



LIBERTY GENERAL INSURANCE LIMITED

PRIVATE CAR COMPREHENSIVE POLICY (1 YEAR OD + 1 YEAR TP)

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, Maharashtra - 400013
 PH: +91 226700 1313**

Policy Servicing office :NO -79/2 3rd Floor,Raja Parle Building,By Pass Road Madurai,,MADURAI,TAMIL NADU-625010 PH: +91--8655949141

PolicyRef No.	201150040325790040800000	Period of Insurance	From 00:00 Hrs of 23/01/2026 To Midnight of 22/01/2027	
Geographical Area	India			
Insured Address	GOMATHI NAINAR C/O SHUNMUGA SUNDARAM, 04, SAI PRITHIV BHAVAN KEERTHI NAGAR EXTENSION, KEERTHI NAGAR JK HOSPITAL OPPOSITE, REDDIARPATTI, TIRUNELVELI, TAMIL NADU - 627007 TIRUNELVELI TAMIL NADU 627011	Policy Issued on Covernote No	19/01/2026 201150040325790040800000	
Contact Number	(M) +91 6382498080	ECovernote Date	19/01/2026	
Customer GSTIN	IRDAN150RP0035V03201213	RTO Location	TIRUNELVELI	Zone: B
UIN CODES:				
Agent Name	VIZZA INSURANCE BROKING SEVICES PRIVATE LTD MADURAI	Agent Contact No	9894517087	
Agent Code	IMD1266630			

INSURED MOTOR VEHICLE DETAILS AND PREMIUM COMPUTATION

Registration Mark & No.	Year of Manufacture/ Date of Registration/ Invoice Date	Engine No.	Chassis No.	Make/Model/ Type of Vehicle	Type of Body	CC/HP/GVW /KW	Licensed Carrying capacity including Driver	Trailer Registration No.	Trailer Chassis No.
TN72BF0538	2017/23-01-2017/-	D13A2986938	MA3FJEB1S00A56183	MARUTI/SWIFT DZIRE/VDI (O)	Sedan	1248	5	NA	NA

IDV (INSURED'S DECLARED VALUE)

IDV Of Vehicle	Trailers	Non Electrical Accessories	Electrical & Electronics Accessories	Bi-Fuel kit(CNG/LPG)	Total Value
216,600.00	0	0	0	0	216,600.00

Own Damage Premium on Vehicle and accessories

Section I - OWN DAMAGE (A)

Basic Cover	
Basic OD	5,806.62
EXTENSIONS UNDER OWN DAMAGE SECTIONS	
DISCOUNTS UNDER OWN DAMAGE SECTION	
No claim bonus 50%	
TOTAL OWN-DAMAGE PREMIUM (A)	
Section I - ADD ON COVERS (C)	
Passenger Assist IRDAN150RP0035V01201213/A0020V01201213	250.00
Consumables Cover IRDAN150RP0035V01201213/A0015V02201213	617.31
Depreciation Cover IRDAN150RP0035V01201213/A0012V01201213	3,539.24
Liberty Complete Assistance-Plan A IRDAN150RP0035V01201213/A0008V01202223	249.00
Key Loss Cover (SI 10000 /-) IRDAN150RP0035V01201213/A0010V02201314	199.00
TOTAL ADD-ON COVER PREMIUM (C)	4,854.55

Section II - LIABILITY (B)

Third Party Premium

Basic Cover	
Basic TP	3,416.00
EXTENSIONS UNDER THIRD PARTY SECTION	
PA BENEFITS	
Personal Accident Cover Unnamed(No. Of Persons=5, SI=100000)	
LEGAL LIABILITY	
Legal Liablity to Paid Driver	50.00
TOTAL LIABILITY PREMIUM (B)	
Section III - PA OWNER DRIVER (D)	
PA to Owner Driver (D)	375.00
Net Premium (A+B+C+D)Taxable Value	11,849.00
GST(18%)	2132.8
TOTAL POLICY PREMIUM	13,982.00

Hire Purchase/Lease/Hypothecated with :NA

**LIMITATIONS AS TO USE -The Policy covers use of vehicle for any purpose other than: a) Hire or Reward b) Carriage of goods(other than sample of personal luggage)
 c) Organized racing d) Pace Making e) Speed Testing f) Reliability Trial g) Use in connection with motor trade.**

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 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 1000 /- Voluntary Excess: Rs 0/- Imposed Excess: Rs 0/- EV Secure-Damage to charger deductible : Rs 0/- EV Secure-Damage to Property deductible : Rs 0/-	Under Section II-I(i) of the policy(Death of or bodily injury):	Such amount necessary to meet the requirements of motor vehicle Act,1988.	Under Section II-I(ii) of the policy(Damage to third party property)	7,50,000.00	P.A. cover for owner- Driver under section-III: CSI	15,00,000.00
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Subject to I.M.T Endorsement Nos. IMT 16, IMT 22, IMT 28, AD 01, AD 02, AD 04, AD 06, AD 21

Passenger assist cover details:Hospital Cash: Rs 1500 per day for 30 days (per Pax.), Medical Expenses: Rs 10,000 (per Pax.), Ambulance Charges: Rs. 5000

NOMINATION DETAILS

Name of the Nominee	Relationship with Insured	Name of Appointee (if nominee is minor)	Relationship with the Nominee
VARALAKSHMI M	SPOUSE	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 19/01/2026

Receipt No: BAT01261027096181

Invoice No: 790040800000

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 :19/01/2026

Place:TAMIL NADU

Stamp duty for the said policy is paid vide GRASS DEFACE no.0004656521201617, Dt. 10/02/2017 as prescribed in Government Notification Revenue & Forest Department no. Mudrank 2004/4125/CR/690/M-1, Dt 31/12/2004.

LGI Branch GSTIN :

SAC Code:997134 Description of Service:General Insurance Service

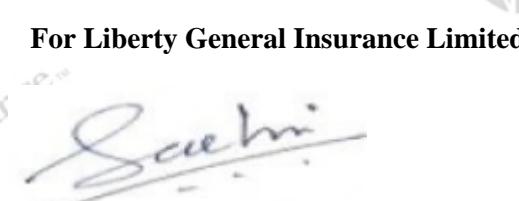
Place of Supply : TAMIL NADU

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.

For Liberty General Insurance Limited




Authorised Signatory

PROPOSAL FORM PRIVATE CAR COMPREHENSIVE POLICY (1 YEAR OD + 1 YEAR TP)

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 a desired for underwriting purpose.)

Intermediary Details

IMD Name	VIZZA INSURANCE BROKING SEVICES PRIVATE LTD MADURAI	IMD Code:	IMD1266630
Branch Name:	TAMIL NADU	Branch Code:	500403
SM Name :	Arunkumar G	SM Code :	N1675774
Contact No:	9894517087	POSP Code :	
POSP Name :		or	Aadhar Card No.:
PAN Card Number :			

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

Type of Cover : Package (Comprehensive) Policy for 1 year Package (Comprehensive) Policy for 3 years Bundled Cover (1year Own Damage & 3 years Third Party)

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
MARUTI	SWIFT DZIRE	VDI (O)	2017/-	1248	0	5	Sedan

Insured Declared Value

Year	For Vehicle Rs.	Electrical Accessories	Non Electrical Accessories	Trailer/Side Car (if any)	Value of CNG/LPG kit (if not part of standard vehicle)	Total IDV Rs.
1	216600	0.00	0.00	0.0	0.00	216600

"Add On Covers" Selected:

- Depreciation Cover Consumable Cover Passenger Assist Cover Road Side Assistance Cover Engine Safe Cover
 Key Loss Cover EV Secure GAP(Incl. Taxes & Regn. charges) GAP Value Towing Expenses Cover
 EMI Cover Protection Tyre Protection Cover Liberty Complete Assistance Loss Of Personal Belongings Liberty Assure
 Liberty Battery Secure Daily Allowance

UIN Code of Add On covers selected :

IRDAN150RP0035V01201213/A0012V01201213, IRDAN150RP0035V01201213/A0015V02201213, IRDAN150RP0035V01201213/A0020V01201213,
 IRDAN150RP0035V01201213/A0010V02201314, IRDAN150RP0035V01201213/A0008V01202223,

Invoice Price Value

Road Tax First time Registration Charges

Whether you have opted for any Add on Coverage's last year.

Yes No

If yes, please specify the Add on Coverage's

Depreciation ,

Vehicle Registration No.

TN72BF0538

Colour of Vehicle :

Engine No.

D13A2986938

Chassis No MA3FJEB1S00A56183

Place of Registration

TIRUNELVELI

Date of Registration 23/ 01/ 2017

Trailer Chassis No. (if any)

Is the vehicle attached with any of the Fleet?

Yes No

No. of vehicles attached with fleet

Indigenous Imported Rated under: Zone A Zone B

Cubic Capacity : 1248

Is the vehicle made in India?

Yes No

Financier Details :

Hypothecation Agreement Hire Purchase Lease Agreement

Body Type : Sedan

Name of Financier & Address :

GOMATHI NAINAR

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 : C/O SHUNMUGA SUNDARAM, 04, SAI PRITHIV BHAVAN KEERTHI NAGAR EXTENSION, KEERTHI NAGAR JK HOSPITAL OPPOSITE, REDDIARPATTI, TIRUNELVELI, TAMIL NADU - 627007 TIRUNELVELI TAMIL NADU 627011

Area/Landmark: _____ State : TAMIL NADU City / District : TIRUNELVELI Pin Code : 627011

Contact Details: Mobile No. : 6382498080

Residence:

Office : _____

Email ID: kumararun34853@gmail.com

PAN No. BXDPG3963M

Date of Birth : 03/02/1987

Business/Occupation (For Individual Customer)

Aadhar No. : _____

Registration Address: C/O SHUNMUGA SUNDARAM, 04, SAI PRITHIV BHAVAN KEERTHI NAGAR EXTENSION, KEERTHI NAGAR JK HOSPITAL OPPOSITE, REDDIARPATTI, TIRUNELVELI, TAMIL NADU - 627007

Any other details : _____

Period of Insurance for Package Policy of 1 year & 3 years :

From Time : 00:00 Date : 23/ 01/ 2026 To the Midnight of Date : 22/ 01/ 2027

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	VARALAKSHMI M	NA	26	Spouse	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 Private Car by a company, a partnership firm or a similar body corporate or where the owner driver does not hold an effective driving license.

* Compulsory PA cover to Owner Driver cannot be granted where a vehicle owned

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): 13982

Branch

Cheque / DD No: NA

Bank A/C No.: _____

Cheque / DD Date: NA

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

Electrical Accessories:

Item Details: _____

Make & Model: NA &

Year of Manf.: NA

IDV

0

Details of Non-Electrical Accessories:

Item Details: _____

Make & Model: NA &

Year of Manf.: NA

IDV

0

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

