

**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:**

<b>PolicyRef No.</b>	201330140124700241600000	<b>Period of Insurance</b>	<b>From:</b> 00:00 Hrs of 30/10/2024 <b>To:</b> Midnight of 29/10/2025
<b>Geographical Area</b>	India	<b>Policy Issued on</b>	28/10/2024
<b>Insured</b>	SWARUP KUMAR DHARA	<b>Covernote No</b>	201330140124700241600000
<b>Address</b>	MANIRAMPUR DORO KRISHNA NAGAR, SUTAHATA, PURBA MEDINIPUR, WEST BENGAL, EAST MIDNAPORE, SUTAHATA- 721635	<b>Covernote Date</b>	28/10/2024
<b>Contact Number</b>	915558510	<b>RTO Location</b>	TAMLUK
<b>Customer GSTIN</b>		<b>POSP Name</b>	<b>Zone: Zone C</b>
<b>UIN CODES:</b>	IRDAN150RP0033V02201213	<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>	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-29-B-2821	2016/21-03-2017/21-03-2017	UBG3M51009	MA1KD2UBE H3A43537			MAHINDRA/JEETO X SERIES/X7-16.	OPEN	Goods Carrying (Other than 3-wh)- Public Carriers	1420	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
135,000.00	135,000.00	0.00	0	0	0	0	135,000.00

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

Own Damage Premium on Vehicle and accessories

Basic Cover

Basic OD 489.24

EXTENSIONS UNDER OWN DAMAGE SECTIONS

Cover for Lamps tyres/tubes mudguards(IMT 23) 73.39

LOADING UNDER OWN DAMAGE SECTION

DISCOUNTS UNDER OWN DAMAGE SECTION

No claim bonus 35% 196.92

**TOTAL OWN-DAMAGE PREMIUM (A)** 365.71

**TOTAL OWN-DAMAGE PREMIUM + ADD-ON COVER PREMIUM (A+C)** 365.71

**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 16,515.00

State Cess 0.00

CGST(WEST BENGAL) 1004.88

SGST(WEST BENGAL) 1004.88

**TOTAL POLICY PREMIUM** 18,525.00

Hire Purchase/Lease/Hypothecated with :NA

**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)	7,50,00 0	P.A. cover for owner- Driver under section- III: CSI	NA
<b>Subject to I.M.T Endorsement Nos.</b> 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 28/10/2024

Receipt No: CR202316097465

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 :28/10/2024

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 :19AACBL9950A1ZI

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

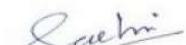
**IMPORTANT NOTICE**

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.

**Validity unknown**

Digitally signed by : MUNI JOSHI  
Date: 2024-10-29 19:05:41 IST  
Location: Mumbai



For Liberty General Insurance Limited  


Authorised Signatory



## PROPOSAL FORM COMMERCIAL VEHICLE PACKAGE POLICY

Proposal for :  New Vehicle  Rollover  Endorsement  Renewal **(LGI Policy No.)**

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 :

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

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
MAHINDRA	JEETO X SERIES	X7-16.	2016 / 21-03-2017	625.00	1420	2	OPEN

### Insured Declared Value

IDV of the Vehicle	Electrical Accessories	Non Electrical Accessories	Trailer	Value of CNG/LPG kit	Total IDV
135000.00	0	0	0	0.00	135000.00

"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-29-B-2821	Colour of Vehicle					
Engine No.	UBG3M51009	Chassis No	MA1KD2UEH3A43537				
Place of Registration	TAMILUK	Date of Registration	21/03/2017				
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 : 625.00

Is the vehicle made in India?  Yes  No

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

Name of Financier & Address :

Name of Insured: (Mr/Mrs/Ms/Dr) SWARUP KUMAR DHARA

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 : MANIRAMPUR DORO KRISHNA NAGAR, SUTAHATA, PURBA MEDINIPUR

Area/Landmark: MANIRAMPUR DORO KRISHNA NAGAR, SUTAHATA, PURBA MEDINIPUR State : WEST BENGAL City / District : EAST MIDNAPORE Pin Code : 721635

Contact Details: Mobile No. : Residence: Office : Email ID: tapasdasic@gmail.com PAN No. BZGPD0148C

Date of Birth : 29/08/1995

Business/Occupation (For Individual Customer)

Registration Address: MANIRAMPUR DORO KRISHNA NAGAR, SUTAHATA, PURBA MEDINIPUR

Aadhar No.:

Any other details : SUTAHATA

Period of Insurance From Time: 00:00 Hrs of Date: 30/10/2024 To the Midnight of Date: 29/10/2025

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):** 18525.00 **Bank Name and Branch:**

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

Cheque / DD Date: 28/10/2024 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
		2016	

### Details of Non-Electrical Accessories:

Item Details	Make & Model	Year Of Manufacture	IDV
		2016	

### Trailer IDV

Trailer Towed :	Trailer IDV :	0

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<b>Details of Vehicle Type and Usage</b>		(Note: The Motor Vehicle Act - 1988 under Sec. 147(1)(ii) cover liability to employees who are workmen within the meaning of Workmen Compensation Act - 1923.)	
1. Fuel Type of the vehicle <input type="checkbox"/> Petrol <input checked="" type="checkbox"/> Diesel <input type="checkbox"/> Any Other		8. Coverage for liability against Third Party Risks (Death or Bodily Injury) required in respect of	
2. Whether the Vehicle is driven by Non-Conventional source of Power <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes please 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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If 'YES', give details of such other persons:	
4. Whether the vehicle is used for Driving tuitions? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Non fare Paying Passengers (No. of persons): 0	
5. Whether the vehicle is limited to own premises? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Note: 1. Section 146 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 Section 146 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)	
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		Any other Coverage details	
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 checked="" type="checkbox"/> No			
11. Whether insured is first registered owner of the vehicle? <input type="checkbox"/> Yes <input checked="" 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 plates. (IMT 23 Cover) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
15. Whether Cover for Overturning loading required? (Applicable to MISIC D only) <input type="checkbox"/> Yes <input checked="" 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			
<b>Previous Insurance Details</b>			
Name and Address of Previous Insurer Royal Sundaram			
Policy/Cover no. VGCO062822000101			
Type of Cover: <input checked="" type="checkbox"/> Package (Comprehensive) Policy <input type="checkbox"/> Act only Policy <input type="checkbox"/> Bundle Policy	<input type="checkbox"/> Long Term Policy <input type="checkbox"/> SAOD Policy <input type="checkbox"/> Others		
NCB*Loading in expiring policy 25			
Claim lodged in last three years:			
Year	Expiring Year (1)	Expiring Year (2)	Expiring Year (3)
No. of Claims: 0			
Claim amount 0			
1. Date of purchase of the vehicle by the Proposer: 21/03/2017			
2. Whether the vehicle was new or second hand at the time of purchase? <input type="checkbox"/> New <input checked="" 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: 30/10/2023 To: 29/10/2024			
6. Are you entitled for No Claim Bonus on Renewal? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
* If yes, Please mention the 35			
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: _____			
<b>Driver's Detail</b>			
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			
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: _____			
<b>Inspection Details</b>			
1. Does the vehicle stands fit for insurance? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Self Inspection			
2. Inspection Reference No.: _____ Conducted on (Mention Date & Time): _____			
<b>Additional Coverage Details</b>			
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			
<b>Do you require Unnamed PA Cover</b>			
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 type="checkbox"/> Yes <input checked="" 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 type="checkbox"/> Yes <input checked="" 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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