



LIBERTY GENERAL INSURANCE LIMITED
COMMERCIAL VEHICLE LIABILITY POLICY - GOODS CARRIAGE
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, Park Circus, Kolkata-700016
Phone: +91 226700 1313

Policy Servicing office :KANKARIA CENTRE 2/1, 2nd FLOOR,, RUSSELL STREET, , PARK CIRCUS, KOLKATA-700016
Fax: +91 226700 1314

PolicyRef No.	201730140124700221000000	Period of Insurance	From: 01/09/2014
Geographical Area	India		To: 31/08/2015
Insured	DEORAJ YADAV	Policy Issued on	05/09/2014
Address	12/10 CPT QUATER HIDE ROAD BNR,,,WEST BENGAL,KOLKATA,SOUTH EASTERN RAILWAY-700043	Covernote No	20140905001
Contact Number	8240414129	Covernote Date	05/09/2014
Customer GSTIN		RTO Location	MUMBAI
UIN CODES:	IRDAN150RP0034V01201213	POSP Name	
		Aadhar Number	
		PAN Number	
Agent Name	CERTIGO INSURANCE BROKERS PRIVATE LIMITED		
Agent Code	IMD1244948	Agent Contact No	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-65-B-8247	2014/25-09-2014/25-09-2014	WEH020942P	MB1AA22E8E RW77394			ASHOK LEYLAND/DOST LITE/LS FSD.	

IDV (INSURED DECLARED VALUE)

IDV Of Vehicle	Chassis IDV	Body IDV	Non Electrical Accessories	Electrical & Electronics Accessories	Basic OD
0.00	0.00	0.00	0	0	0.00

Section I - OWN DAMAGE (A)					Third Party Premium
Own Damage Premium on Vehicle and accessories					Basic Cover
Basic OD					Basic TP
Basic OD					0.00

Liberty General Insurance Limited

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Bapat Marg, Prabhadevi, Mumbai – 400013, Maharashtra Phone: +91
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Email:care@libertyinsurance.in

IRDA of India registration number : 150 . CIN: U66000MH2010PLC209656

PRODUCT UIN CODE: IRDAN150RP0034V01201213

STANDARD PROPOSAL FORM FOR LIABILITY ONLY POLICY

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

Intermediary Details

IMD Name CERTIGO INSURANCE BROKERS PRIVATE LIMITED

Branch Name KOLKATA1

SM Name :

Contact No.: 9926920400

POSP Name :

PAN Card Number : or

A. Questions that are necessarily to be listed for granting the cover as per the Motor Vehicles Act-1988.**A (I) Personal Details of Proposer/Owner**

Personal Details	1.	Proposer's (Owner's) Full Name (In capital letters)	DEORAJ YADAV		
	2.	Address (where the vehicle is normally kept) (In capital letters, with pin code)	12/10 CPT QUATER HIDE ROAD BNR SOUTH EASTERN RAILWA		
			KOLKATA KOLKATA WEST BENGAL		
			Telephone : _____ Fax Number : _____ Mail ID : ss9905174@gmail.com		
	3.	Occupation / Business			
	4.	Type of Cover	Liability Only Policy		
5.	Period of Insurance	From	07/02/2025	Hrs on	00:00

A (II) Vehicle Details

Vehicle Specifications	6.	Registration Number of the Vehicle	W
	7.	Date of Registration of the Vehicle	25
	8.	Registering Authority and Location	M
	9.	Year of Manufacture/Invoice Date	20
	10.	Engine Number	W
	11.	Chassis Number	M
	12.	Make of the Vehicle	AS
	13.	Model /Variant	D
	14.	Type of Body	C
	15.	Gross Vehicle Weight (GVW) & Cubic Capacity (C.C) / KW	25
	16.	Max. licensed carrying capacity (No. of Passengers) in case of Passenger Carrying Vehicles?	
	17.	Whether the vehicle is driven by non- conventional source of power / CNG / LPG / Bi-Fuel? If yes, please give details	
	18.	Whether the use of vehicle is limited to own premises?	
	19.	Whether the commercial vehicle is also used for private purposes (excluding use for hire or reward)?	
	20.	Whether the vehicle is used for driving tuitions? (GR-44)	
	21.	Details of Hire Purchase / Hypothecation / Lease (IMT-5) a) Is the vehicle proposed for insurance is:	

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27.	Liability to Employees who are not Workmen (IMT-29)
Do you wish to cover wider legal liability to employees who are NOT 'workmen'? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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.	

28.	Personal Accident Cover For Owner Driver
Personal Accident Cover for Owner Driver is compulsory in the Liability Only Cover. Please give details of nomination:	
(a) Name of the Nominee & Age: _____	
(b) Relationship _____	
(c) Name of the Appointee (If Nominee is a Minor) : _____	
(d) Relationship to the Nominee : _____	
Note : Personal Accident cover for Owner Driver is compulsory for Sum Insured of Rs.15,00,000/- for Commercial Vehicles.	
2. 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.	

29.	PA Cover for Named Occupants (IMT-15)			
Do you wish to include Personal Accident cover for named persons? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If YES, give name and Capital Sum Insured (CSI) opted for:				
Sl No.	Name	CSI Opted (Rs.)	Nominee	Relationship
1.				
2.				
3.				
Note: The maximum CSI available per person is Rs.2 Lakhs in case of Commercial Vehicles)				

30.	PA Cover for Un-Named Occupants (IMT-16)
Do you wish to include Personal Accident cover for Un-named Passengers/hirer/pillion passengers (Two Wheelers)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If YES, give number of persons and Capital Sum Insured (CSI) Opted:	
No. of Persons : _____ C.S.I (Per Person) _____	
Note: The maximum CSI available per person is Rs.2 Lakhs in case of Commercial Vehicles)	

31.	Geographical Extension (IMT-1)		
Whether extension of geographical area to the following countries required?			
1. Bangladesh	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	2. Bhutan	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3. Maldives	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	4. Nepal	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5. Pakistan	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	6. Sri Lanka	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Note: Presently the territory covered is geographical area of India. Extension of geographical area cover can be availed by use of this endorsement			

Driver's Name:
Date of Accident:
Loss / Cost (Rs.):
Circumstances of Accident/Loss:

Break in Insurance Declaration

I/We hereby Déclare and Undertake

☒ *That, the vehicle proposed

covered by valid and effective insu

met with an accident on _____

time if vehicle had met with an a

☐ *That, the vehicle proposed

covered by valid and effective insu

had NOT met with any accident.

(* Select the appropriate check box)

I/we understand that all and / or an

to risk inception date and time as n

Insurance Limited in consideration

said Company will not be in any ma

I/we further undertake that if this de

any manner, all the benefits under

insurance will be treated as void ab

Premium Payment Details:

☐ Cheque ☐ Deman

Instrument Number (Cheque or DD

Date 05/ 02/ 2025

In case the annualized premium is

provide a cancelled cheque of his/

Amount 18093.00

Insured Bank Details:

Bank Name and Branch _____

Bank A/C Number _____

IFSC Code _____