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.<u>tenders@aepcindia.com</u>** 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	30-4.2020 to	Tata AIG Gen Ins co
	Honda city-2018	29.4.2021	Itd
2	HR-26-DP-3170	01.5.2020 to	Liberty Gen. Insur.,
	Maruti Ciaz	30.4.2021	
3	HR-26-DN-5455	07.5.2021 to	Liberty Gen. Insur.,
	Maruti Desire 2018	06.05.21	
4	HR-26-DN-1852	07.5.2021 to	Liberty Gen. Insur.,
	Mauti Desire 2018	06.05.21	

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

The copy of insurance are attached herewith.



Agent Name: SIGN	JTA	JKE INSUR	ANCE	RKOK	EKS PVT	LID	MAN (0.00)				
Agent License Cod	e: 50	0;		Ager	nt Contact	No.: 9015	574006	:6			
Policy No.: 3100316227	Polic	y Code: 00/00/3184/	02	Policy Type:			e - Private Car Pa				
Alternate Policy Number:		70		Covernote I	No:		e Issuance Date				
		dress of Insured			Period of Insurance						
Name: APPAREL EXPORT PROM Address: APPAREL HOUSE INS SECTOR-44					(Section - I Own Damage) From 18:00 Hours on 30/04/2020 To Midnight of 29/04/2021						
GURGAON - 122003 GURGAON					(Section - II Lia of 29/04/2021	bility) From 18:	:00 Hours on 30/	'04/2020 To M	lidnight		
HARYANA INDIA											
Place of supply -HARYANA											
State code -06										8.	
ž						. %					
Caract Number : 7683021246											
Aner ID: 6042041091											
GSTIN: 06AAACA5150G1Z5											
RTO Location: GURGAON	11	Zone : B	1		Geographical A	rea : India		Purchase / H With: N/A			
Registration Make/Model/Bo		Engine No.	Chas	ssis No.	Mfg. Year	CC/KW	Trailer Regist Chassi		Capac	sed carryir city includir driver	
HR 26 DN HONDA/CITY / ZX 7211 SEDAN	CVT/	L15Z15336754	MAKGM6	69CJ4308972	2018	1497				5	
		- COMPANIENCE	Ins	ured Declar	ed Value (IDV) ₹				-		
Year IDV of Vehicle		Ion-Electrical	Elec	trical / Elect		uel/CNG/LPG	Trailer	Side car	-	Total IDV	
		Accessories 0	-	Accessorie	S	Kit 0	0	0		1058000	
1 1058000		U		SCHEDULE (OF PREMIUM	0	1 0	1 0		1030000	
Section - I	OWN D	AMAGE (A)		₹	- 35	Section - :	II LIABILITY (B))			
Own Damage Premium on Ve	hicle &	Accessories			Third Party Pren	nium				10	
Basic OD Premium				₹ 8,440.20	Basic TP premium	1				₹ 3,221.	
	10	•									
					PA Benefits						
Discounts Under Own Damage	e Section	n			PA cover to unnar	med passengers	(IMT 16) No. of P	assengers: 5	CSI per	₹ 250.0	
ess: No claim bonus (25%)				₹ 2,110.05	passenger: ₹ 100,	.000.00				. 250.	
OTAL OWN DAMAGE PREMIU	M (A)			₹ 6,330.15							
ar					Legal Liability	h, to bold deliger	(TMT 20) Number	of normans 1 1		₹ 50.	
Section - I ADD ON COVERS (C	£				Add : Legal Liabili	ty to paid driver	(IMT 20) Number	or persons : 1		· 30.	
Add: Depreciation Reimburseme	nt (TA 0	1)		₹ 2,856.60	TOTAL LIABILIT					₹ 3,521.	
Add: Road Side Assistance	= 4			₹ 116.00	TOTAL LIABILITY	i PREMION (D)				3,321.	
Add: Emergency transport and hand one Accident: Any One Year		enses (TA 10)		₹ 110.00	NET PREMIUM(A	+B+C)			10	₹ 21,032.	
add: Tyre Secure (TA 18)	•				IGST @18 %					₹ 3,786.	
.dd : Consumables Expenses(TA	18)			₹ 1,058.00							
dd : Key Replacement (TA 15) S mit 50% of SI	,	ıred: ₹ 25,000.00 per	occurrence		TOTAL DOLLOW D	REMIUM				₹ 24,818.	
mil 50% of 51 .dd : Loss of personal belonging:	(TA 00)	Sum Insured • ₹ 10	200.00	₹ 110.00							
dd: Engine Secure (TA 17)	, כט או) כ	, sam madred . C 10,		₹ 1,375.40							
dd: Return to invoice (TA 05)	¥			₹ 3,703.00							
AGG . NOLULLI LO ILIYORCE LIA USI				. 5,, 55,00	ib.						

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 Under Section II - 1 Such amount as is necessary to (i) of policy (Death | meet the requirements of

Under Section II - 1 7,50,000
(ii) of policy (Third

Under Section III:

CSI

Number of claims PA to Owner Driver covered under

TATA AIG General Insurance Company Ltd. Regd. Office: 15th floor, Tower A, Peninsula Business Park, Ganpatrao Kadam Marg, Off Senapati Bapat Marg, Lower Parel, Mumbai- 400 013. IRDA Registration No.108, CIN No: U85110MH2000PLC128425, PAN: AABCT3518Q, UIN No: IRDAN108RP0002V01200001 Website: www.tataaig.com 24X7 Tollfree Helpline 1800-266-7780 E-mail: customersupport@tataaig.com



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

Subject to: A) IMT Endorsement No.: 16,22,28

A AIG Auto Secure endorsement No.(TA): 01, 05, 08, 09, 10, 15, 16, 17, 18

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

(I 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 $\overline{\epsilon}$ 0.50 paid in cash or demand draft or by pay order, /ide Receipt/Challan no: CSD/348/2020/1054/2020 dated : 06/03/2020

For TATA AIG General Insurance Company LTD.

Authorized Signatory

3STIN: 07AABCT3518Q1ZY - DELHI

Policy Servicing Office: UNIT NOS. 721 & 722,, 7TH FLOOR DLF TOWER B,,DELHI,DELHI,DELHI-110025, Tel No:91-91-7400010485

he 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 company to the Company by reason of wider terms appearing in the Certificate in order to company by reason of wider terms appearing in the Certificate in order to company by reason of wider terms appearing in the Certificate in order to company by reason of wider terms appearing in the Certificate in order to company by reason of wider terms appearing in the Certificate in order to company by reason of wider terms appearing in the Certificate in order to company by reason of wider terms appearing in the Certificate in order to company by reason of wider terms appearing in the Certificate in order to company by reason of wider terms appearing in the Certificate in order to company by reason of wider terms appearing in the Certificate in order to company by reason of wider terms appearing in the Certificate in order to company by reason of wider terms appearing in the Certificate in order to company by reason of wider terms appearing in the Certificate in order to company by reason of wider terms appearing in the Certificate in order to company by reason of wider terms appearing in the Certificate in order to company by reason of wider terms appearing in the Certificate in order to company by reason of wider terms appearing in the Certificate in order to company by reason of wider terms appearing in the Certificate in order to company by reason of wider terms appearing in the Certificate in order to company by reason of wider terms appearing in the Certificate in order to company by reason of wider terms appearing in the Certificate in order to company by reason of wider terms appearing in the Certificate in order to company by reason of wider terms appearing in the Certificate in order to company by reason order to company by reason or company by reason or company by reason or company by reason or company

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lote: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 art lote: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 art lote:This Schedule, Policy terms and conditions available on company website and Endorsement so the Company and Company and Company accept his 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 accept and in the policy once issued, would be valid and effective, only after written request is made to the Company and Company accept and in the policy once issued, would be valid and effective, only after written request is made to the Company and Company and Company accept and in the policy schedule cum certificate of insurance which is 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 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 policy such as a policy of policy and provided the policy of the company accept and effective, only after written request is made to the Company and the policy of policy wording. Our grievance redressal procedure and details about ombudsman is also available in our policy on the policy and provided and provided the policy d ection of the policy.



LIBERTY GENERAL INSURANCE LIMITED

PRIVATE CAR PACKAGE POLICY

CERTIFICATE OF INSURANCE CUM POLICY SCHEDULE

IMPORTANT 1) The Validity of this Certifiate of Insurance cum Schedule is subject to realization of the premium cheque.

2) No Claim Bonus will only be allowed provided the Policy is remewed 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 Period of Insurance

PolicyRef No. Geographical Area 201120070220700079200000 India

APPREAL EXPORT PROMOTION COUNCIL APPAREL HOUSE INSTITUTIONAL AREA Address

SEC 44 SEC 45

SEC 44 SEC 45 GURUGRAM,HARYANA,GURGAON,GURG AON SECTOR 45-122003

(M) +7011983388 06AAACA5150G1Z5 IRDAN150RP0035V01201213 Policy Issued on Covernote No

ECovernote Date

From 21:15 Hrs of 01/05/2020 To Midnight of 30/04/2021

01/05/2020

201120070220700079200000

3170

01/05/2020 GURGAON

Zone: Zone B

3002.04

19,680.00

RTO Location POSP Name Aadhar Card PAN Number

Signature Insurance Brokers Pvt Ltd IMD1011117 Agent Name Agent Code

Agent Contact No

9015574006

INSURED MOTOR VEHICLE DETAILS AND PREMIUM COMPUTATION

Registration Mark & No.	Year of Manufacture	Engine No.		Make/Model/Type of Vehicle		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 Access	sories `Ele	ectrical & Electronics Accessories `	Bi-Fuel kit(CNG/LPG)	`Total Value `
817,700.00)- " () O	.0		3 ²⁷ 0	0.00	817,700.00
Own Damage Premium on Vel	ucle and accessories	100	7 S S S S S S S S S S S S S S S S S S S	Section	on II - LIABILITY (B)	(N. 1977)
N 10 10 10 10 10 10 10 10 10 10 10 10 10	Section I - OWN DA	MAGE (A)	1	Third Party Premium		N. M. 1655
Basic Cover			7,007,04	Basic Cover		(4.5)
DISCOUNTS UNDER OW	N DAMAGE SECTION		7.827.84	Basic TP		3,221.00
No claim bonus 25%	, Diminion of October	1	1956.96	PA BENEFITS		3,
TOTAL OWN-DAMAGE P	REMIUM (A)	W 1	5,870.88	Personal Accident Cover Unnamed(No.	Of Persons=5, SI=100000.00)	250.00
	Section I - ADD ON C	COVERS (C)		LEGAL LIABILITY		
Passenger Assist IRDANI50RF	0035V01201213/A0020V012	01213	250.00	LLTo Paid Driver	Nation V	50.00
Consumables Cover IRDAN15	0RP0035V01201213/A0013V	01201213	1471.86	TOTAL LIABILITY PREMIUM (B)		3,521.00
Depreciation Cover IRDAN 50	RP0035V01201213/A0012V0	1201213	3,679.65	Section III - P	A OWNER DRIVER (D)	5- AMA
Roadside Assistance IRDAN15	0RP0035V01201213/A0021V	01201213	249.00	Net Premium (A+B+C)Taxable Value		16,678.00

IGST(HARYANA)(18%)

TOTAL POLICY PREMIUM

TOTAL ADD-ON COVER PREMIUM (C) Hire Purchase/Lease/Hypothecated with :NA

Engine Safe Cover IRDANI50RP0035V01201213/A0011V01201314

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.

1635.40

DRIVERS CLAUSE

Contact Number

Customer GSTIN UIN CODES:

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

					1		
Deductible under	Compulsory Deductible:	Under Section II-I(i)	Such amount necessary to	Under Section II-I(ii) of	7,50,000.00	P.A. cover for owner-	NA .
section - I	Rs 1000/- Voluntary	of the policy(Death of	meet the requirements of	the policy(Damage to		Driver under section-	ĺ
	Excess: Rs:0 Imposed	or bodily injury):	motor vehicle Act,1988.	third party property)	1. 1.1	III: CSI	l
45	Excess & Rs 0/.		A CONTRACTOR OF THE PARTY OF TH		Carrier Y		1.45
Subject to I M T Fride	reement Nos IMT 16 II	MT 22 IMT 28 AD 01	AD 02 AD 04 AD 05 AD 0	17			180

Passenger assist cover details:Hospital Cash: Rs 1500 per day for 20 days (per Pax.), Medical Expenses: Rs 10,000 (per Pax.), Ambulance Charges, Rs. 5000

NOMINATION DETAILS

X 10 (3)	Name of the Nominee	Relationship with Insured	Name of Appointee (if nominee is minor)	Relationship with the Nomince
10.00	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.

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@ilbertyinsurance.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 &

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

the mains

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 record be good.

Break in insurance

Wall of the same



PROPOSAL FORM PRIVATE CAR PACKAGE POLICY

Section Sect	ntermediary Details					•			IMD	anda.	IMP404447		
Supplied	MD Name		nce Brokers Pvt L	td							IMD1011117		
Section Properties Proper	ranch Name:												
Set North : POSP Code : POS Code Post Co											111012000		
And Covers a selected: Secretary Program Program	OSP Name :							Laboratoria de la constantina della constantina					
Telephone (Person Services and Covers) Pressure (Conceptual Public Services Systems Control Covers (Person Anderson Services Systems Control Covers (Person Anderson Services Ser	AN Card Number :							or	Aadhar	Card No.:			
Validation Variant V					(Comerahaash	(a) Policy for 3 ye	are.	□ Rundled (Cover (1 vear	Own Dama	ne & 3 wages Thur	i Party)	
Vehicle Nation		(Comprehensive) P	olicy for 1 year	□ Packa	ige (Comprehensi	rej Folicy for 3 ye	215	Danned (Jove. (1) ear	OMIT Dania	ge & 5 years time	a r enty,	
Verific Market Model Variant International Variant International	hicle Details			Year o	f Cubic	Gross '	/ehicle W	eight (GVW) Seating	Capacity	/LCC (Including	a n	- J. T
Total Dec Proc Note Note Section Note Secti	Vehicle Make	Model	Variant							Driver/C	leaner)	В	
Very For Vinicle Rx; Electrical Non Electrical Accessories Table/Side Capt (ff any) Value of CASQL Pt Axis Table/Side Capt (ff any) Value of Standard vehicle) 51700.00 517700.00 517700.00 517700.00 517700.00 517700.00 517700.00 517700.00 517700.00 517700.00 517700.00 517700.00 517700.00 517700.00 517700.00 517700.00 517700.00 517700.00 517700.00 517700.00 517700.00 517700.00 517700.00 517700.00 517700.00 517700.00 517700.00 517700.00 517700.00 517700.00 517700.00 517700.00 517700.00 517700.00 517700.00 517700.00 517700.00 517700.00 517700.00 517700.00 517700.00 517700.00 517700.00 517700.00 517700.00 517700.00 517700.00 517700.00 517700.00 517700.00 517700.00 517700.00 517700.00 517700.00 517700.00 517700.00 517700.00 517700.00 517700.00 517700.00 517700.00 517700.00 517700.00 517700.00 517700.00 517700.00 517700.00 517700.00 517700.00 517700.00 517700.00 517700.00 517700.00 517700.00 517700.00 517700.00 517700.00 517700.00 517700.00 517700.00 517700.00 517700.00 517700.00 517700.00 517700.00 517700.00 517700.00 517700.00 517700.00 517700.00 517700.00 517700.00 517700.00 517700.00 517700.00 517700.00 517700.00 517700.00 517700.00 517700.00 517700.00 517700.00 517700.00 517700.00 517700.00 517700.00 517700.00 517700.00 517700.00 517700.00 517700.00 517700.00 517700.00 517700.00 517700.00 517700.00 517700.00 517700.00 517700.00 517700.00 517700.00 517700.00 517700.00 517700.00 517700.00 517700.00 517700.00 517700.00 517700.00 517700.00 517700.00 517700.00 517700.00 517700.00 517700.00 517700.00 517700.00 517700.00 517700.00 517700.00 517700.00 517700.00 517700.00 517700.00 517700.00 517700.00 517700.00 517700.00 517700.00 517700.00 517700.00 517700.00 517700.00 517700.00 517700.00 517700.00	MARUTI	CIAZ	1.4 ALPHA AT	2018	1373		0					1.4	ALPHA AT
Service For Vehicle Rs Accessions No. Blockred Accessories Trailerhance Card (ann) (annot part of attainard vehicle) (first Int) (first In	sured Declared Value												
dd On Covers' Selected: S Depreciation Cover S Consumable Gover B Passanger Assist Cover S Road Side Assistance Cover S Engine Sele Cover Past Jess Past Jess Past Jess Past Jess Past Jess Past Jess Cover Past Jess Past Je	Year For Vehic			Non Electri	cal Accessories	Trailer/Sid	le Car (if	any)				Tot	al IDV Rs.
do no Covers* Selected: Depreciation Cover Consumable Cover Passonger Assist Cover Road Side Assistance Cover Passonger Assist Cover Road Side Assistance Cover Passonger Assistance Cover Road Side Assistance Cover Passonger Cover Passon		AL			0.00		0.00		1F-			8	17700.00
GAP Value Govern Convert C	1 1 017700	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0,00										
GAP / Value	dd On Covers" Selected:		☑ Depreciati	on Cover	Consumable C	Cover ☑ Pas	senger As	sist Cover	☑ Road S	Side Assist	ance Cover	☑ Engine	Safe Cover
No Code of Add On covers selected:			☐ Key Loss C	Cover		☐ GAP(Incl.	Taxes & R	egn. charges)	☐ GAP Va	alue	П Т	owing Expe	enses Cover
PRODUCTO 128 A DECEMBER 15 A D													
Read Tax	N Code of Add On covers	selected:	IRDAN150RP0	035V01201213/	A0012V01201213	IRDAN150RP003	5V012012	13/A0015V012 01201314.	201213,IRDA	N150RP003	35V01201213/A00	020V01201	213,IRDAN15
selection to have receff for any Add on Coverage's but year. String No. St	nian Brian Value			1213/40021001			10/100111	012010111					
se, please specify the Add on Coverage's NIDOpproduction Engine No. 1873-09-09-1770 Colour of Vehicle : Chasals No. 1973-1984 Chasals No. 1973-1984 Chasals No. 1974-1984 Chasals No. 1974-1		Add on Coverage's I		E									
hilds Registration No. FIR25-DP-370 Colour of Vehicle State Chassis No. 00337141 Colour of Vehicle State 00337141 Colour of Vehicle State				Engine Safe Co	ver,				10.000				
Date of Registration Date of Registration Sylviolis Sylvio			HR-26-DP-317	0									
State Hart/MAIN Oily District GURGADN GURGADN For Code 122003 State Gurdard No. To the Midnight of Date Surface	gine No.										***************************************		
we which and and any of the Fleet?	ce of Registration		GURGAON		Da	ite of Registrat	on 31	/ 05/ 2018					
we which and an indiad Hypothecision Agreement Hypothecision Agree							ndigenou	s 🗆 Imp				☑ Z	one B
Insurance Details: Hypothecation Agreement Hire Purchase Lease Agreement Body Type:	ARRIGINATION OF THE PROPERTY OF	of the Fleet?			of vehicles attache	ed with fleet			Cubic C	apacity.	13/3		
and of Planacier & Address: me of Insured: (kinfishimAvilor)		7 . I	1000		ПТ	a Agreement			Body	Type:			
Insurance Account Mumber: Would like to open e-insurance account with Insurance Repository Insurance Account Number: Would like to open e-insurance account with Insurance Repository Insurance Account Number: Would like to open e-insurance account with Insurance Repository Insurance Account Number: Would like to open e-insurance account with Insurance Repository Insurance Account Number: Would like to open e-insurance account with Insurance Repository Insurance Account Would like to open e-insurance account with Insurance Repository Insurance Repo		1 1515	reement u	Hile Fulcilase		oc Agreement				,,,,,			
Insurance Account Number: Insurance Account Number: Insurance Account Number: Insurance Repository Isandatory to provide PAN card No. in case customer wishes to open E-Insurance Account.) Immunication Address: APPAREL HOUSE INSTITUTIONAL AREA SEC 44 SEC 45 GURUGRAM Acada Andmark: State HARYANA City / District: GURGAON Pin Code: 122003. Immunication Address: APPAREL HOUSE INSTITUTIONAL AREA SEC 44 SEC 45 GURUGRAM Insurance Repository Insurance Repositor	ime of Financier & Address	o/Dr) A	APPREAL EXPOR	T PROMOTION	COUNCIL								
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LIBERTY GENERAL INSURANCE LIMITED

PRIVATE CAR PACKAGE POLICY

PRIVATE CAR FACKAGE 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: From 00:00 Hrs of 07/05/2020 To Midnight of 06/05/2021

201120070220700083801000 PolicyRef No. India

Geographical Area Insured APPAREL EXPORT PROMOTION COUNCIL

APPAREL HOUSE SEC4
44,HARYANA,GURGAON,ARJUN NAGAR-Address

(M) +8826777893

Contact Number Customer GSTIN UIN CODES:

Agent Name

Agent Code

IRDANI50RP0035V01201213

Period of Insurance

ECovernote Date

Policy Issued on Covernote No

06/05/2020

201120070220700083801000

06/05/2020

RTO Location POSP Name

GURGAON

Zone: Zone B

Aadhar Card PAN Number

Signature Insurance Brokers Pvt Ltd IMD1011117 Agent Contact No

9015574006

NY/A	120	INSUR	ED MOTOR	VEHICLE DETAIL	LS AND PREM	HUM COMPULATION	(1)	
Registration	Year of	Engine No.	Chassis No.	Make/Model/Type	CC/HP/GVW	Licensed Carrying capacity		Trailer Chassis No.
Mark & No.	Manufacture	-		of Body		including Driver	Registration No.	
HR-26-DN- 5455	2018	N2192883	D329648	MARUTI/DZIRE/ZXI PLUS	1197	5	NA	NA

IDV (INSURED'S DECLARED VALUE)

		1.1	DV (INSURED	SDE	CLARED VALUE)		
IDV Of Vehicle `	Trailers '	Non Electrica	l Accessories `	Elect	rical & Electronics Accessories `	Bi-Fuel kit(CNG/LPG)	`Total Value `
613,800.00	.00		0	28)	0.00	613,800.00
Own Damage Premium on Ve	hicle and accessories			W	Sectio	n II - LIABILITY (B)	
AND	Section I - OWN DA	MAGE (A)	14 All 1	1	Third Party Premium		- ***
Basic Cover	<i>y</i>		l e		Basic Cover		
Basic OD			5,875.9	31	Basic TP		3,221.00
DISCOUNTS UNDER OW No claim bonus 25%	N DAMAGE SECTION		₹ 1468.9	18	PA BENEFITS		
TOTAL OWN-DAMAGE	PREMITIM (A)		₹ 4,406.9		Personal Accident Cover Unnamed(No.	Of Persons=5, SI=100000.00)	250.00
TOTAL OWN-DAMAGE	Section I - ADD ON C	OVERS (C)	1		LEGAL LIABILITY		
Passenger Assist IRDAN150R			₹ 250.0	0	LLTo Paid Driver		50.00
Depreciation Cover IRDAN15			₹ 3,069.	00	TOTAL LIABILITY PREMIUM (B)	y.«*	3,521.00
Roadside Assistance IRDAN1			₹ 249.0	0	Net Premium (A+B+C)Taxable Value		₹ 12,724.00
Engine Safe Cover IRDANISO			₹ 1227.6	0	IGST(HARYANA)(%)		₹ 2290.32
TOTAL ADD-ON COVER			₹ 4,795.6	50	TOTAL POLICY PREMIUM		15,014.00
	100 C						The state of the s

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.

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

Compulsory Deductible: Rs 1000/- Voluntary Deductible under section - I Excess: Rs:0 Imposed

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 7,50,000.00 the policy(Damage to third party property)

P.A. cover for owner- NA Driver under section III: CSI

Excess: Rs 0/. Subject to I.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

NOMINATION DETAILS

Name of the Nominee Relationship with Insured Name of Appointee (if nominee is minor) NA NA NA

Relationship with the Nominee NA.

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

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 Jamitsu & 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

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 cond

The state of the s



Signature Not Verified Digitally signed by Sriram



PROPOSAL FORM PRIVATE CAR PACKAGE POLICY

March Suppose Part March Mar	Proposal for : ☐ New Vehicle ☐ Roll	over Endorsement	☑ Renewal (LGI Po	licy No.) 20112	0070219700080000	0000		
Special policy and policy and policy and the company of the comp	Note: 1) Please Complete the proposal form in	BLOCK LETTERS and tick both is insufficient	xes whichever applicable				2 20	
March Suppose Part March Mar	The queries made/details stated below	are the minimum requirement	ts to be furnished by a propos	er.(The Company may	seek any other inform	ation a desired for	r underwriting pur	oose.)
Section Sect	Intermediary Details	usanga Prokom Dut I td				IMD Code:	IMD1011117	
Mane		Harice Brokers P VI Lio					201301	
PART Color	D. G. C.					SM Code :	N1512556	
Marchaeter					PC	OSP Code :		
Minimidant proposed PAIN Cord No. ex Addisor Card No. In crease of POSITY proposed Corese 1								
Which Biss Model Varioti No. Four of Departure Calinot Four of Control C		r Card No. in case of POSP)						
Worked Worker W) Policy for 1 year	Package (Comprehensive) Po	olicy for 3 years	☐ Bundled Cover (*	Iyear Own Damaq	e & 3 years Third	Party)
Mail	Vehicle Details	· ·	ear of Cubic	Gross Vehicle V	/eight (GVW) Se	ating Capacity	LCC (Including	Dad office
March	Vehicle Make Model					Driver/C		Dody Type
For Vehicle R.	MARUTI DZIRE	ZXI PLUS	2018 1197	0		5		ZXIPLUS
Yes	nsured Declared Value					Value of CNG/I	PG kit	
Add On Covers' Selected: Depreciation Cover General Cover	Year For Vehicle Rs.		lectrical Accessories	Trailer/Side Car (if				
AGB OF Cover's "selected." GAP (Inc. Taxwe & Finger, charges) GAP Value	1 613800.00	0.00	0.00	0.00		0.00		
IN Code of Add On covers selected :	'Add On Covers" Selected:	☑ Depreciation Cover						
Note of Add On covers selected: Septimization Septimizat		7000		☐ GAP(Incl. Taxes & F	tegn. charges) G	AP Value	□ 10	wing Expenses Cover
Industry Superior Value Road Tax First lime Registration Charges Ves Discount	UN C- 45 A 44 Out neverto colorated :	IRDAN150RP0035V0120	1 11213/A0012V01201213.IRD/	N150RP0035V012012	13/A0020V01201213	IRDAN150RP003	5V01201213/A002	1V01201213,IRDAN150
Pass No No No No No No No	IN Code of Add On covers selected.	RP0035V01201213/A00	11V01201314,					
Fee Debt Section S	nvoice Price Value		200 March 1990					
Find the Registration No. M219289 Colour of Vehicle: Colour of V		i's last year.	☐ fes					
Ingine No. No. 192883	* 100 0 0	HR-26-DN-5455	Colour	of Vehicle :				
Table of Registration Particular Passager Particular Passager Particular Passager Particular Passager Particular Particular Passager Particular Passager Particular Particular Passager Particular Particul	Engine No.	N2192883	Chassi					
Table of Dasis No. (If any) Test No. No. of vehicles attained with fixed No. No. of vehicles attained with fixed No. No. of vehicles attained with fixed No. No. of vehicles attained with fixed No. No. of vehicles attained with fixed No. No. of vehicles attained with fixed No. No. of vehicles attained with fixed No. No. of vehicles attained with fixed No. No. of vehicles attained with fixed No. No. No. No. of vehicles attained with fixed No.	Place of Registration	GURGAON	Date o	f Registration 1	5/ 05/ 2018			
the vehicle and earlier live May 1 for Prest No No No No No No No N	Frailer Chassis No. (if any)							☑ Zone B
Lease Agreement Body Types			No. of vehicles attached wit	n fleet		ubic Capacity	1101	
lame of Financier & Address s: lame of Insured: (MinhamMbDD) APPAREL Insurance Account Number Insurance Repository Mandatory to provide PAN and No in case outstomer wishes to open E-Insurance Account.) Mandatory to provide PAN and No in case outstomer wishes to open E-Insurance Account.) Mandatory to provide PAN and No in case outstomer wishes to open E-Insurance Account.) Mandatory to provide PAN and No in case outstomer wishes to open E-Insurance Account.) Mandatory to provide PAN and No in case outstomer wishes to open E-Insurance Account.) Mandatory to provide PAN and No in Case outstomer wishes to open E-Insurance Account.) Mandatory to provide PAN and No in Case outstomer wishes to open E-Insurance Account.) Machan No.: Email ID: richipo@aecoindia.com PAN No. NA Bushness/Occupation (For Individual Customer) Machan No.: Registration Address: APPAREL HOUSE SEC-44 Way other details: Period of Insurance for Package Policy of 1 year & 3 years: Period of Insurance for Package Policy of 1 year & 3 years: Period of Insurance for Package Policy of 1 year & 3 years: Period of Insurance for Package Policy of 1 year & 3 years: Period of Insurance for Package Policy of 1 year & 3 years: Period of Insurance for Package Policy of 1 year & 3 years: Period of Insurance for Package Policy of 1 year & 3 years: Period of Insurance for Package Policy of 1 year & 3 years: Period (Insurance for Package Policy of 1 year & 3 years: Period of Insurance for Package Policy of 1 year & 3 years: Period (Insurance for Package Policy of 1 year & 3 years: Period (Insurance for Package Policy of 1 year & 3 years: Period (Insurance for Package Policy of 1 year & 3 years: Period (Insurance for Package Policy of 1 year & 3 years: Period (Insurance for Package Policy of 1 year & 3 years: Period (Insurance for Package Policy of 1 year & 3 years: Period (Insurance for Package Policy of 1 year & 3 years: Period (Insurance for Package Policy of 1 year & 3 years: Period (Insurance for Package Policy of 1 year & 3			chase 🔲 Lease Ag	reement		Body Type :		
Lame of Insured: (MM/MSM/PO)_ APPARE	2000 2000 (COLOR COLOR C	·						
Anne of Contact Person: [For Corporate] Jame of Leaflist Mobile No8293777803 Residence Email ID:rkuthipa@aspcindia.comPAN NoNA Jate of Birth:	Name of Insured: (Mr/Mrs/M/s/Dr)	APPAREL						Describer.
Alme of Contact Person: For Corporate)	e-Insurance Accout Number :		100000000	en e-Insurance accoun	with		IN	surance Repository
Communication Address: APPAREL HOUSE SEC-44 Aveal.andmark: State		customer wishes to open E-	Insurance Account.)					
State HASYAMA City / District : GURGADN Pin 1090 2001 Pan 1090 Pan		ISE SEC-44						H ² ·
Contact Details: Mobile No826777893	Area/Landmark:		HARYANA	Cit	y / District : GURG	AON	_ Pin Code :12	2001
Date of Birth: 04/05/2001	Contact Details: Mobile No. : 8826777893					5,1111	NIA	
Agdhar 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 Nomineer (in case of change of existing Age Relationship with the nomineer Existing Nomineer (in case of change of existing Age Relationship with the nomineer (in case of change of existing Age Relationship with the nomineer (in case of change of existing Age Relationship with the nomineer (in case of change of existing Age Relationship with the nomineer (in case of change of existing Age Relationship with the nomineer (in case of change of existing Age Relationship with the nomineer (in case of change of existing Age Relationship with the nomineer (in case of change of existing Age Relationship with the nomineer (in case of change of existing Age Relationship with the nomineer (in case of change of existing Age Relationship with the nomineer (in case of change of existing Age Relationship with the nomineer (in case of change of existing Age Relationship with the nomineer (in case of change of existing Age Relationship with the nomineer (in case of change of existing Age Relationship with the nomineer (in case of change of existing Age Relationship with the nomineer (in case of change of existing Age Relationship with the nomineer (in case of change of existing Age Relationship with the nomineer (in case of existing Age Relationship (in case of existing Age Relationship with the nomineer (in case of existing Age Relationship (in case of existing Age Relation	Office :	*			* ****	PAN No.	NA .	
Registration Address: APPAREL HOUSE SEC-44 Any other details: Period of Insurance for Package Policy of 1 year & 3 years: Period of Insurance for Package Policy of 1 year & 3 years: Period of Insurance for Package Policy of 1 year & 3 years: Personal accident Cover for Owner Driver is compulsory in liability only Cover. Please give details of nomination: Name of New Nominee Particulars Name of Passenger Name of Nominee/ Existing Nominee In case of change of existing Age Relationship Name of Appointee (If Nominee is a minor) Relationship with the nominee Particulars Name of 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 overlead. Any Limitations as to use of Motor vehicle. Please refer overlead. In the event of dishonor of Cheque(s), insurance cover provided under this document automatically stands cancelled form inception irrespective of whether a separate communication is sent or not. Permitum Payment Details Ocash NEFT/RTGS Permitum Amount (including service tax): 15014.00 Bank Name and Branch MUMBAI Permitum Amount (including service tax): 15014.00 Bank A/C No: IFSC Code Insured Bank Details: NEFT/RTGS Permitum Amount (including service tax): 15014.00 Bank A/C No: IFSC Code Insured Bank Details: Year of Manft: IDV Details of Nonr-Electrical Accessories: Permitum Payment Insured Bank Details: Make & Model: Year of Manft: IDV	Date of Birth: 04/ 05/ 2001		Business/Occupati	on (For Individual Cust	omer)			
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: Name of New Nominee Particulars Name of Passenger Name of Nominee Existing Nominee Particulars NAME of Passenger Name of Nominee Existing Nominee In Name of New Nominee Particulars NAME of Passenger NAME of NoMINEE NAME of NoMINEE 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 Or 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 Or casses of Person entitled to drive: Please refer overlead. Any Limitations as to use of Motor vehicle: Please refer overlead. The 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. Peremitum Payment Details Or casses of Person entitled to drive: Please refer overlead. NEFT/RTGS Permitum Amount (including service tax): 15014.00	Aadhar No. :			¥				
Period of Insurance for Package Policy of 1 year & 3 years: From Time: 00:00	Registration Address: APPAREL HOUSE	SEC-44						
Particulars	Any other details :							
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Particulars Name of Passenger Name of Nominee (case of change of existing Nominee Existing Nominee) NA NA NA NA NA NA NA NA NA N					an:			
Particulars Name of Passenger Name of Nominee Casisting Nominee Casisting Nominee Casisting Nominee Casisting Nominee NA	Personal accident Cover for Owner Driver	is compulsory in liability	Name of New No	ominee		Name of	Appointee	-272
For PA to owner Driver NA	Particulars Name of Passo		neel (In case of change	of existing Age	Relationship			Relationship with the nominee
For PA to Named For Part I named passengers, please provide details in the above format on a separate sheet) For Part I named passengers For PA to Named For Part I named passengers, please provide details in the above format on a separate sheet) For Part I named passengers For Part I named passengers, please provide details in the above format on a separate sheet) For Part I named passengers For Par	(POPULATION CO.)					NA		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
(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		NA NA	INA	NA NA	Later System	1.14.3		
(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	For PA to Named Passenger		***************************************					
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. For 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. Peremitum Payment Details		case of more than 1 name	d passengers, please pro	vide details in the a	bove format on a	separate sheet		
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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. Permium Payment Details Cash Cheque Demand Draft Credit Card Insured Bank Details: DEUTSCHE BANK	by a company, a partnership firm or a similar bod	y corporate or where the owner	r driver does not hold an effec	tive driving license.				
Premium Payment Details	or classes of Person entitled to drive: Please refe	r overleaf. Any Limitations as t	o use of Motor vehicle: Please iment automatically stands ca	reter overleaf. ncelled from inception i	rrespective of whethe	r a separate comn	nunication is sent o	r not.
Permitum Payment Details Cash Clieque Details Details Details Clieque Detail							- Local Military Communication	
Premium Amount (including service tax): 15014.00 Bank Name and Branch MUMBA! Cheque / DD No: NA Bank A/C No.: Bank A/C No.: 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:	The state of the s	⊔ Cneque ⊔ Deman	u Dian Li Credit Card	moured Dank Di				
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 Datails: Make & Model: Year of Manf.: IDV Details of Non-Electrical Accessories:		15014.00		Bank Name and	BranchML	JMBAI		
Cheque / DD Date:NA								
Electrical Accessories: Item Datails: Make & Model: Year of Manf.: Details of Non-Electrical Accessories:	Chague / DD Date: NA							
Item Details: Make & Model: Year of Manf.: IDV	n case the annualized premium is more than Rs.	25000/-, the proposer is reque	ested to provide a cancelled ch	eque of his/her bank a	count if the premium	is not paid from the	e same	
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Details of Non-Electrical Accessories:			el:		Year of Manf.:		IDV	
War of Manf.: IDV	Details of Non-Electrical Accessorie				Year of Manf.:		IDV	





LIBERTY GENERAL INSURANCE LIMITED PRIVATE CAR PACKAGE POLICY

CERTIFICATE OF INSURANCE CUM POLICY SCHEDULE

RTO Location

UIN CODES

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.

event of misrepresentation, fraud or non-disclosure of material facts, the company reserves the right to cancel the policy from inception.

10th Floor, Tower A Peninsula Business Park, Ganpath Rao Kadam Marg Lower Parel MUMBAI MAHARASHTRA - 400013 Phone: 491 22 6700 1313, Fax: +91 22 6700 1606 Policy Issuing Office

202, 2nd Floor, block K- 4, Sector 18, GAUTAM BUDDHA NAGAR UTTAR PRADESH 201301 PH: +91 120 2511883 FAX: +91 0 0 Policy Servicing Office

Policy No Geographical Area Insured Address

Contact Number GSTIN No/State Name

APPAREL EXPORT PROMOTION COUNCIL

APPAREL HOUSE SEC-44 GURGAON HARYANA 122001

(M) +918826777893 06AAACA5150G1Z5/HARYANA

Customer ID 1105045950

Period Of Insurance From To

00:00Hrs of 07/05/2020 Midnight of 06/05/2021

09/05/2020 Policy Issued On Covernote No/Ecovernote No Covernote Date 201120070220700083701000

GURGAON IRDAN150P0035V01201213 Zone Zone-B

Age	nt N	lame		Signati	ire Insurance	Brokers I	vt Ltd 🦠	**					*
Age	nt C	ode		IMD10	11117	Agent C	ontact No		901557	400	6	C_{i}	411
- 0				IN	SURED MOTOR VE	HICLE DET	ATLS AND PR	EMIUM C	OMPUTAT:	ION			
Registr Mark 8		Year of Manufacture	En	gine No.	Chassis No.	Make/Mod	el/Type of Body	CC/HP/GVV	Licensed Ca V capacity inc Driver	luding	Trailer Registration No.	Trailer Chassis No.	Trailer IDV
HR 26	CONTRACTOR OF	2018	N2	195047	D332812		WIFT DZIRE ZXI AMT/Sedan	1197	5				
					19 I	DV (INSURED'	S DECLARED VA	LUE)	1				
Year	IDV	of Vehicle(₹)		Trailers(₹)	Side Car(₹)	Non Elec	trical Accessories (₹)		I/Electronic sories(₹)	Bi Fu	el kit (CNG/LPG)(₹)	Total Val	ue (₹)
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			Section	on I - OWN D	AMAGE (A)				Section	11-1	IABILITY (B)		
Own Da	amage	Premium o	n vehicl	e and access	ories		Third Party I	remium	0.41		·		
Basic C	over			1/2			Basic Cover		-7-1	* ×			

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

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.

Persons or Classes of Person entitled to drive: Any person including the insured provided that a person driving holds an effective driving dicense 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.

		Under Section 11-1 750,000.00 (ii) of the policy (Damage to third party property)	P.A. cover for 0.00 owner- Driver under section III : CSI
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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

Relationship with the Nominee Relationship with Insured Name of Appointee (if nominee is minor) Name of 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

In witness whereof this Policy has been signed at Mumbai on 09/05/2020 Receipt No: 10220070220100031625 In case of Claims, Please contact us at: Toll Free No - 18002665844,

email id - care@libertyinsurance.in Date of Issue : 09/05/2020 Place : Mumbal

Consolidated Stamp duty has been paid as per letter of Authorization 10. CSD/294/2020/386/2020 dated 24/01/2020 issued by Main Stamp Office, Mumbai. ** Not Applicable for the State of Jammu 8

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



by Sriram

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 Signature valid legal interpretation English version will be good.

Liberty General Insurance Limited

Titch Filor, Tower A, Peninsula Business Park, Gangath Rao Kadam Marg, Lower Parel MUMBAI - 400013 Phone: +91 22 6700 1313 Fax: +91 22 6700 1606

Email: 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

APPAREL EXPORT PROMOTION COUNCIL APPAREL HOUSE SEC-44 (M) +918826777893 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;

Period Of Insurance

From

00:00Hrs of 07/05/2020 06/05/2021

PRIVATE CAR PACKAGE POLICY

Product Name Policy No:

2011-200702-20-7000837-01-000

Motor Vehicle details									
Registration Mark	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
	GURGAON	2018	N2195047	D332812	1		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	CERC!	Control of the contro
IRDAN150A0012V01201213 Roadside Assistance IRDAN150A0021V01201213	NA .	0
Engine Safe Cover IRDAN150A0011V01201314		

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			

1220 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@libertvinsurance.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 or call us on 18002665844 not later than 15 days from the date of this letter.

Liberty General Insurance Limited,

Authorized Signatory

Signature valid

Call Toll Free No: 1800 266 5844
Registered and Corporate Office: 10th Floor, Tower A, Peninsula Business Park, Ganpatrao Kadam Marg, Lower Parel, Mumbai - 400013

insurance is the subject matter of the Solicitation

IRDAN150P0035V01201213