



LIBERTY GENERAL INSURANCE LIMITED

PRIVATE CARPACKAGE POLICY

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 :Liberty General Insurance Limited , Alankar Complex, 4th Floor,, Plot No-11,M.P.Nagar Zone-II, Bhopal- 462011, Madhya Pradesh.,
, ARERA HILLS, Bhopal,MADHYA PRADESH-462011 PH: +91 755 8655949139 Fax:

PolicyRef No.	201140070125700321902000	Period of Insurance	From 00:00 Hrs of 04/12/2025 To Midnight of 03/12/2026
Geographical Area Insured	India JEHAN NUMA PALACE HOTEL PRIVATE LIMITED PROP ALI RASHID HOTEL 157 SHAYAMLA HILLS SHAMALA KOTHI BHOPAL,MADHYA PRADESH,BHOPAL,REGIONAL COLLEGE-462013	Policy Issued on	02/12/2025
Address	PROPS ALI RASHID HOTEL 157 SHAYAMLA HILLS SHAMALA KOTHI BHOPAL,MADHYA PRADESH,BHOPAL,REGIONAL COLLEGE-462013	Covernote No	201140070125700321902000
Contact Number	(M) +9039001003	ECovernote Date	02/12/2025
Customer GSTIN UIN CODES:	23AACJ8773A1ZT IRDAN150RP0035V03201213	RTO Location POSP Name Aadhar Card PAN Number	BHOPAL Zone: Zone B

Agent Name	MANOJ
------------	-------

Agent Code	IMD1269775	Agent Contact No	9039001003
------------	------------	------------------	------------

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.
MP-04-CW-0817	2018/28-12-2018/28-12-2018	WTJ4J11385	MA1YU2WT UJ6J17020	MAHINDRA & MAHINDRA/X UV 500/W11 AT	Suv	2179.00	7	NA	NA

IDV (INSURED'S DECLARED VALUE)

IDV Of Vehicle	Trailers	Non Electrical Accessories	Electrical & Electronics Accessories	Bi-Fuel kit(CNG/LPG)	Total Value
692,996.00	0	0	0	0.00	692,996.00

Own Damage Premium on Vehicle and accessories

Section I - OWN DAMAGE (A)

Basic Cover	3,648.62
Basic OD	

DISCOUNTS UNDER OWN DAMAGE SECTION

No claim bonus 50%	1824.31
--------------------	---------

TOTAL OWN-DAMAGE PREMIUM (A)	1,824.31
-------------------------------------	----------

Section I - ADD ON COVERS (C)

Passenger Assist IRDAN150RP0035V02201213/A0020V02201213	350.00
Consumables Cover IRDAN150RP0035V02201213/A0015V02201213	1593.89
Depreciation Cover IRDAN150RP0035V02201213/A0012V02201213	6,999.26
TOTAL ADD-ON COVER PREMIUM (C)	8,943.15

Section II - LIABILITY (B)

Third Party Premium

Basic Cover	7,897.00
Basic TP	

Employee Of Insured (IMT -29)	350.00
-------------------------------	--------

LEGAL LIABILITY

LLTo Paid Driver	50.00
------------------	-------

TOTAL LIABILITY PREMIUM (B)	8,297.00
------------------------------------	----------

Net Premium (A+B+C)Taxable Value	19,064.00
---	-----------

State Cess	0.00
-------------------	------

CGST(MADHYA PRADESH)(%)	1715.76
--------------------------------	---------

SGST(MADHYA PRADESH)(%)	1715.76
--------------------------------	---------

TOTAL POLICY PREMIUM	22,496.00
-----------------------------	-----------

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 2000/- Voluntary Excess: Rs 0/- Imposed Excess : 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	NA
------------------------------	---	---	---	--	-------------	--	----

Subject to I.M.T Endorsement Nos. IMT 22, IMT 28, IMT 29, AD 01, AD 02, AD 04

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
NA	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. Act1988.

In witness whereof this Policy has been signed at Mumbai on 02/12/2025

Receipt No: CR2025021210122

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 :02/12/2025

Place: BHOPAL

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 :23AABCL9950A1ZT

SAC Code:997134 Description of Service:General Insurance Service

Place of Supply : MADHYA PRADESH

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.



[Signature]
For Liberty General Insurance Limited
Authorised Signatory

PROPOSAL FORM PRIVATE CAR PACKAGE POLICY

Proposal for : New Vehicle Rollover Endorsement Renewal (LGI Policy No.) 201140070124100014501000

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	MANOJ	IMD Code:	IMD1269775
Branch Name:	BHOPAL	Branch Code:	400701
SM Name :	NAVNEET SAHU	SM Code :	N1523619
Contact No:	9039001003	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
MAHINDRA & MAHINDRA	XUV 500	W11 AT	2018/28-12-2018	2179.00	0	7	Suv

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	692996.00	0.00	0.00	0.00	0.00	692996.00

"Add On Covers" Selected:

- Depreciation Cover Consumable Cover Passenger Assist Cover Road Side Assistance Cover Engine Safe Cover
 Key Loss Cover GAP(Incl. Taxes & Regn. charges) GAP Value Towing Expenses Cover
 EMI Cover Protection Tyre Protection Cover

UIN Code of Add On covers selected :

IRDAN150RP0035V02201213/A0012V02201213,IRDAN150RP0035V02201213/A0015V02201213,IRDAN150RP0035V02201213/A0020V02201213,

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

Vehicle Registration No.

MP-04-CW-0817

Colour of Vehicle :

WTJ4J11385

Chassis No

MA1YU2WTUJ6J17020

Place of Registration

BHOPAL

Date of Registration

28/ 12/ 2018

Trailer Chassis No. (if any)

Is the vehicle attached with any of the Fleet? Yes No No. of vehicles attached with fleet

Is the vehicle made in India? Yes No

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

Name of Financier & Address :

Name of Insured: (Mr/Mrs/M/s/Dr) JEHAN NUMA PALACE HOTEL PRIVATE LIMITED

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 : PROP ALI RASHID HOTEL 157 SHAYAMLA HILLS SHAMALA KOTHI BHOPAL

Area/Landmark: _____ State : MADHYA PRADESH City / District : BHOPAL Pin Code : 462013

Contact Details: Mobile No. : 9039001003 Residence:

Office : _____ Email ID: _____ PAN No. AAACJ8773A

Date of Birth : 02/ 12/ 2005 Business/Occupation (For Individual Customer)

Aadhar No. :

Registration Address: PROP ALI RASHID HOTEL 157 SHAYAMLA HILLS SHAMALA KOTHI BHOPAL

Any other details :

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

From Time : 00:00 Date : 04/ 12/ 2025 To the Midnight of Date : 03/ 12/ 2026

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	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

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

by a company, a partnership firm or a similar body corporate or where the owner driver does not hold an effective driving license.

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): 22496.00 **Bank Name and 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: _____ Year of Manf.: _____ IDV: _____

Details of Non-Electrical Accessories:

Item Details: _____ Make & Model: _____ Year of Manf.: 2018 IDV: _____

