



**LIBERTY GENERAL INSURANCE LIMITED**  
**COMMERCIAL VEHICLE PACKAGE POLICY - GOODS CAR**  
**CERTIFICATE OF INSURANCE CUM POLICY SCHEDULE**

**IMPORTANT** 1) The Validity of this Certificate of Insurance cum Schedule is subject to the following conditions:  
2) No Claim Bonus will only be allowed provided the Policy is renewed without any claim.  
3) In the event of misrepresentation, fraud or non-disclosure of material facts, the Policy may be voided from inception.

**Policy issuing office : Unit 1501&1502, 15th Floor, Tower 2, One International Center, Senapati Bapat Marg, Lower Ground, Kankaria, Ahmedabad - 380015**  
**Phone: +91 226700 1313**

**Policy Servicing office : KANKARIA CENTRE 2/1, 2nd FLOOR,, RUSSELL STREET, , PARK CIRCUS, KOLKATA - 700016**  
**Fax: +91 33 226700 1313**

<b>PolicyRef No.</b>	201330140124700268800000	<b>Period of Insurance</b>	<b>From:</b> 01/07/2019
<b>Geographical Area</b>	India		<b>To:</b> 31/03/2020
<b>Insured</b>	RAJA DAS	<b>Policy Issued on</b>	20/07/2019
<b>Address</b>	S/O: KENA DAS, DAKSHIN BAGUNDI, NORTH 24 PARGANAS, WEST BENGAL - 743429 ,,, WEST BENGAL, MONDALGACHI, TAKIPUR B.O- 743429	<b>Covernote No</b>	20190700000000000000
<b>Contact Number</b>	9830544955	<b>Covernote Date</b>	20/07/2019
<b>Customer GSTIN</b>		<b>RTO Location</b>	24WB01
<b>UIN CODES:</b>	IRDAN150RP0033V02201213	<b>POSP Name</b>	
		<b>Aadhar Number</b>	
		<b>PAN Number</b>	
<b>Agent Name</b>	CERTIGO INSURANCE BROKERS PRIVATE LIMITED		
<b>Agent Code</b>	IMD1244948	<b>Agent Contact No</b>	9900000000

**INSURED MOTOR VEHICLE DETAILS AND PREMIUM COMPOSITION**

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 Vehicle
WB-19-K-2308	2019/26-07-2019/26-07-2019	K6F31032	K6F52497			MAHINDRA/SUPRO MAXITRUCK T2 BS6/(Fully Built) PICKUP	

**IDV (INSURED DECLARED VALUE)**

IDV Of Vehicle	Chassis IDV	Body IDV	Non Electrical Accessories	Electrical & Electronics Accessories	Third Party Premium
300,000.00	300,000.00	0.00	0	0	

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

Own Damage Premium on Vehicle and accessories

Third Party Premium

**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 desired for underwriting purpose.)

### Intermediary Details

IMD Name CERTIGO INSURANCE BROKERS PRIVATE LIMITED

Branch Name KOLKATA1

SM Name :

Contact No.: 9926920400

POSP Name :

PAN Card Number : or

**(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

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

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 V For G
MAHINDRA	SUPRO MAXITRUCK T2 BS6	(Fully Built) PICKUP	2019 / 26-07-2019	1.00	

### Insured Declared Value

IDV of the Vehicle	Electrical Accessories	Non Electrical Accessories	Trailer
300000.00	0	0	0

"Add On Covers" Selected:	<input type="checkbox"/>	Depreciation Cover	<input type="checkbox"/>	Consumable Cover	<input type="checkbox"/>	Road Side Assistance Cover	<input type="checkbox"/>
	<input type="checkbox"/>	Gap Value Cover	<input type="checkbox"/>	Additional Towing Expenses Cover			<input type="checkbox"/>
	<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-19-K-2308	Colour of Vehicle	
Engine No.	K6F31032	Chassis No	K6F52497
Place of Registration	24 PARAGANAS	Date of Registration	26/07/2019
Trailer Chassis No. (if any)		Vehicle type	<input checked="" type="checkbox"/> Indigenous <input type="checkbox"/> Imported Rated under:

Is the vehicle attached with any of the Fleet?	<input type="checkbox"/> Yes <input type="checkbox"/> No	No. of vehicles attached with fleet
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	

**Name of Financier & Address :** HDB FINANCIAL SERVICES LTD,KOLKATA

**Name of Insured: (Mr/Mrs/M/s/Dr)** RAJA DAS

**e-Insurance Account Number** I would like to open e-Insurance account with

*(Mandatory to provide PAN card No.in case customer wishes to open E-Insurance Account.)*

**Name of Contact Person : (For Corporate)**

**Communication Address :** S/O: KENA DAS, DAKSHIN BAGUNDI, NORTH 24 PARGANAS, WEST BENGAL -

Area/Landmark:	S/O: Kena Das, Dakshin Bagundi, North 24 Parganas, West Bengal - 743429	State :	WEST BENGAL	City / District :
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**Contact Details: Mobile No. :**

**Residence:**

**Office :** **Email ID:** mpg770038@gmail.com

**Date of Birth :** 01/01/1930

**Business/Occupation (For Individual Customer)**

**Registration Address:** S/O: KENA DAS, DAKSHIN BAGUNDI, NORTH 24 PARGANAS, WEST BENGAL - 743429

	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"/>
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								
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:			26/07/2019		
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 checked="" type="checkbox"/> Yes	<input 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:					

☐ Owner Driver only

If 'YES', give details of such o

Non fare Paying Passengers (

Note: 1. Section146 of Motor V

vehicle to ensure that he or an

place has insurance against th

paid driver.) 2. As per Section

death / bodily injury of a third p

Any other Coverage details

### Break In Insurance Declaration

☐ I/We hereby Declare and Under

\*That, the vehicle proposed to be in

by valid and effective insurance po

at (Add more date/s with time if veh

☒ \*That, the vehicle proposed to be

by valid and effective insurance po

(\*Select the appropriate check box

I/we understand that all and/or any

to risk inception date and time as n

General Insurance Limited in consi

of ambit of said Policy and said Co

I/we further undertake that if this de

manner, all the benefits under the I

will be treated as treated as void ab-ini

### NCB Declaration

I/ We declare that the rate of NCB cl

period (copy of the policy enclosed)

benefits under the policy in respect o

### Declaration

"I am/we are aware that the comp

the official website of the insur

the certificate and schedule of in

policy terms and conditions will

I hereby declare and confirm tha

as on date.

### Any other Material Information D

I/We hereby declare that the statem

best of my knowledge and belief an

contract between me/us and the Li

the statements, answers and partic

being granted and that if, after the

particulars are incorrect or untrue i

I/We agree and undertake to conve

out in the risk proposed for insuran

"I/We have insurable interest in the

of the same and the premium for th

I, the undersigned proposer hereby

conditions of the policy and questio

to the questions contained in the pr

information/statement given in prop

and the premium paid shall be forfe

Please give details, if you are politi

Please give details, if you are no pr

☐ I hereby agree to receive a one

☒ I hereby confirm having a valid

Declaration of Debit (Guthi