

Dear Sir,

E-tender is invited for renewal of insurance pertaining to vehicle as per details given below with the date of current Insurance Policy expiry. Kindly send us

your best quote on [e.tenders@aepcindia.com](mailto:e.tenders@aepcindia.com) by 8.4.2021.

Please ensure not to send the quote on any other mail id and not the mark cc to the sender quote sent on other email id is liable to be rejected. Further, please mention the vehicle number in the quotation with IDV value, the policy should also cover Driver, passenger, Zero depth policy and third party. Copy of the previous policy is enclosed for your ready reference.

Existing insurance policies details

1	HR-26-DN-7211 Honda city-2018	30-4.2020 to 29.4.2021	Tata AIG Gen Ins co ltd
2	HR-26-DP-3170 Maruti Ciaz	01.5.2020 to 30.4.2021	Liberty Gen. Insur.,
3	HR-26-DN-5455 Maruti Desire 2018	07.5.2021 to 06.05.21	Liberty Gen. Insur.,
4	HR-26-DN-1852 Mauti Desire 2018	07.5.2021 to 06.05.21	Liberty Gen. Insur.,

Claim status: Did not taken any claim for all above said vehicles.

The copy of insurance are attached herewith.



**Certificate Of Insurance and Policy Schedule Form 51 of the Central Motor Vehicle Rules, 1989**

**Agent Name: SIGNATURE INSURANCE BROKERS PVT LTD**

**Agent License Code: 500;**

**Agent Contact No.: 9015574006**

<b>Policy No.:</b> 3100316227	<b>Policy Code:</b> 00/00/3184/02	<b>Policy Type:</b>	Auto Secure - Private Car Package Policy
<b>Alternate Policy Number:</b>		<b>Covernote No:</b>	<b>Covernote Issuance Date:</b>

Name & Address of Insured	Period of Insurance
<b>Name :</b> APPAREL EXPORT PROMOTION COUNCIL <b>Address :</b> APPAREL HOUSE INSTITUTIONAL AREA SECTOR-44 GURGAON - 122003 GURGAON HARYANA INDIA Place of supply -HARYANA State code -06  <b>Contact Number :</b> 7683021246 <b>Carrier ID :</b> 6042041091 <b>GSTIN:</b> 06AAACA5150G1Z5	<b>(Section - I Own Damage) From 18:00 Hours on 30/04/2020 To Midnight of 29/04/2021</b>  <b>(Section - II Liability) From 18:00 Hours on 30/04/2020 To Midnight of 29/04/2021</b>

<b>RTO Location:</b> GURGAON	<b>Zone :</b> B	<b>Geographical Area :</b> India	<b>Hire Purchase / Hypothecation / Lease With:</b> N/A
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Registration No.	Make/Model/Body Type	Engine No.	Chassis No.	Mfg. Year	CC/KW	Trailer Registration No. / Chassis No.	Licensed carrying Capacity including driver
HR-26-DN-7211	HONDA/CITY / ZX CVT/ SEDAN	L15Z15336754	MAKGM669CJ4308972	2018	1497		5

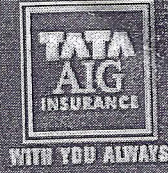
Insured Declared Value (IDV) ₹							
Year	IDV of Vehicle	Non-Electrical Accessories	Electrical / Electronic Accessories	Bi-Fuel/CNG/LPG Kit	Trailer	Side car	Total IDV
1	1058000	0	0	0	0	0	1058000

Section - I OWN DAMAGE (A)		Section - II LIABILITY (B)	
<b>Own Damage Premium on Vehicle &amp; Accessories</b>		<b>Third Party Premium</b>	
Basic OD Premium	₹ 8,440.20	Basic TP premium	₹ 3,221.00
<b>Discounts Under Own Damage Section</b>		<b>PA Benefits</b>	
Less: No claim bonus (25% )	₹ 2,110.05	PA cover to unnamed passengers (IMT 16) No. of Passengers : 5 CSI per passenger: ₹ 100,000.00	₹ 250.00
<b>TOTAL OWN DAMAGE PREMIUM (A)</b>	₹ 6,330.15	<b>Legal Liability</b>	
<b>Section - I ADD ON COVERS (C)</b>		Add : Legal Liability to paid driver (IMT 28) Number of persons : 1	₹ 50.00
Add : Depreciation Reimbursement (TA 01)	₹ 2,856.60	<b>TOTAL LIABILITY PREMIUM (B)</b>	₹ 3,521.00
Add : Road Side Assistance	₹ 116.00	<b>NET PREMIUM(A+B+C)</b>	₹ 21,032.00
Add : Emergency transport and hotel expenses (TA 10)	₹ 110.00	<b>IGST @18 %</b>	₹ 3,786.00
Any One Accident : Any One Year :	₹ 1,587.00	<b>TOTAL POLICY PREMIUM</b>	₹ 24,818.00
Add : Tyre Secure (TA 18)	₹ 1,058.00		
Add : Consumables Expenses(TA 18)	₹ - 265.00		
Add : Key Replacement (TA 15) Sum Insured: ₹ 25,000.00 per occurrence limit 50% of SI	₹ 110.00		
Add : Loss of personal belongings (TA 09) Sum Insured : ₹ 10,000.00	₹ 1,375.40		
Add : Engine Secure (TA 17)	₹ 3,703.00		
Add : Return to invoice (TA 05)	₹ 11,181.00		
<b>TOTAL ADD ON PREMIUM (C)</b>			

**Drivers Clause:** Persons or classes of persons 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 Vehicles Rules, 1989.

**Limitations as to Use:** The Policy covers use of the vehicle for any purpose other than : a) Hire or Reward other than for the purpose of driving tuitions b) Carriage of good (other than samples or personal luggage) c) Organized racing d) Pace Making e) Speed testing f) Reliability Trials g) Any purpose in connection with Motor Trade

LIMITS OF LIABILITY			
<b>Under Section II - 1 (i) of policy (Death)</b>	Such amount as is necessary to meet the requirements of	<b>Under Section II - 1 (ii) of policy (Third)</b>	₹ 7,50,000
<b>Under Section III :</b>	PA to Owner Driver CSI	<b>Number of claims covered under</b>	



for bodily injury)	the Motor Vehicles Act, 1988.	Party Property Damage)		Depreciation Reimbursement Cover : 2 Basis of claim settlement for Tyre Secure cover REPLACEMENT BASIS
Deductible Under section I	Compulsory Deductible : ₹ 1,000 Voluntary Deductible : ₹ 0 Imposed Excess : ₹ 0 Franchisee : 0.00	UIN Numbers: IRDAN108RP0002V01200001/A0001V01200910 , IRDAN108RP0002V01200001/A0052V01201819 , IRDAN108RP0002V01200001/A0005V01200910 , IRDAN108RP0002V01200001/A0054V01201819 , IRDAN108RP0002V01200001/A0055V01201819 , IRDAN108RP0002V01200001/A0056V01201819 , IRDAN108RP0002V01200001/A0058V01201819 , IRDAN108RP0002V01200001/A0059V01201819 , IRDAN108RP0002V01200001/A0022V01201213 , IRDAN108RP0002V01200001/A0085V01201819		

Subject to: A) IMT Endorsement No.: 16,22,28  
 3) A AIG Auto Secure endorsement No.(TA): 01, 05, 08, 09, 10, 15, 16, 17, 18

NOMINATION DETAILS			
Name of the Nominee	Relationship with Insured	Name of Appointee (If nominee is minor)	Relationship with Nominee

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 DELHI on 30/04/2020  
 Receipt No.(s): 102001014080393 , 30/04/2020

The stamp duty of ₹ 0.50 paid in cash or demand draft or by pay order,  
 vide Receipt/Challan no: CSD/348/2020/1054/2020 dated : 06/03/2020



For TATA AIG General Insurance Company LTD.

*[Signature]*

Authorized Signatory

STIN : 07AABCT3518Q1ZY - DELHI  
 Service Account Code: 9971  
 Policy Servicing Office : UNIT NOS. 721 & 722,, 7TH FLOOR DLF TOWER B,, DELHI, DELHI, DELHI-110025, Tel No:91-91-7400010485

**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 Vehicles Act, 1988 is recoverable from the Insured. See the clause headed 'AVOIDANCE OF CERTAIN TERMS AND RIGHT OF RECOVERY'. This policy does not cover pre existing damages as per Inspection photographs and Report  
 Note: This Schedule, Policy terms and conditions available on company website and Endorsements mentioned herein above shall read together and word or expression to which a specific meaning has been attached in any part of this Policy or of the Schedule shall bear the same meaning wherever it may appear. Any amendments/modifications/alterations made on this system generated policy document is not valid and Company shall not be liable for any liability whatsoever arising from such changes. Any changes required to be made in the policy once issued, would be valid and effective, only after written request is made to the Company and Company will accept the requested amendments/modifications/alterations and records the same through separate endorsement to be issued by the Company. You are advised to go through the policy schedule cum certificate of insurance which is issued based on your declaration and if any error/ discrepancy is found in respect of vehicle details, No Claim Bonus or any other material information, it should be brought to our notice within 15 days of receipt of this policy or necessary correction along with the supporting documents, otherwise it will be deemed correct. You may visit company website at www.tataaiginsurance.in for detailed benefits, terms & conditions & exclusions of the policy. You may also reach us at our 24\*7 helpline 1800 266 7780 in case you desire to have a printed copy of policy wording. Our grievance redressal procedure and details about ombudsman is also available in our policy document. Please note that any misrepresentation, non disclosure or withholding of material facts will lead to cancellation of policy ab initio with forfeiture of premium and non consideration of claim, if any. We will specifically seek confirmation on No Claim Bonus availed by you from your previous insurer. In case we receive confirmation that you had lodged claim with them then we will forfeit all the benefits under section I i.e. own damage portion of the policy.

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 67001300 Fax: +91 22 06700 1606	
Policy Servicing office :10TH FLOOR, TOWER A, PENINSULA BUSINESS PARK, GANPATRAO KADAM MARG, LOWER PAREL, MUMBAI, MAHARASHTRA-400013 Phone:+91 22 67001300 Fax: +91 22 06700 1606	
Policy Ref No. 201120070220700079200000	Period of Insurance From 21:15 Hrs of 01/05/2020 To Midnight of 30/04/2021
Geographical Area India	Policy Issued on 01/05/2020
Insured APPREAL EXPORT PROMOTION COUNCIL	Covernote No 201120070220700079200000
Address APPAREL HOUSE INSTITUTIONAL AREA SEC 44 SEC 45 GURUGRAM, HARYANA, GURGAON, GURGAON SECTOR 45-122003 (M) +7011983388	ECovernote Date 01/05/2020
Contact Number 06AAACA3150G1Z5	RTO Location GURGAON Zone: Zone B
Customer GSTIN IRDAN150RP0035V01201213	POSP Name
UIN CODES:	Aadhar Card
	PAN Number
Agent Name Signature Insurance Brokers Pvt Ltd	Agent Contact No 9015574006
Agent Code IMDI011117	

INSURED MOTOR VEHICLE DETAILS AND PREMIUM COMPUTATION

Registration Mark & No.	Year of Manufacture	Engine No.	Chassis No.	Make/Model/Type of Vehicle	Type of Body	CC/HP/GVW	Licensed Carrying capacity including Driver	Trailer Registration No.	Trailer Chassis No.
HR-26-DP-3170	2018	7214964	00337141	MARUTI/CIAZ/1.4 ALPHA AT	Sedan	1373	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
817,700.00	0	0	0	0.00	817,700.00

Own Damage Premium on Vehicle and accessories		Section II - LIABILITY (B)	
Section I - OWN DAMAGE (A)		Third Party Premium	
Basic Cover		Basic Cover	
Basic OD	7,827.84	Basic TP	3,221.00
DISCOUNTS UNDER OWN DAMAGE SECTION		PA BENEFITS	
No claim bonus 25%	1956.86	Personal Accident Cover Unnamed(No. Of Persons=5, SI=100000.00)	250.00
TOTAL OWN-DAMAGE PREMIUM (A)	5,870.88	LEGAL LIABILITY	
Section I - ADD ON COVERS (C)		LL To Paid Driver	50.00
Passenger Assist IRDAN150RP0035V01201213/A0020V01201213	250.00	TOTAL LIABILITY PREMIUM (B)	3,521.00
Consumables Cover IRDAN150RP0035V01201213/A0015V01201213	1471.86	Section III - PA OWNER DRIVER (D)	
Depreciation Cover IRDAN150RP0035V01201213/A0012V01201213	3,679.65	Net Premium (A+B+C) Taxable Value	16,678.00
Roadside Assistance IRDAN150RP0035V01201213/A0021V01201213	249.00	IGST(HARYANA)(18%)	3002.04
Engine Safe Cover IRDAN150RP0035V01201213/A0011V01201314	1635.40	TOTAL POLICY PREMIUM	19,680.00
TOTAL ADD-ON COVER PREMIUM (C)	7,285.91		

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/-	Under Section II-(i) of the policy(Death of or bodily injury)	Such amount necessary to meet the requirements of motor vehicle Act,1988.	Under Section II-(ii) of the policy(Damage to third party property)	7,50,000.00	P.A. cover for owner-Driver under section-III: CSI	NA
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Subject to L.M.T and endorsement Nos. IMT 16, IMT 22, IMT 28, AD 01, AD 02, AD 04, AD 05, AD 07

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. Act, 1988.

In witness whereof this Policy has been signed at Mumbai on 01/05/2020

Receipt No: CR202001051763

Invoice No: 1122700079200000

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 :01/05/2020

Place: NOIDA

Consolidated Stamp duty has been paid as per letter of Authorization no. CSD/294/2020/386/2020 dated 24/01/2020 issued by Main Stamp Office, Mumbai. \*\* Not Applicable for the State of Jammu & Kashmir.

LGI Branch GSTIN :09AABCL9950A1Z1

SAC Code:997134 Description of Service:General Insurance Service

Place of Supply : HARYANA

Tax is not payable under reverse charge by the recipient.

For Liberty General Insurance Limited



S. Nagnath

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.

## PROPOSAL FORM PRIVATE CAR PACKAGE POLICY

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 as desired for underwriting purpose.)

### Intermediary Details

IMD Name: Signature Insurance Brokers Pvt Ltd IMD Code: IMD1011117  
 Branch Name: NOIDA Branch Code: 281301  
 SM Name: Suraj Bhatia SM Code: NT1512556  
 Contact No: 9015574006  
 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 (1 year Own Damage & 3 years Third Party)

### Vehicle Details

Vehicle Make	Model	Variant	Year of Manufacture	Cubic Capacity	Gross Vehicle Weight (GVW) For Goods carrying Vehicle	Seating Capacity/LCC (Including Driver/Cleaner)	Body Type
MARUTI	CIAZ	1.4 ALPHA AT	2018	1373	0	5	1.4 ALPHA AT

### 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	817700.00	0.00	0.00	0.00	0.00	817700.00

**"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: IRDAN150RP0035V01201213/A0012V01201213,IRDAN150RP0035V01201213/A0015V01201213,IRDAN150RP0035V01201213/A0020V01201213,IRDAN150RP0035V01201213/A0021V01201213,IRDAN150RP0035V01201213/A0011V01201314

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: Nil Depreciation Engine Safe Cover.

Vehicle Registration No. HR-26-DP-3170 Colour of Vehicle: \_\_\_\_\_

Engine No. 7214964 Chassis No. 00337141

Place of Registration: GURGAON Date of Registration: 31/05/2018

Trailer Chassis No. (if any) \_\_\_\_\_ 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: 1373

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/Ms/Dr) APPAREL EXPORT PROMOTION COUNCIL I would like to open e-Insurance account with \_\_\_\_\_ Insurance Repository

e-Insurance Account Number: \_\_\_\_\_

(Mandatory to provide PAN card No. in case customer wishes to open E-Insurance Account.)

Name of Contact Person: (For Corporate) \_\_\_\_\_

Communication Address: APPAREL HOUSE INSTITUTIONAL AREA SEC 44 SEC 45 GURUGRAM

Area/Landmark: \_\_\_\_\_ State: HARYANA City / District: GURGAON Pin Code: 122003

Contact Details: Mobile No.: 7011983388 Residence: \_\_\_\_\_

Office: \_\_\_\_\_ Email ID: \_\_\_\_\_ PAN No. \_\_\_\_\_

Date of Birth: 01/05/2002 Business/Occupation (For Individual Customer) \_\_\_\_\_

Aadhar No.: \_\_\_\_\_

Registration Address: APPAREL HOUSE INSTITUTIONAL AREA SEC 44 SEC 45 GURUGRAM

Any other details: \_\_\_\_\_

Period of insurance for Package Policy of 1 year & 3 years:  
 From Time: 21:15 Date: 01/05/2020 To the Midnight of Date: 30/04/2021

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							

Note: Personal Accident Cover for Owner Driver is compulsory for sum insured of Rs.45,00,000 for private car. Compulsory PA cover for 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: DEUTSCHE BANK

NEFT/RTGS

Premium Amount (including service tax): 19680.00 Bank Name and Branch: MUMBAI

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.: \_\_\_\_\_ IDV: \_\_\_\_\_

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**

**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 67001300 Fax: +91 22 06700 1606	
Policy Servicing office : Ocean Heights, Unit No. 201- 202,, 2nd Floor, block K- 4, Sector 18,, , NOIDA, NOIDA,UTTAR PRADESH-201301 PH: + 120 2511883 Fax:	
Policy Ref No. 201120070220700083801000	Period of Insurance From 00:00 Hrs of 07/05/2020 To Midnight of 06/05/2021
Geographical Area India	Policy Issued on 06/05/2020
Insured Address APPAREL EXPORT PROMOTION COUNCIL APPAREL HOUSE SEC: 44, HARYANA, GURGAON, ARJUN NAGAR-122001 (M) +8826777893	Covernote No 201120070220700083801000
Contact Number (M) +8826777893	ECovernote Date 06/05/2020
Customer GSTIN IRDANI50RP0035V01201213	RTO Location GURGAON Zone: Zone B
UIN CODES: IRDANI50RP0035V01201213	POSP Name
	Aadhar Card
	PAN Number
Agent Name Signature Insurance Brokers Pvt Ltd	Agent Contact No 9018574006
Agent Code IMD1011117	

**INSURED MOTOR VEHICLE DETAILS AND PREMIUM COMPUTATION**

Registration Mark & No.	Year of Manufacture	Engine No.	Chassis No.	Make/Model/Type of Body	CC/HP/GVW	Licensed Carrying capacity including Driver	Trailer Registration No.	Trailer Chassis No.
HR-26-DN 5455	2018	N2192883	D329648	MARUTI/DZIRE/ZXI PLUS	1197	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
613,800.00	0	0	0	0.00	613,800.00

Own Damage Premium on Vehicle and accessories		Section II - LIABILITY (B)	
Section I - OWN DAMAGE (A)		Third Party Premium	
Basic Cover		Basic Cover	
Basic OD	₹ 5,875.91	Basic TP	₹ 3,221.00
<b>DISCOUNTS UNDER OWN DAMAGE SECTION</b>		<b>PA BENEFITS</b>	
No claim bonus 25%	₹ 1,468.98	Personal Accident Cover Unnamed(No. Of Persons=5, SI=100000.00)	₹ 250.00
<b>TOTAL OWN-DAMAGE PREMIUM (A)</b>	₹ 4,406.93	<b>LEGAL LIABILITY</b>	
<b>Section I - ADD ON COVERS (C)</b>		LLTo Paid Driver	₹ 50.00
Passenger Assist IRDANI50RP0035V01201213/A0020V01201213	₹ 250.00	<b>TOTAL LIABILITY PREMIUM (B)</b>	₹ 3,521.00
Depreciation Cover IRDANI50RP0035V01201213/A0012V01201213	₹ 3,069.00	<b>Net Premium (A+B+C) Taxable Value</b>	₹ 12,724.00
Roadside Assistance IRDANI50RP0035V01201213/A0021V01201213	₹ 249.00	<b>IGST(HARYANA)(%)</b>	₹ 2290.32
Engine Safe Cover IRDANI50RP0035V01201213/A0011V01201314	₹ 1227.60	<b>TOTAL POLICY PREMIUM</b>	₹ 15,014.00
<b>TOTAL ADD-ON COVER PREMIUM (C)</b>	₹ 4,795.60		

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.

Deductible under section - I	Compulsory Deductible: Rs 1000/- 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
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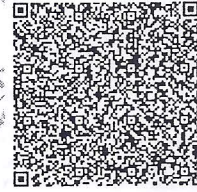
Subject to L.M.T Endorsement Nos. IMT 16, IMT 22, IMT 28, AD 01, AD 04, AD 05, AD 07  
Passenger assist cover details: Hospital Cash: Rs 1500 per day for 30 days (per Pax.), Medical Expenses: Rs 10,000 (per Pax.), Ambulance Charges: Rs. 5000

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. Act, 1988.

In witness whereof this Policy has been signed at Mumbai on 06/05/2020  
Receipt No: CR202006052461  
Invoice No: 1122700083801000  
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 :06/05/2020**  
**Place: NOIDA**  
Consolidated Stamp duty has been paid as per letter of Authorization no. CSD/294/2020/386/2020 dated 24/01/2020 issued by Main Stamp Office, Mumbai. \*\* Not Applicable for the State of Jammu & Kashmir.  
LGI Branch GSTIN :09AABCL9950A1ZJ  
SAC Code:997134 Description of Service:General Insurance Service  
Place of Supply : HARYANA  
Tax is not payable under reverse charge by the recipient.

For Liberty General Insurance Limited



*S. Nagath*

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.

## PROPOSAL FORM PRIVATE CAR PACKAGE POLICY

Proposal for:  New Vehicle  Rollover  Endorsement  Renewal (LGI Policy No.) 201120070219700080000000

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 as desired for underwriting purpose.)

### Intermediary Details

IMD Name: Signature Insurance Brokers Pvt Ltd IMD Code: IMD1011117  
 Branch Name: NOIDA Branch Code: 201301  
 SM Name: Suraj Bhatia SM Code: N1512556  
 Contact No: 9015574006  
 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 (1 year Own Damage & 3 years Third Party)

### Vehicle Details

Vehicle Make	Model	Variant	Year of Manufacture	Cubic Capacity	Gross Vehicle Weight (GVW) For Goods carrying Vehicle	Seating Capacity/LCC (Including Driver/Cleaner)	Body Type
MARUTI	DZIRE	ZXI PLUS	2018	1197	0	5	ZXI PLUS

### 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	613800.00	0.00	0.00	0.00	0.00	613800.00

### "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

### UIN Code of Add On covers selected :

IRDAN150RP0035V01201213/A0012V01201213,IRDAN150RP0035V01201213/A0020V01201213,IRDAN150RP0035V01201213/A0021V01201213,IRDAN150RP0035V01201213/A0011V01201213

### 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.

HR-26-DN-5455 Colour of Vehicle : \_\_\_\_\_

### Engine No.

N2192883 Chassis No D329648

### Place of Registration

GURGAON Date of Registration 15/05/2018

### Trailer Chassis No. (if any)

Is the vehicle attached with any of the Fleet?  Yes  No No. of vehicles attached with fleet \_\_\_\_\_ Vehicle type  Indigenous  Imported Rated under:  Zone A  Zone B  
 Is the vehicle made in India?  Yes  No Cubic Capacity: 1197

### Financier Details :

Hypothecation Agreement  Hire Purchase  Lease Agreement

Body Type : \_\_\_\_\_

### Name of Financier & Address :

Name of Insured: (Mr/Mrs/Ms/Dr) APPAREL

### 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 : APPAREL HOUSE SEC-44

Area/Landmark: \_\_\_\_\_ State : HARYANA City / District : GURGAON Pin Code : 122001

Contact Details: Mobile No. : 8826777893 Residence: \_\_\_\_\_

Office : \_\_\_\_\_ Email ID: rckhipa@aepcindia.com PAN No. NA

Date of Birth : 04/05/2001 Business/Occupation (For Individual Customer) \_\_\_\_\_

Aadhar No. : \_\_\_\_\_

Registration Address: APPAREL HOUSE SEC-44

Any other details : \_\_\_\_\_

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

From Time : 00:00 Date : 07/05/2020 To the Midnight of Date : 06/05/2021

### 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: DEUTSCHE BANK  
 NEFT/RTGS

Premium Amount (including service tax): 15014.00 Bank Name and Branch MUMBAI  
 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.: \_\_\_\_\_ IDV \_\_\_\_\_

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

**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, Ganpath Rao Kadam Marg Lower Parel MUMBAI MAHARASHTRA - 400013 Phone: +91 22 6700 1313 Fax: +91 22 6700 1606		
Policy Servicing Office	Ocean Heights, Unit No. 201- 202, 2nd Floor, block K- 4, Sector 18, GAUTAM BUDDHA NAGAR UTTAR PRADESH 201301 PH: +91 120 2511883 FAX: +91 0 0		
Policy No Geographical Area Insured Address	 2011-200702-20-7000637-01-000 India <b>APPAREL EXPORT PROMOTION COUNCIL</b> APPAREL HOUSE SEC-44 GURGAON HARYANA 122001	Period Of Insurance	From 00:00Hrs of <b>07/05/2020</b> To Midnight of <b>06/05/2021</b>
		Policy Issued On Covernote No/ECovernote No Covernote Date RTO Location UIN CODES	09/05/2020 201120070220700083701000 GURGAON IRDAN150P0035V01201213
Contact Number GSTIN No/State Name	(M) +918826777893 06AAACA5150G1Z5/HARYANA	Customer ID	1105045950

Agent Name	Signature Insurance Brokers Pvt Ltd		
Agent Code	IMD1011117	Agent Contact No	9015574006

INSURED MOTOR VEHICLE DETAILS AND PREMIUM COMPUTATION									
Registration Mark & No.	Year of Manufacture	Engine No.	Chassis No.	Make/Model/Type of Body	CC/HP/GVW	Licensed Carrying capacity including Driver	Trailer Registration No.	Trailer Chassis No.	Trailer IDV
HR 26 DN 1852	2018	N2195047	D332812	MARUTI/SWIFT DZIRE ZXI PLUS AMT/Sedan	1197	5			
IDV (INSURED'S DECLARED VALUE)									
Year	IDV of Vehicle (₹)	Trailers (₹)	Side Car (₹)	Non Electrical Accessories (₹)	Electrical/Electronic Accessories (₹)	Bi Fuel kit (CNG/LPG) (₹)	Total Value (₹)		
1	613,800.00	0.00	0.00	0.00	0.00	0.00 / 0.00	613,800.00		

Section I - OWN DAMAGE (A)				Section II - LIABILITY (B)			
<b>Own Damage Premium on vehicle and accessories</b>				<b>Third Party Premium</b>			
<b>Basic Cover</b>				<b>Basic Cover</b>			
Basic - OD ₹ 5,875.91				Basic - TP ₹ 3,221.00			
<b>DISCOUNTS UNDER OWN DAMAGE SECTION</b>				<b>PA Benefits</b>			
No claim bonus 25% ₹ 1,468.98				Personal Accident Cover-Unnamed( No. Of Persons=5,SI=100000 ) ₹ 250.00			
<b>TOTAL OWN-DAMAGE PREMIUM (A)</b> ₹ 4,406.93				<b>Legal Liability</b>			
<b>Section I - ADD ON COVERS (C)</b>				LL to Paid Driver IMT 28 ₹ 50.00			
Passenger Assist IRDAN150A0020V01201213 ₹ 250.00				<b>TOTAL LIABILITY PREMIUM (B)</b> ₹ 3,521.00			
Depreciation Cover IRDAN150A0012V01201213 ₹ 3,069.00				<b>Net Premium(A+B+C) Taxable Value</b> ₹ 12,724.00			
Roadside Assistance IRDAN150A0021V01201213 ₹ 249.00				<b>IGST(18% - HARYANA)</b> ₹ 2,290.32			
Engine Safe Cover IRDAN150A0011V01201314 ₹ 1,227.60				<b>TOTAL POLICY PREMIUM</b> ₹ 15,014.00			
<b>TOTAL ADD-ON COVER PREMIUM (C)</b> ₹ 4,795.60							

Hire Purchase/ Lease /Hypothecated with NA  
**LIMITATION 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					
<b>Deductible under section - I</b>	Compulsory Deductible: Rs 1000/- Voluntary Deductible: Rs 0/- Imposed Excess: Rs 0/- Additional excess: Rs/-	<b>Under Section II-I (i) of the policy (Death of or bodily injury):</b>	such amount necessary to meet the requirements of motor vehicle Act, 1988	<b>Under Section II-I (ii) of the policy (Damage to third party property)</b>	750,000.00
				<b>P.A. cover for owner- Driver under section III : CSI</b>	0.00

**Subject to I.M.T Endorsement Nos. AD01,AD04,AD05,AD07,IMT 16,IMT 22,IMT 28**  
 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
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 09/05/2020 Receipt No: 10220070220100031625 <b>In case of Claims, Please contact us at : Toll Free No - 18002665844,                  email id - care@libertyinsurance.in</b> Date of Issue : 09/05/2020 Place : Mumbai			

Consolidated Stamp duty has been paid as per letter of Authorization no. CSD/294/2020/386/2020 dated 24/01/2020 Issued by Main Stamp Office, Mumbai. \*\* Not Applicable for the State of Jammu & Kashmir.  
 Invoice No. 0920011000035761  
 Branch GSTIN No : 09AABCL9950A1ZJ  
 SAC Code : 997134; Description of Service : General Insurance Service; Place of Supply : HARYANA/06  
 IRDA Regn. No. 150  
 CIN No. U66000MH2010PLC209656  
 Tax is not payable under reverse charge by the recipient

  
 For Liberty General Insurance Limited  
  
 Authorised Signatory

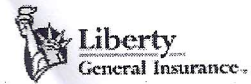
**IMPORTANT NOTICE**

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.

Digitally signed by Sriram  
 DN: cn=Sriram, o=Liberty General Insurance, ou=Liberty General Insurance, email=Sriram@libertyinsurance.in, c=IN  
 Date: 2020.05.10 01:33:47 IST  
 Location: Mumbai



**Liberty General Insurance Limited**  
10th Floor, Tower A, Peninsula Business Park,  
Ganpatrao Rao Kadam Marg, Lower Parel  
MUMBAI - 400013  
Phone: +91 22 6700 1313 Fax: +91 22 6700 1606  
Email: [care@libertyinsurance.in](mailto:care@libertyinsurance.in)  
IRDA registration number: 150 • CIN: U66000MH2010PLC209656



**INFORMATION SUMMARY - PROPOSAL**  
(Under Regulation 4(4) of the IRDA (Protection of Policyholders Interests) Regulations 2002)

Date: 09/05/2020

To,  
APPAREL EXPORT PROMOTION COUNCIL  
APPAREL HOUSE SEC-44  
(M) +918826777893  
[rkchhipa@aepcindia.com](mailto:rkchhipa@aepcindia.com)

Dear Customer,

We thank you for choosing us for your insurance requirement. We, at Liberty General Insurance Limited, believe 'Insurance' is not only an assurance to compensate in the event of an unfortunate circumstance, but one that signifies protection and support you can count on when you need it the most. We are firmly committed to stand beside you and fulfill your insurance requirement whenever the need arises.

We write to inform you that we have received the below details for insuring your under mentioned vehicle;

<b>Product Name</b>	<b>PRIVATE CAR PACKAGE POLICY</b>	<b>Period Of Insurance</b>	From	00:00Hrs of
			To	07/05/2020
				Midnight of
				06/05/2021
<b>Policy No:</b>	<b>2011-200702-20-7000837-01-000</b>			

Motor Vehicle details									
Registration Mark & No.	RTO Location	Year of Manufacture	Engine No.	Chassis No.	Trailer Chassis No./Registration No.	Vehicle Sub Class	Make/Model/Type of Body	CC/HP/GVW	Licensed Carrying Capacity Including Driver
HR 26 DN 1852	GURGAON	2018	N2195047	D332612	/		MARUTI/SWIFT DZIRE ZXI PLUS AMT/Sedan	1197	5

IDV (INSURED'S DECLARED VALUE)							
Year	IDV of Vehicle(₹)	Trailers(₹)	Side Car(₹)	Non Electrical Accessories (₹)	Electrical/Electronic Accessories(₹)	Bi Fuel kit (CNG/LPG)(₹)	Total Value (₹)
1	613,800.00	0.00	0.00	0.00	0.00	0.00 / 0.00	613,800.00

Add on Covers	Hire Purchase/Lease/Hypothecated with:	Voluntary deductible₹
Passenger Assist IRDAN150A0020V01201213 Depreciation Cover IRDAN150A0012V01201213 Roadside Assistance IRDAN150A0021V01201213 Engine Safe Cover IRDAN150A0011V01201314	NA	0

Previous policy details					
Previous Policy Number	Previous Insurer Name	Previous Policy Period	Previous Policy Type	Previous Year NCB	Claim made in Previous Policy
201120070219700079900000	Liberty Videocon	07/05/2019 to 06/05/2020	PackagePolicy	20	NO

The above information provided has been recorded by us under Regulation 4 (4) of the Insurance Regulatory & Development Authority (Protection of Policyholders Interests) Regulations, 2002 and believing the furnished information as correct, we have issued the enclosed insurance policy for your said vehicle. We are hereby providing the information for your confirmation and records.

For any further assistance please feel free to write to us on [care@libertyinsurance.in](mailto:care@libertyinsurance.in) or call us on our Toll Free number 1800 266 5844 (between 8:00am to 8:00pm, 7 days of the week), you can also visit our nearest branch, our representatives will be glad to help you.

To enable us to serve you better, we request you to check your contact details and communicate to us by any of the above medium incase any changes required.

In the absence of any communication from you in this regards within a period of 15 days of receipt of this letter, we would take this as a confirmation that the issued policy is in order and as per your requirement. Incase, any of the above information is found to be incorrect subsequently, the company may, at its sole discretion cancel the policy or any part thereof as deemed fit.

Correct No Claim Bonus (NCB) declaration on the part of insured is extremely important for a seamless customer experience and if the NCB declaration is found to be incorrect, all benefits under Section I (Own Damage) of the Policy stand forfeited. Hence, we strongly recommend that you verify the NCB details on your policy and in case of any correction, write to us at [ncbconfirmation@libertyinsurance.in](mailto:ncbconfirmation@libertyinsurance.in) or call us on 18002665844 not later than 15 days from the date of this letter.

Liberty General Insurance Limited,

Authorized Signatory

Signature valid

