

LIBERTY GENERAL INSURANCE LIMITED
PRIVATE CAR 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 :10TH FLOOR, TOWER A, PENINSULA BUSINESS PARK, GANPATRAO KADAM MARG, LOWER PAREL, MUMBAI, MAHARASHTRA-400013 Phone: +91 22 6700 1313 Fax: +91 22 06700 1606

Policy Servicing office :OFFICE NO 901 & 902 9TH FLOOR, JMD REGENT SQUARE, M.G Road, Gurgaon, HARYANA-122001 PH: +91 124 6700 1313 Fax: +91 22 06700 1606

Policy No.	201120020122701439900000	Period of Insurance		
Geographical Area	India	From 00:00 Hrs of 05/10/2022 To Midnight of 04/10/2023		
Insured	PARUL GARG	Policy Issued on 04/10/2022		
Address	H NO 274 SIRASPUR NEW, DELHI, DELHI, NORTH WEST DELHI, BADLI (NORTH WEST DELHI)-110042 (M) +9968945500	Covernote No/Ecovernote No 201120020122701439900000		
Contact Number	NA / DELHI	Covernote Date 04/10/2022		
GSTIN No/State	IRDAN150RP0035V01201213	RTO Location DELHI		Zone: Zone A
UIN CODES:		POSP Name / POSP Code / Aadhar/PAN No / POSP Contact Number /		

Agent Name	GIRNAR INSURANCE BROKER PVT LTD		
Agent Code	IMD1103084	Agent Contact No	9899999999

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	Trailer Registration No.	Trailer Chassis No.
DL-11-CB-1782	2016/06-04-2018/06-04-2018	4186953	MA3EWB22 SGJ229820	MARUTI/BALENO/DELTA 1.2/Hatch Back	1197.00	5	NA	NA

IDV (INSURED DECLARED VALUE)

Year	IDV Of Vehicle	Trailers	Side Car	Non Electrical Accessories	Electrical & Electronics Accessories	Bi-Fuel kit(CNG/LPG)	Total Value
1	295,425.00	0	0	0.00	0.00	0.00	295,425.00

Section I - OWN DAMAGE (A)

Own Damage Premium on Vehicle and accessories	
Basic Cover	
Basic OD	2667.17
TOTAL OWN-DAMAGE PREMIUM (A)	2,667.17
Section I - ADD ON COVERS (C)	
Passenger Assist	250.00
Consumables Cover	679.48
Depreciation Cover	2,215.69
TOTAL ADD-ON COVER PREMIUM (C)	3,145.17

Section II - LIABILITY (B)

Third Party Premium	
Basic Cover	
Basic TP	3,416.00
LEGAL LIABILITY	
LL To Paid Driver	50.00
TOTAL LIABILITY PREMIUM (B)	3,466.00
Section III - PA OWNER-DRIVER (D)	
PA Owner-Driver (D)	375.00
Net Premium(A+B+C+D)Taxable Value	9,653.00
IGST (18%)	1738
TOTAL POLICY PREMIUM	11,391.00

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/. Additional Excess : Rs 0/.	Under Section II-I(i) of the policy(Death 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 22, IMT 28, 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
ANJANA GARG	MOTHER	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 04/10/2022

Receipt No:

For Liberty General Insurance Limited

In case of claim ,Please contact us at : Toll Free No -18002665844,
Email id – care@libertyinsurance.in

Insurance is the subject matter of solicitation.

Date of Issue :04/10/2022

Place: GURUGRAM

Consolidated Stamp duty has been paid as per letter of Authorization no. CSD/414/2022/3177 Dated 21/07/2022 issued by Main Stamp Office, Mumbai. ** Not Applicable for the State of Jammu & Kashmir.

Branch GSTIN :27AABCL9950A1ZL

SAC Code:997134 Description of Service:General Insurance Service

Place of Supply : DELHI/07

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.