

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
2) No Claim Bonus will only be allowed provided the Policy is renewed with
3) In the event of misrepresentation, fraud or non-disclosure of material fact, the policy shall be void ab initio and the policy shall be terminated 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.	201330140124700272200000	Period of Insurance	From: 01/08/2016
Geographical Area	India		To: 31/07/2017
Insured	SANJAY KUMAR DAS	Policy Issued on	22/07/2016
Address	:UTTARKALINAGAR,CHAITANYAPUR AHATA,PURBA MEDINIPUR,,EAST MIDNAPORE,,,POCHAITANYAPUR ****,,WEST BENGAL,EAST MIDNAPORE,RAGHURAMPUR-721645	Covernote No	20160722000000
Contact Number	9153558510	Covernote Date	22/07/2016
Customer GSTIN		RTO Location	TANMUKH
UIN CODES:	IRDAN150RP0033V02201213	POSP Name	
		Aadhar Number	
		PAN Number	
Agent Name	CERTIGO INSURANCE BROKERS PRIVATE		
Agent Code	IMD1266794	Agent Contact No	9900000000

INSURED MOTOR VEHICLE DETAILS AND PREMIUM COMPARISON

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-29-B-1815	2016/30-08-2016/30-08-2016	06FTYS66479	MAT535002G VF29104			TATA MOTORS LTD/ACE/MEGA	

IDV (INSURED DECLARED VALUE)

IDV Of Vehicle	Chassis IDV	Body IDV	Non Electrical Accessories	Electrical & Electronics Accessories	Other Accessories
191,000.00	191,000.00	0.00	0	0	0

Section I - OWN DAMAGE (A)				Third Party Premium	
Own Damage Premium on Vehicle and accessories				Basic Cover	
Basic Cover				Basic TP	
Basic OD				EXTENSIONS UNDER THIRD PARTY SECTION	
EXTENSIONS UNDER OWN DAMAGE SECTIONS				Legal Liability	
Cover for Lamps tyres/tubes mudguards(IMT 23)				Legal liability to Driver(1)/Clerk	
LOADING UNDER OWN DAMAGE SECTION					

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

Details of Vehicle Type and Usage

1.	Fuel Type of the vehicle	<input type="checkbox"/> Petrol	<input checked="" type="checkbox"/> Diesel	<input type="checkbox"/> Any Other
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"/> ManufacturedFitted
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	Reliance general		
Policy/Covernote no.	150622323340017785		
Type of Cover:	<input checked="" 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:	0		
Claim amount	0		

1.	Date of purchase of the vehicle by the Proposer:	30/08/2016
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 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 01/10/2023 To 30/09/2024	
6.	Are you entitled for No Claim Bonus on Renewal?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	* If yes, Please mention the	20
	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

(Note: The Motor Vehicle Act -
workmen within the meaning of

8.	Coverage for liability against T
	<input type="checkbox"/> Owner Driver only <input type="checkbox"/>
	If 'YES', give details of such o
	Non fare Paying Passengers (
	Note: 1. Section 146 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

<input type="checkbox"/> "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
<input checked="" type="checkbox"/> *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

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

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