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 :Unit No-402 & 403, 4th Floor, Conclave, CTS No 1703, BFinal Plot No 100, Bhambhurda, Behind Hotel Pride, Shivaji Nagar, Pune-411005,PUNE,MAHARASHTRA-411027 PH: +91--8655949146

PolicyRef No.	20114003012579018210000 0	**Period of Insurance**	**From 00:00 Hrs of 31/03/2026 To Midnight of 30/03/2027**
Geographical Area	India		
Insured	GANESH BALASO HARGUDE	**Policy Issued on**	30/03/2026
Address	S/O HARGUDE BALASO SHAMRAO, GAVHALE WASHI, JAY HIND NAGAR, SANASWADI, PUNE, MAHARASHTRA - 412208 - 412208 7719882020 MOB NO PUNE MAHARASHTRA 412208	**Covernote No**	20114003012579018210000 0
Contact Number	(M) +91 7719882020	**ECovernote Date**	30/03/2026
Customer GSTIN			
UIN CODES:	IRDAN150RP0035V03201213	**RTO Location**	PUNE **Zone: A**
		POSP Name	
		POSP Code	
		Aadhar Card	
		PAN Number	

Agent Name	MS SPARKSHIELD INSURANCE BROKER PRIVATE LIMITED		
Agent Code	IMD1270246	Agent Contact No	8421887858

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.
MH12QF3975	2018/03-04-2018/-	D13A-0735496	MBHCZC03SJC137439	MARUTI/SWIFT/VDI-Hatch Back	Hatch Back	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 `
260,974.00	0	0	0	0	260,974.00

Own Damage Premium on Vehicle and accessories	
Section I - OWN DAMAGE (A)	
Basic Cover	
Basic OD	` 899.58
EXTENSIONS UNDER OWN DAMAGE SECTIONS	
DISCOUNTS UNDER OWN DAMAGE SECTION	
No claim bonus 50%	` -449.79
TOTAL OWN-DAMAGE PREMIUM (A)	` 449.79
Section I - ADD ON COVERS (C)	
Passenger Assist IRDAN150RP0035V01201213/A0020V01201213	` 250.00
Consumables Cover IRDAN150RP0035V01201213/A0015V02201213	` 247.93
Depreciation Cover IRDAN150RP0035V01201213/A0012V01201213	` 3,718.88
Liberty Assure IRDAN150RP0035V02201213 / A0004V01202425 Maximun Number of Claims : (2) a. Vehicle Assistance Services b. Waiver of Complusory Deductible	` 350.00
TOTAL ADD-ON COVER PREMIUM (C)	` 4,566.81

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=50000)	` 125.00
LEGAL LIABILITY	
Legal Liability to Paid Driver	` 50.00
TOTAL LIABILITY PREMIUM (B)	` 3,591.00
Section III - PA OWNER DRIVER (D)	
PA to Owner Driver (D)	` 375.00
Net Premium (A+B+C+D)Taxable Value	` 8,983.00
GST(18%)	` 1616.94
TOTAL POLICY PREMIUM	` 10,600.00

Hire Purchase/Lease/Hypothecated with :ICICI BANK LTD, .

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

Subject to I.M.T Endorsement Nos. IMT 7, IMT 16, IMT 22, IMT 28, AD 01, AD 02, AD 04, AD 20

*On opting Liberty Assure add-on, the Compulsory Deductible applicable herein at the time of claim would be waived if the vehicle insured herein is repaired at any of the Liberty Authorized Repair Shop subject to Policy terms and conditions.

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
LEGAL HEIR	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 30/03/2026

Receipt No: BAT03260532358873

Invoice No: 790182100000

For Liberty General Insurance Limited

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 :30/03/2026

Place:PUNE

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 :27AABCL9950A1ZL
SAC Code:997134 Description of Service:General Insurance Service
Place of Supply : MAHARASHTRA

Tax is not payable under reverse charge by the recipient.

Authorised Signatory

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

Digitally signed by DS LIBERTY GENERAL INSURANCE LIMITED 2
Date: 2026-03-30 12:13:49 IST

IMPORTANT NOTICE

LIBERTY GENERAL INSURANCE LIMITED

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.

Digitally signed by DS LIBERTY GENERAL INSURANCE LIMITED 2
Date: 2026-05-30 12:13:49 IST

Liberty General Insurance Limited
Unit 1501&1502, 15th Floor, Tower 2, One International Center, Senapati Bapat Marg, Prabhadevi, Mumbai – 400013, Maharashtra
Phone: +91 226700 1313
Email:care@libertyinsurance.in
IRDA of India registration number : 150 .CIN : U66000MH2010PLC209656
PRODUCT UIN CODE: IRDAN150RP0035V03201213

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: MS SPARKSHIELD INSURANCE BROKER PRIVATE LIMITED — IMD Code: IMD1270246
Branch Name: PUNE — Branch Code: 400301
SM Name : Sachin Jadhav — SM Code : N1660644
Contact No: 8421887858
POSP Name : — POSP Code :
PAN Card Number : — or — Aadhar Card No.:
(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	VDI-Hatch Back	2018/-	1248	0	5	Hatch Back

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	260974	0.00	0.00	0.0	0.00	260974

"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, IRDAN150RP0035V02201213 / A0004V01202425,

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.: MH12QF3975 — **Colour of Vehicle :**
Engine No.: D13A-0735496 — **Chassis No** MBHCZC03SJC137439
Place of Registration: PUNE — **Date of Registration** 03/ 04/ 2018

Trailer Chassis No. (if any) NA — **Vehicle type** ☑ **Indigenous** ☐ **Imported** Rated under: ☑ Zone A ☐ Zone B
Is the vehicle attached with any of the Fleet? ☐ Yes ☐ No — No. of vehicles attached with fleet _____ — Cubic Capacity : 1248
Is the vehicle made in India? ☑ Yes ☐ No
Financier Details : ☑ Hypothecation Agreement ☐ Hire Purchase ☐ Lease Agreement — Body Type : Hatch Back
Name of Financier & Address : ICICI BANK LTD & .
Name of Insured: (Mr/Mrs/M/s/Dr) GANESH BALASO HARGUDE
e-Insurance Accout 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 : S/O HARGUDE BALASO SHAMRAO, GAVHALE WASHI, JAY HIND NAGAR, SANASWADI, PUNE, MAHARASHTRA - 412208 - 412208 7719882020 MOB NO PUNE MAHARASHTRA 412208
Area/Landmark: — State : MAHARASHTRA — City / District : PUNE — Pin Code : 412208
Contact Details: Mobile No. : 7719882020 — Residence:
Office : — Email ID: jadhavmanoj585@gmail.com — PAN No. AEDPH1051D
Date of Birth : 02/12/1986 — Business/Occupation (For Individual Customer)
Aadhar No. :
Registration Address: S/O HARGUDE BALASO SHAMRAO, GAVHALE WASHI, JAY HIND NAGAR, SANASWADI, PUNE, MAHARASHTRA - 412208 - 412208
Any other details :

Period of Insurance for Package Policy of 1 year & 3 years :
From Time : 00:00 **Date :** 31/ 03/ 2026 **To the Midnight of Date :** 30/ 03/ 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	LEGAL HEIR	NA	60	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 • 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** ☐ **NEFT/RTGS**
Insured Bank Details: BANK OF MAHARASHTRA
Premium Amount (including service tax): 10600 — **Branch** PUNE MAIN
Cheque / DD No: 121467 — **Bank A/C No.:**
Cheque / DD Date: 03-02-2026 — **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.: — IDV 0

Digitally signed by DS LIBERTY GENERAL INSURANCE LIMITED 2
Date: 2026.03.30 12:13:49 IST

Insurance is the Subject matter of Solicitation.
Trade Logo displayed above belongs to Liberty Mutual and used by the Liberty General Insurance Ltd.

Liberty General Insurance Limited
Unit 1501&1502, 15th Floor, Tower 2, One International Center, Senapati Bapat Marg, Prabhadevi, Mumbai – 400013, Maharashtra
Phone: +91 226700 1313
Email:care@libertyinsurance.in
IRDA of India registration number : 150 .CIN : U66000MH2010PLC209656
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PRODUCT UIN CODE:IRDAN150RP0035V03201213/A0012V01201213, IRDAN150RP0035V01201213/A0015V02201213, IRDAN150RP0035V01201213/A0020V01201213, IRDAN150RP0035V01201213, IRDAN150RP0035V02201213 / A0004V01202425,

Details of Vehicle Type and Usage

1. Fuel Type of the vehicle ☐ Petrol ☑ Diesel ☐ Any Other
2. Whether the Vehicle driven by Non-Conventional source of Power ☐ Yes ☑ No If yes please give details ☐ Bi-fuel ☐ CNG ☐ LPG ☐ Externally Fitted ☐ Manufactured Fitted
3. Will the vehicle be exclusively used for: a) Private, Social, Pleasure and Professional Purposes
   ☐ Yes ☑ No b) Carriage of goods other than Samples or Personal Luggage
   ☐ Yes ☑ No
4. Whether the vehicle is used for Commercial purposes? ☐ Yes ☑ No
5. Whether the vehicle is used for Driving tuitions ? ☐ Yes ☑ No
6. Whether the vehicle is limited to own premises? ☐ Yes ☑ No
7. Whether the vehicle is specially designed for use of Blind/Handicapped/ Mentally Challenged Person
   ☐ Yes ☑ No If so, whether the same is endorsed as such by RTA?
   ☐ Yes ☑ No
8. Whether the vehicle is certified as Vintage Car by Vintage & Classic Car Club of India ?
   ☐ Yes ☑ No
9. Whether the rally cover is required? ☐ Yes ☑ No
10. Whether the vehicle is fitted with Fiber Glass Tank? ☐ Yes ☑ No
11. Whether the vehicle belongs to the Embassy/Consulate of a foreign country?
    ☐ Yes ☑ No If so, is the Duty element is included in the IDV? ☐ yes ☐ No
12. Whether insured is first registered owner of the vehicle? ☐ Yes ☐ No

Previous Insurance Details

Name and Address of Previous Insurer Tata AIG General Insurance Co. Ltd.
Policy/Covernote no. 62045198040000
Type of Covers: ☑ Package (Comprehensive) Policy ☐ Act only Policy ☐ Bundle Policy ☐ Long Term Policy ☐ SAOD Policy ☐ Others
NCB*/loading in expiring policy 50 %
Claim lodged in last three years:

Year	Expiring Year (1)	Expiring Year (2)	Expiring Year (3)
No.of Claims:	0		
Claim amount	0		

1. Date of purchase of the vehicle by the Proposer:
2. Whether the vehicle was new or second hand at the time of purchase?
   ☐ New ☐ Second Hand
3. Is vehicle in good condition? ☐ Yes ☐ No if No, Please Give details
4. Has any insurer ever declined/cancelled the insurance of the proposed vehicle?
   ☐ Yes ☐ No
5. Policy Period; From 31/ 03/ 2025 To 30/ 03/ 2026
   Are you entitled for No Claim Bonus on Renewal ? ☑ Yes ☐ No
   * If yes, Please mention the 50 %
6. Is the vehicle fitted with Anti - Theft Device which is approved by ARAI? ☐ Yes ☑ No
   If answer of the above question is Yes, Please submit the certificate for the same.
7. Are you a member of the Automobile Association of India? ☐ Yes ☑ No
   If Yes, Please state
   Name of Assocition
   Membership No . Date of Expiry

Driver's Detail

1. Does the owner has a valid driving licence? ☑ Yes ☐ No
2. Vehicle is primarily driven by: ☑ Registered Owner ☐ Any other
   Name Relationship: Age Yrs
3. Does the driver suffer from defective vision or hearing or any physical infirmity?
   ☐ Yes ☑ No Give details
4. Drivers Qualification: Driver's experience:
5. Age & Date of Birth of the Owner: Age Yrs Date of Birth:
   b. Age & Date of Birth of the Driver: Age Yrs Date of Birth:
6. Has the driver ever been involved / convicted for causing any accident of loss? ☐ Yes ☑ No
   If YES, give details as under including the pending prosecutions:
   Driver Name:
   Date of Accident :
   Loss / Cost (Rs.):
   Circumstances of Accident or Loss

Inspection Details

1. Does the vehicle stands fit for insurance? ☑ Yes ☐ No ☐ Self Inspection
2. Inspection Reference No.:
   Conducted on (Mention Date & Time):

Additional Coverage Details

Do you require PA cover for Paid Driver, Cleaners and Conductors? ☐ Yes ☑ No

Do you wish to cover Geographical Area Extension under your proposed insurance?

☐ Bangladesh ☐ Bhutan ☐ Nepal ☐ Sri Lanka ☐ Maldives ☐ Pakistan

Voluntary excess: Do you wish to take the Voluntary excess over an above the compulsory excess. If Yes please mention SI 0

☐ RS.2,500 ☐ RS.5000 ☐ RS.7,500 ☐ RS. 15,000

Do you require Unnamed PA Cover ☑ Yes ☐ No

1. No. of Passengers 1
   Sum Insured per person (unnamed passengers/hirer/pillion rider, two wheelers)
   Name Sum Insured Name Sum Insured
3. Do you wish to cover Legal liability towards
   a) Driver/Cleaner/Conductor (No. of Persons 1) ☑ Yes ☐ No
   b) Unnamed Passengers (No. of Persons 5) ☑ Yes ☐ No
   c) Other employees ☐ Yes ☑ No
   d) Soldier/Sailor/Airman employed as Driver ☐ Yes ☑ No
4. Do you wish to have the statutory Third Party Property Damage (TPPD) liability of Rs. 6,000/- only? (IMT 20) ☐ Yes ☑ No
5. Do you require PA cover for named persons? ☐ Yes ☑ No
   Name: CSI Nominee: Relationshp
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? ☑ Yes ☐ 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 ☐ Yes ☑ No
   Drivers (No. of persons:) Employees (Workmen) (No. of persons:)

(Note: The Motor Vhicle Act - 1988 under Sec. 147(1)(ii)(I)cover liability to employees who are workmen within the meaning of Workmen Compensation Act - 1923.)

8. Coverage for liability against Third Party Risks (Death or Bodily Injury) required in respect of
   ☐ Owner Driver only ☐ Any person other than Paid Driver
   If 'YES', give details of such other persons:
   Non fare Paying Passengers (No. of persons: 0

Note: 1. Section146 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 Section146 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)

Any other Coverage details

Break in Insurance Declaration

"I/We hereby Declare and Undertake
☐*That, the vehicle proposed to be insured had, during the period in which it was not covered by valid and effective insurance policy issued by any insurer/s, met with an accident on _____at_____
Add more date/s with time if vehicle had metwith an accident more than once)
☐ *That, the vehicle proposed to be insured had, during the period in which it was not covered by valid and effective insurance policy issued by any insurer/s, had NOT met with anyaccident

(*Select the appropriate check box and provide relevant information against selectedentry)
I/we understand that all and/or any kind of liabilities arising out of accident/s which had occurred prior to risk inception date and time as mentioned in the Policy Document issued by Liberty General Insurance Limited in consideration of these presents will be completely out of ambit of said Policy and said Company will not be in any manner liable or held responsible therefore.

I/we further undertake that if this declaration and/or any of its part is found to be incorrect in any manner, all the benefits under the Policy will then stand forfeited and the contract of nsurance will be treated as void ab-initio".

NCB Declaration

I / We declare that the rate of NCB claimed by me/us is correct and that no claim as arisen in the expiring policy period (copy of the policy enclosed) I/We further undertake that if this declaration is found to be incorrect, all benefits under policy respect of Section I of the policy will forfeited.

Declaration

"I am/we are aware that the complete terms and conditions of this insurance policy are available at the official website of the insurer (www.libertyinsurance.in). I/We hereby consent to receiving only the certificate and schedule of insurance upon the undertaking of the insurer that the complete policy terms n conditions will made available free of cost upon my/our request".
I hereby declare and confirm that the PUC certificate of the vehicle proposed for insurance is valid as on date.

Any other Material Information Declaration and Consent

I/We hereby declare that the statements, answers given by me /us in this proposal form aretrue to the best of my knowledge and belief and I/We hereby agree that this declaration shall form the basis of the contract between me/us and the Liberty General Insurance Ltd. It is hereby understood and agreed that the statements, answersand particulars provided herein above are the basis on which this insurance is being granted and that if, after the insurance is effected, it is found that any of the statements, answers or particulars are incorrect or untrue in any respect, the company shall have no liability under this Insurance.

I/We agree and undertake to convey to Liberty General Insurance Limited any change / alterations carried out in the risk proposed for insurance after submission of this proposal form.

"I/We have insurable interest in the subject matter of this insurance and we hereby declare that the Cost of the same and the premium for this insurance is paid from legal sources of funds.

I, the undersigned proposer hereby declare and confirm that I have understood the features, terms and conditions of the policy and questions contained in the proposal form. I also understand that the answers to the questions contained in the proposal form, forms the basis of the contract of insurance. If any information/statement given in proposal is found to be untrue, the policy shall be treated as void ab initio and the premium paid shall be forfeited to the Company.

Please give details, if you are politically exposed person or relative of politically exposed person.

Please give details, if you are no profit organization.

☐ I hereby agree to receive a one pager policy document
☐ I hereby confirm having a valid personal accident policy for sum Insured of minimum Rs.15 lakhs.

Prohibition of Rebates (Section 41) of the Insurance Act-1938

1. No person shall allow or offer to allow, either directly or indirectly as an inducement to any person to take out or renew or continue an insurance in respect of any kind or risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate except such rebate as may be allowed in accordance with the prospectus or tables of the Insurer.

2. Any person making default in complying with the provision/s of this section shall be punishable with fine, as may be prescribed under Insurance Act, 1938 or any amendment thereto for the time being in force.

For use by intermediary

Cover Note No. issued (if any)
Period of Insurance for Package Policy of 1 year & 3 years :
From (Time) (Date)
To the midnight of date
Premium Amount (in Rs.)
Bank Name :
Cheque No. / DD No. / Cash: Date

For Office use only

Customer ID
Proposal Number:
Policy / Cover Note Number: 201140030125790182100000
Proposal Checked By:
Date of Receipt:

Date : Place:
Proposer Name : **Proposer's Sign :**

Trade Logo displayed above belongs to Liberty Mutual and used by the Liberty General Insurance Ltd. Insurance is the Subject matter of Solicitation.

V-24032015

*I am Environment friendly Customer :

Otp Status **OTP Generated Date & Time:**
Phone No : 7719882020 OTP Entered Date & Time:
Date :

Signature

Digitally signed by DS LIBERTY GENERAL INSURANCE LIMITED 2
Date: 2026.03.30 12:13:49 IST