



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:

PolicyRef No.	201330140124700254600000	Period of Insurance	From: 00:00 Hrs of 13/11/2024
Geographical Area	India	To:	Midnight of 12/11/2025
Insured Address	JOY MAJUMDAR S/O: SAILAN MAJUMDAR, DAS PARA, RAGHUNATHPUR, RAGHUNATHPUR, CHANDITALA - I HOOGHLY, WEST BENGAL 712247 „WEST BENGAL,HOOGHLY,RAGHUNATHPUR (HOOGHLY)-712247	Policy Issued on Covernote No	11/11/2024 201330140124700254600000
Contact Number	8240414129	Covernote Date	11/11/2024
Customer GSTIN		RTO Location	DURGAPUR
UIN CODES:	IRDAN150RP0033V02201213	POSP Name	Zone: Zone C
Aadhar Number		PAN Number	
PAN Number			
Agent Name	CERTIGO INSURANCE BROKERS PRIVATE LIMITED		
Agent Code	IMD1244948	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	CC/HP/GVW/KW	Public/Private Carrier	Licensed Carrying capacity including Driver
WB-39-C-2874	2023/22-05-2023/22-05-2023	XS20025	PYB10281			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 Electrical Accessories	Electrical & Electronics Accessories	Bi-Fuel kit(CNG/LPG)	Trailer	Total Value
740,000.00	740,000.00	0.00	0	0	0	0	740,000.00

Section I - OWN DAMAGE (A)

Own Damage Premium on Vehicle and accessories

Basic Cover

Basic OD | 2,554.48

EXTENSIONS UNDER OWN DAMAGE SECTIONS

Cover for Lamps tyres/tubes mudguards(IMT 23) | 383.17

LOADING UNDER OWN DAMAGE SECTION

TOTAL OWN-DAMAGE PREMIUM (A) | 2,937.65

TOTAL OWN-DAMAGE PREMIUM + ADD-ON COVER PREMIUM (A+C) | 2937.65

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 | 19,087.00

State Cess | 0.00

CGST(WEST BENGAL) | 1236.36

SGST(WEST BENGAL) | 1236.36

TOTAL POLICY PREMIUM | 21,560.00

Hire Purchase/Lease/Hypothecated with :TATA MOTORS FINANCE LIMITED, 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.

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 these requirements of the Motor Vehicles Act, 1988.	Under Section II-I(ii) of the policy(Damage to third party property)	7,50,00	P.A. cover for owner- Driver under section- III: CSI	NA
Subject to I.M.T Endorsement Nos.	IMT 7, IMT 28,IMT 23,IMT 21				0		

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 11/11/2024

Receipt No: CR202304105859

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 :11/11/2024

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 :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

For Liberty General Insurance Limited

Authorised Signatory

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.

Break in insurance.

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 :		SM Code :	N1622758

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 Misc. D
 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
TATA MOTORS LTD	INTRA	V30	2023 / 22-05-2023	1496.00	2565	3	OPEN

Insured Declared Value

IDV of the Vehicle	Electrical Accessories	Non Electrical Accessories	Trailer	Value of CNG/LPG kit	Total IDV
740000.00	0	0	0	0.00	740000.00

"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-39-C-2874	Colour of Vehicle					
Engine No.	XS2025	Chassis No	PYB10281				
Place of Registration	DURGAPUR	Date of Registration	22/05/2023				
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 : 1496.00

Is the vehicle made in India? Yes No

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

Name of Financier & Address : TATA MOTORS FINANCE LIMITED,KOLKATA

Name of Insured: (Mr/Mrs/M/s/Dr) JOY MAJUMDAR

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 : S/O: SAILAN MAJUMDAR, DAS PARA, RAGHUNATHPUR, RAGHUNATHPUR, CHANDITALA - I HOOGHLY, WEST BENGAL 712247

Area/Landmark:	S/O: Sailan Majumdar, Das Para, Raghunathpur, Raghunathpur, Chanditala - I Hooghly, West Bengal 712247	State :	WEST BENGAL	City / District :	HOOGHLY	Pin Code :	712247
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Contact Details: Mobile No. :	Residence:	Office :	Email ID: SS9905174@GMAIL.COM	PAN No.	DUUPM4068R
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Date of Birth : 12/01/1985

Business/Occupation (For Individual Customer)

Registration Address: S/O: SAILAN MAJUMDAR, DAS PARA, RAGHUNATHPUR, RAGHUNATHPUR, CHANDITALA - I HOOGHLY, WEST BENGAL 712247

Aadhar No.:

Any other details : RAGHUNATHPUR (HOOGHLY)

Period of Insurance From Time: 00:00 Hrs of Date: 13/11/2024 To the Midnight of Date: 12/11/2025

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): 21560.00 Bank Name and Branch:

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

Cheque / DD Date: 11/11/2024 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 Manfacture	IDV
		2023	

Details of Non-Electrical Accessories:			
Item Details	Make & Model	Year Of Manfacture	IDV
		2023	

Trailer IDV			
Trailer Towed :		Trailer IDV :	0

Insurance is the Subject matter of Solicitation.

Trade Logo displayed above belongs to Liberty Mutual and used by the Liberty General Insurance Ltd.

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			
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 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: 22/05/2023			
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 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 _____ 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 _____			
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 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 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: _____ Date of Accident: _____ Circumstances of Accident/Loss: _____			
Inspection Details			
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.: SELF Conducted on (Mention Date & Time): 11/11/2024 00:00			
Additional Coverage Details			
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			
Do you require Unnamed PA Cover			
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 _____			

PRODUCT LINE CODE: IRDAN150RP033VO2201213
Insurance is the Subject matter of Solicitation.
Trade Logo displayed above belongs to Liberty Mutual and used by the Liberty General Insurance Ltd.

<input type="checkbox"/> Owner Driver only <input type="checkbox"/> Any person other than Paid Driver
If YES, give details of such other persons: _____
Non fare Paying Passengers (No. of persons): 0
Note: Section146 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 Section146 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)
Any other Coverage details

Break In Insurance Declaration
<input type="checkbox"/> I/We hereby Declare and Undertake
*That, the vehicle proposed to be insured had, during the period in which it was not covered by valid and effective insurance policy issued by any insurer/s, met with an accident on/at (Add more date/s with time if vehicle had met with accident more than once)
<input checked="" type="checkbox"/> That, the vehicle proposed to be insured had, during the period in which it was not covered by valid and effective insurance policy issued by any insurer/s, had NOT met with any accident (*Select the appropriate check box and provide relevant information against selected entry)
I/we understand that all and/or any kind of liabilities arising out of accident/s which had occurred prior to risk inception date and time as mentioned in the Policy Document issued by Liberty General Insurance Limited in consideration of these presents will be completely out of ambit of said Policy and said Company will not be in any manner liable or held responsible therefore.
I/we further undertake that if this declaration and/or any of its part is found to be incorrect in any manner, all the benefits under the Policy will stand forfeited and the contract of insurance will be treated as treated as void ab initio".

NCB Declaration
I / We declare that the rate of NCB claimed by me/us is correct and that no claim as arisen in the expiring policy period (copy of the policy enclosed) I/We further undertake that if this declaration is found to be incorrect, all benefits under the policy in respect of Section I of the policy will be forfeited.

Declaration
"I am/we are aware that the complete terms and conditions of this insurance policy are available at the official website of the insurer (www.libertyinsurance.in). I/We hereby consent to receiving only the certificate and schedule of insurance upon the undertaking of the insurer that the complete policy terms and conditions will be made available free of cost upon my/our request".
I hereby declare and confirm that the PUC certificate of the vehicle proposed for insurance is valid as on date.

Any other Material Information Declaration and Consent
I/We hereby declare that the statements, answers given by me/us in this proposal form are true to the best of my knowledge and belief. I/We hereby agree that this declaration shall form the basis of the contract between me/us and the Liberty General Insurance Ltd. It is hereby understood and agreed that the statements, answers and particulars provided herein above are the basis on which this insurance is being granted and that if, after the insurance is effected, it is found that any of the statements, answers or particulars are incorrect or untrue in any respect, the company shall have no liability under this Insurance.
I/We agree and undertake to convey to Liberty General Insurance Limited any change / alterations carried out in the risk proposed for insurance after submission of this proposal form.

"I/We have insurable interest in the subject matter of this insurance and we hereby declare that the Cost of the same and the premium for this insurance is paid from legal sources of funds."
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I, the undersigned proposer hereby declare and confirm that I have understood the features, terms and conditions of the policy and questions contained in the proposal form. I also understand that the answers to the questions contained in the proposal form, forms the basis of the contract of insurance. If any information/statement given in proposal is found to be untrue, the policy shall be treated as void ab initio and the premium paid shall be forfeited to the Company.
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Please give details, if you are politically exposed person or relative of politically exposed person.

Please give details, if you are no profit organization.

I hereby agree to receive a one pager policy document
 I hereby confirm having a valid personal accident policy for sum Insured of minimum Rs. 15 lakhs.

Prohibition of Rebates (Section 41) of the Insurance Act-1938
1. No person shall allow or offer to allow, either directly or indirectly as an inducement to any person to take out or renew or continue an insurance in respect of any kind or risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate except such rebate as may be allowed in accordance with the prospectus or tables of the Insurer.
2. Any person making default in complying with the provision/s of this section shall be punishable with fine, as may be prescribed under Insurance Act, 1938 or any amendment thereto for the time being in force.

For use by Intermediary only

Cover Note No. issued (if any)	Date of Issuance	Time of Issuance
Period of Insurance: From (Time)	(Date)	
To the midnight of	(Date)	
Premium Amount (in Rs.)		

Bank Name: _____

Cheque No. / DD No. / Cash: _____ Date: _____

For Office use only

Customer ID: _____	Proposal Number: _____
Policy / Cover Note Number: 201330140124700254600000	_____
Proposal Checked By: _____	_____
Date of Receipt: _____	_____

Date : _____ Place: _____
Proposer Name : _____ Proposer's Sign : _____

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