



LIBERTY GENERAL INSURANCE LIMITED

TWO WHEELER PACKAGE 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 :Unit 1501&1502,15th Floor,Tower 2,One International Center,Senapati Bapat Marg,Prabhadevi,Mumbai – 400013 Maharashtra. Phone:+91 226700 1313			
Policy No.	201250040324700071600000		Period of Insurance: From 00:00 Hrs of 31/12/2024 To Midnight of 30/12/2025
Geographical Area	India		Policy Issued on 30/12/2024
Insured	BODDANA KARUNA		Covernote No 201250040324700071600000
Address	RAMALAYAM STREET SIKHABADI JIYYAMMAVALASA,,,ANDHRA PRADESH,VIZIANAGARAM,BOMMIKA JAGANNADHAPURAM-535526		Covernote Date
Contact Number	(M) +7799773656		RTO Location VIZIANAGARAM Zone: Zone B
GSTIN No/State	NA / ANDHRA PRADESH		POSP Name
UIN CODES:	IRDAN150RP0001V01201213		POSP Code
			Aadhar/PAN No /
			POSP Contact Number 2444461
Agent Name	POLICY BAZAAR INSURANCE BROKERS PRIVATE LIMITED		
Agent Code	IMD1116532	Agent Contact No	2444461

IDV (INSURED’S DECLARED VALUE)

IDV Of Vehicle	Non Electrical Accessories	Electrical & Electronics Accessories	Bi-Fuel kit(CNG/LPG)	Side Car	Total Value
65,794.00	0	0	0	0.00	65,794.00

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 Body	CC/HP/GVW/KW	Licensed Carrying capacity including Driver
AP-35-AF-7190	2018/24-08-2018/24-08-2018	U3S5C2JE124615	ME3U3S5C2JE163075	ROYAL ENFIELD/CLASSIC/350 EFI STEALTH BLACK/Solo with Pillion	346	2

Section I - OWN DAMAGE (A)		Section II - LIABILITY (B)	
Own Damage Premium on Vehicle and accessories		Third Party Premium	
Basic Cover		Basic Cover	
Basic OD	243.17	Basic TP	1,366.00
TOTAL OWN-DAMAGE PREMIUM (A)		Legal Liability	
		Legal Liability To Paid Driver	50.00
		TOTAL LIABILITY PREMIUM (B)	
		1,416.00	
Section III - PA OWNER-DRIVER (D)			
PA Owner-Driver (D)		375.00	
Net Premium (A+B+D)Taxable Value		2,034.00	
IGST (18%- ANDHRA PRADESH)		366	
TOTAL POLICY PREMIUM		2,400.00	

Hire Purchase/Lease/Hypothecated with : NA							
LIMITATIONS AS TO USE - The Policy covers use of the vehicle for any purpose other than a) Hire of Reward b) Carriage of goods (other than samples or personal luggage) c) Organized racing d) Pace making e) Speed testing f) Reliability Trials 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 100/- 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)	1,00,000.00	P.A. coverfor owner-Driver under section-III: CSI	15,00,000.00
Subject to L.M.T Endorsement Nos. IMT 22, IMT 28							

NOMINATION DETAILS

Name of the Nominee	Relationship with Insured	Name of Appointee (if nominee is minor)	Relationship with the Nominee
FATHER .	FATHER	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 30/12/2024

Receipt No: For Liberty General Insurance Limited

In case of claim ,Please contact us at : Toll Free No -18002665844,
Email id – care@libertyinsurance.in
Date of Issue :30/12/2024
Place: MADURAI

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 :

SAC Code:997134 Description of Service:General Insurance Service
Place of Supply : ANDHRA PRADESH/28
IRDA Regn. No. 150
CIN No. U66000MH2010PLC209656
Tax is not payable under reverse charge by the recipient.



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.