



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.	201330140124700260700000	Period of Insurance	From: 00:00 Hrs of 17/11/2024
Geographical Area	India	To:	Midnight of 16/11/2025
Insured Address	SHANKAR DAS DHARAPARA CHAKDAULAT 63 NODAKHALI BAKHRAHAT „,WEST BENGAL,SOUTH 24 PARGANAS,SONARIANIA-743377	Policy Issued on Covernote No	15/11/2024 201330140124700260700000
Contact Number	6290857941	Covernote Date	15/11/2024
Customer GSTIN		RTO Location	24 PARAGANAS
UIN CODES:	IRDAN150RP0033V02201213	POSP Name	Zone: Zone C
		Aadhar 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/K W	Public/ Private Carrier	Licensed Carrying capacity including Driver
WB-19-G-4754	2014/27-10-2014/27-10-2014	YS95962	ZJ41474			TATA MOTORS LTD/ACE/H.T.	CLOSED	Goods Carrying (Other than 3-wh)- Public Carriers	1550	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
140,240.00	140,240.00	0.00	0	0	0	0	140,240.00

Section I - OWN DAMAGE (A)

Own Damage Premium on Vehicle and accessories	
Basic Cover	
Basic OD	635.29
EXTENSIONS UNDER OWN DAMAGE SECTIONS	
LOADING UNDER OWN DAMAGE SECTION	
TOTAL OWN-DAMAGE PREMIUM (A)	635.29
TOTAL OWN-DAMAGE PREMIUM + ADD-ON COVER PREMIUM (A+C)	635.29

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	16,784.00
State Cess	0.00
CGST(WEST BENGAL)	1029.09
SGST(WEST BENGAL)	1029.09
TOTAL POLICY PREMIUM	18,842.00

Hire Purchase/Lease/Hypothecated with :HDFC BANK 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) 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-(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 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 15/11/2024

Receipt No: CP202308105061

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 :15/11/2024

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 :19AABCL9950A1Z1

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.

Break in insurance.

For Liberty General Insurance Limited



Authorised Signatory

Validity unknown

Digitally signed by SANJAY JOSHI
Date: 2024-11-15 10:26 IST
Location: Mumbai, India

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 quoted marks/details mentioned 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 :		POSP Code :	
PAN Card Number :		Aadhar Card No.:	

(Mandatory to provide PAN Card No. or Aadhar Card No. in case of POSP)

Type of Cover : <input checked="" type="checkbox"/> Package (Comprehensive) Policy	<input type="checkbox"/> Package (Act & Theft) Policy	<input type="checkbox"/> Package(Act/Theft and Fire) Policy	<input type="checkbox"/> Pakage(Fire & Theft) Policy	<input type="checkbox"/> Act only policy
Purpose for which vehicle will be used: <input type="checkbox"/> Goods Carrying (Private Carrier)	<input checked="" type="checkbox"/> Goods Carrying (Public Carrier)	<input type="checkbox"/> Passenger Carrying	<input type="checkbox"/> Misc. D	
Type of Vehicle: <input checked="" type="checkbox"/> Four Wheeler	<input type="checkbox"/> Three Wheeler	<input type="checkbox"/> 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	ACE	HT.	2014 / 27-10-2014	702.00	1550	2	CLOSED

Insured Declared Value

IDV of the Vehicle	Electrical Accessories	Non Electrical Accessories	Trailer	Value of CNG/LPG kit	Total IDV
140240.00	0	0	0	0.00	140240.00

"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"/>	<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-19-G-4754	Colour of Vehicle	
Engine No.	YS95962	Chassis No	ZJ41474
Place of Registration	24 PARAGANAS	Date of Registration	27/10/2014
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? Yes No No. of vehicles attached with fleet Cubic Capacity : 702.00

Is the vehicle made in India? Yes No

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

Name of Financier & Address : HDFC BANK LIMITED,KOLKATA

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

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 : DHARAPARA CHAKDAULAT 63 NODAKHALI BAKHRAHAT

Area/Landmark:	DHARAPARA CHAKDAULAT 63	State :	WEST BENGAL	City / District :	SOUTH 24 PARGANAS	Pin Code :	743377
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Contact Details: Mobile No. :	Residence:	Email ID:	PAN No.	AQCPD3458K
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Date of Birth : 15/10/1962 Business/Occupation (For Individual Customer)

Registration Address: DHARAPARA CHAKDAULAT 63 NODAKHALI BAKHRAHAT

Aadhar No.:

Any other details : SONARIANIA

Period of Insurance From Time: 00:00 Hrs of Date: 17/11/2024 To the Midnight of Date: 16/11/2025

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): 18842.00 **Bank Name and Branch:**

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

Cheque / DD Date: 15/11/2024 **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 Manufacture	IDV				
		2014					

Details of Non-Electrical Accessories:							
Item Details	Make & Model	Year Of Manufacture	IDV				
		2014					

Trailer IDV							
Trailer Towed :	Trailer IDV :						
	0						

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Details of Vehicle Type and Usage		(Note: The Motor Vhicle Act - 1988 under Sec. 147(1)(ii)(l) cover liability to employees who are workmen within the meaning of Workmen's 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: Non fare Paying Passengers (No. of persons): <input type="checkbox"/>	
4. Whether the vehicle is used for Driving tuitions? <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	
5. Whether the vehicle is limited to own premises? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Any other Coverage details	
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 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 parts. (IMT 23 Cover) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
15. Whether Cover for Overturning loading required? (Applicable to MISD 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			
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"/> Long Term Policy	<input type="checkbox"/> SAOD Policy	<input type="checkbox"/> Others
NCB* Loading in expiring policy <input type="checkbox"/> 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: <input type="checkbox"/> 27/10/2014			
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 <input type="checkbox"/> To <input type="checkbox"/>			
6. Are you entitled for No Claim Bonus on Renewal? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
* If Yes, Please mention the <input type="checkbox"/> 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 : <input type="checkbox"/> Membership No. <input type="checkbox"/> Date of expiry: <input type="checkbox"/>			
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: <input type="checkbox"/> Driver's experience:			
5. Age & Date of Birth of the Owner: Age <input type="checkbox"/> Yrs <input type="checkbox"/> Date of Birth: <input type="checkbox"/> b. Age & Date of Birth of the Driver: Age <input type="checkbox"/> Yrs <input type="checkbox"/> Date of Birth: <input type="checkbox"/>			
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: <input type="checkbox"/> Date of Accident: <input type="checkbox"/> Circumstances of Accident/Loss: <input type="checkbox"/>			
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.: <input type="checkbox"/> SELF Conducted on (Mention Date & Time): <input type="checkbox"/> 15/11/2024 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: <input type="checkbox"/> 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 <input type="checkbox"/> Yrs <input type="checkbox"/> Date of Birth: <input type="checkbox"/>			
2. Sum Insured per person (unnamed passengers/hirer/pillion rider, two wheelers) <input type="checkbox"/> Name: <input type="checkbox"/> Sum Insured <input type="checkbox"/> Name: <input type="checkbox"/> 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: <input type="checkbox"/> CSI Nominee: <input type="checkbox"/> Relationship: <input type="checkbox"/>			
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: <input type="checkbox"/>)Employees (Workmen) (No. of persons: <input type="checkbox"/>)			
* I am environment friendly customer			
OTP Status: <input type="checkbox"/> OTP Generated Date & Time: <input type="checkbox"/> Phone No: <input type="checkbox"/> OTP Entered Date & Time: <input type="checkbox"/>			
Date: <input type="checkbox"/> Place: <input type="checkbox"/> Proposer Name: <input type="checkbox"/> Proposer's Sign: <input type="checkbox"/>			

PRODUCT UNI CODE: IRDAN1SPR0633020913

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Signature