes ☑ No					
(1 01)		TTT B little, picase see Q.140.20)							
	_		men' under W.C.Act-1923 (Compulsorily to be covered by M.V Act						
_	-		ration of the vehicle who are 'workmen'. [The liability of the Employer under the	e Workmens' Compensation Act-1923 is covered					
		tor Vehicles Act-1988. o. of persons) 2) Employees (Workmen): (No. of persons	NA)					
			i) covers liability to employees who are workmen within the meaning of the Wo	,					
For a	dditional	coverage, please refer to Q.No.26							
B.Q	uestion	s that provide additional covers as pe	er IMT Endorsements						
	_	Addl.: TPPD (GR-39)							
The I	Policy pro	ovides additional Third Party Property Dama	ge liability limit of Rs.7,50,000/- for commercial vehicles.						
Do you wish to cover the additional limit? ☐ Yes ☑ No									
[Refe	[Refer to Q.No.23]								
	26.	Additional Liability to Workmen (IM7	·28)						
Do y	Do you wish to cover wider legal liability to employees who are 'workmen'? [This information is sought to cover in addition to liability under the Workmens								
	Compensation Act-1923, also liability under the Fatal Accidents Act-1855 and the Common Law] ☐ Yes ☑ No								
		•	al Accidents Act in respect of employees who are workmen is covered under the	nis endorsement.					
[Kete	er to Q.N	U. ∠ +J							

Insurance is the Subject matter of Solictation. Trade Logo displayed above belongs to Liberty Mutual and used by the Liberty General Insurance Ltd.

www.libertyinsurance.in

Liberty General Insurance Limited
Unit 1501&1502, 15th Floor, Tower 2, One International Center, Senapati
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226700 1313
Email:care@libertyinsurance.in
IRDA of India registration number: 150. CIN: U66000MH2010PLC209656



			not Workmen (IMT-29)		Driver's Name:	
Do you	ı wish to cover wider legal liab	ility to employees	who are NOT 'workmen'?	□ Yes ☑ No	Date of Accident:	
Note: The liability under Common Law and Fatal Accidents Act-1855 in respect of employees who are not workmen can be covered under this endorsement.					Loss / Cost (Rs.):	
omploy	Tool will are not working to		adi tilio oridorociment.		Circumstances of Accident/Loss:	
	28. Personal Accid				Dural in Income a Declaratio	
	nal Accident Cover for Owner	Driver is compuls	ory in the Liability Only Cove	er. Please give details	Break in Insurance Declaration	
	ination:				I/We hereby Déclare and Undertak ✓ *That the vehicle proposed	e to be insured had, during the period in which it was not
	me of the Nominee & Age: ationship				• •	rance policy issued by any insurer/s,
` '	me of the Appointee (If Nomin	ee is a Minor) :			met with an accident on	
' '	ationship to the Nominee :	,			time if vehicle had met with an a	accident more than once)
	Personal Accident cover for C		mpulsory for Sum Insured of	F		
2. Com	00,000/- for Commercial Vehic npulsory PA cover to owner dr	iver cannot be gra			• •	to be insured had, during the period in which it was not
compa hold ar	ny, a partnership firm or a sim n effective driving license.	nilar body corpora	te or where the owner-driver	does not	covered by valid and effective insulated had NOT met with any accident.	rance policy issued by any insurer/s,
					•	and provide relevant information against coloated entry)
	29. PA Cover for Named wish to include Personal Acc	<u> </u>		D V D N-		and provide relevant information against selected entry)
	, give name and Capital Sum		•	☐ Yes ☑ No	I/we understand that all and / or an to risk inception date and time as n	y kind of liabilities arising out of accident/s which had occurred prior nentioned in the Policy Document issued by Liberty General
SI No.	Name	CSI Opted	Nominee	Relationship	Insurance Limited in consideration	of these presents will be completely out of ambit of said Policy and anner liable or held responsible therefore.
0		(Rs.)		Попанотно		·
1.					any manner, all the benefits under	eclaration and / or any of its part is found to be incorrect in the Policy will then stand forfeited and the contract of
2.					insurance will be treated as void at	p-initio"
3. Note : ⁷	 Гhe maximum CSI available р	er person is Rs 2	Lakhs in case of Commerci	al Vehicles)	Premium Payment Details:	
	Oor available p				☐ Cheque ☐ Deman	
	30. PA Cover for Un-Na	<u> </u>	<u> </u>		Instrument Number (Cheque or DD	NA NA
	wish to include Personal Acc		n-named Passengers/hirer/p	illion	Date 15/ 11/ 2024	
l ·] Yes ☑ No Conital Sum Inqu	rad (CSI) Optod:			more than Rs. 25000/-, the proposer is requested to
	give number of persons and Persons :				provide a cancelled cheque of his/h	ner bank account if the premium is not paid from the same.
	The maximum CSI available p		,	al Vehicles)		
	31. Geographical Exten				Amount <u>18093.00</u>	
	er extension of geographical a			T Vac T No	Insured Bank Details:	
3. Malo	gladesh			☐ Yes ☑ No ☐ Yes ☑ No	Bank Name and Branch	
5. Paki			·	☐ Yes ☑ No	Bank A/C Number	
	Presently the territory covered	is geographical a		eographical area cover		
can be	availed by use of this endors	ement			IFSC Code	
C. Qu	estions that are elicited f	or information	and data collection pur	poses	Declaration:	
;	32. Previous History De	etails:				
	us History:		00/44/0004		at the official website of the insurer	ete terms and conditions of this insurance policy are available (www.libertyinsurance.in). I/We hereby consent to receiving
	ate of purchase of the vehicle /hether the vehicle was new o			I New □ Second Hand		insurance upon the undertaking of the insurer that the ns will be made available free of cost upon my/our request".
	fill the vehicle be used exclusi				, ,	Declaration by the Insured
((i) Private, Social, Domestic,	Pleasure & Profe	ssional purpose?	Yes ☑ No		•
	(ii) Carriage of goods other th	•		Yes ☑ No		ments made by me/us in this Proposal Form are true to the best of We hereby agree that this declaration shall form the basis of the
d. Is t	he vehicle is in good condition	1?] Yes ☑ No	contract between me/us and Libert	y General Insurance Limited.
	lo, please give details:					s or alterations are carried out after the submission of this
e. Nar	ne and Address of previous in		·	NA		d be conveyed to the Insurance Company immediately.
f D:-		N				declare and confirm that I have understood the features, terms and ons contained in the proposal form. I also understand that the answe
	evious policy number :	N.I.A	NA NA		to the questions contained in the p	roposal form, forms the basis of the contract of insurance. If any
	riod of Insurance: From	NA	To NA		information/statement given in prop and the premium paid shall be forfe	posal is found to be untrue, the policy shall be treated as void ab initial eited to the Company.
h. Cla Sr.N	nims lodged during the preced Year		Claims	Claim Amount (Rs.)		d personal accident policy for sum Insured of minimum Rs.15 lakhs.
0		140. 01		, tillouit (103)		
1.	Expiring Year (1)				Date: P	lace:
2.	Expiring Year (2) Expiring Year (3)				Policy / Covernote Number: 20173	0140124700189500000
3.	Expining rear (3)				Signature of the Proposer/s : _	
	33. Driver Detai	ls			Prohibition of Rebates (Insurance /	Act-1938, Section 41)
	of the Driver:				·	allow, either directly or indirectly as an inducement to any
	pes the owner has a valid drivi	•	Vro	□ Yes ☑ No	person to take out or renew or o	continue an insurance in respect of any kind of risk relating
	ge & Date of Birth of the Owne ate of Birth:	er: Age	Yrs		any rebate of the premium show	rebate of the whole or part of the commission payable or vn in the policy, nor shall any person taking out of renewing
	ge & Date of Birth of the Driver	r: Age	Yrs		or continuing a policy accept an accordance with the prospectus	y rebate except such rebate as may be allowed in
	ate of Birth:				···	
	pes the driver suffer from defe				Any person making default in co punishable with fine which may e	mplying with the provision/s of this section shall be extened to ten lac rupees.
l If \	YES, please give details of su	ch infirmity:			Note: Denial of "Third Party Liabilit	y Only Cover" by Insurer, for reasons other than
e. Ha	as the driver ever been involve	ed / convicted for	causing any accident of loss	? ☐ Yes ☑ No	fraud/misrepresentation by propose	
If \	YES, give details as under inc	luding the pendin	g prosecutions:			
+1						
*I am E	Environment friendly Custome atus	r : OTP Generate	d Date & Time			
Phone		OTP Generated				
Date :			-			

Signature