



General Insurance Company Ltd.  
DEVELOPMENT HOUSE, 24 Park Street , Kolkata -700016  
(www.magmahdi.com)

IRDA REG NO. 149 DATED 22nd MAY,2012  
CIN: U66000WB2009PLC136327

In case of any query, assistance or claims, please contact us at 1800 266 3202  
UIN: IRDAN149RP0003V01201213  
TWO WHEELER LIABILITY ONLY

Date : 02/02/2024

To,  
Mr AKILSHAH YUSUF SHAH FAKIR  
A/P GHAR NO 68 GRAMPANCHAYAT SAMOR NEW ,RAIPUR JALGAON TAL AND DIST JALGAON  
JALGAON  
MAHARASHTRA 425003  
Mobile:8828564497



Agent/ Intermediary Name and Code: AVISHKAR SANJAY KAKADE POS0013591

Sub: Risk Assumption Letter

Dear Sir /Madam,

Thank you for choosing Magma-HDI General Insurance Company Limited as your preferred General Insurance Company. Please find enclosed Policy No. P0024200031/4191/100735, which has been issued based on the details furnished to us as below:

| Insured & Vehicle Details   |  |
|---|--|
| Name of Insured   | Mr AKILSHAH YUSUF SHAH FAKIR           |
| Period of Insurance   | 04/02/2024 TO 03/02/2025               |
| Vehicle Make/Model  | HERO MOTOCORP LIMITED / HUNKSELF START |
| RTO   | JALGAON                                |
| Vehicle Registration No.  | MH - 19 - AU - 2695                    |
| Vehicle Registration Date   | 07/09/2009                             |
| Engine No.  | KC13EC9GE02008                         |
| Chassis No.   | MBLKC13EC9GE01997                      |
| <b>Reason for not opting PA Cover of Owner Driver :</b>   |  |
| <b>1) Own multiple vehicles and have opted for PA to Owner Driver cover in the another vehicle insurance policy</b> |  |

The information received from you is reproduced in the proposal attached with this Risk Assumption Letter and your proposal has been processed accordingly. Coverage of risk is subject to realisation of the full premium post which, insurance coverage under the policy would commence. In case the premium is not received by us due to cheque dishonour or any other reason, the insurance cover shall be void ab-initio. If you require any changes in the certificate of insurance cum policy schedule, you are requested to inform us by either writing to us at customercare@magma-hdi.co.in or calling our toll free helpline on 1800 266 3202. Absence of any communication from you in this regard within a period of 20 days of date of this letter, would mean that the issued policy is in order and as per your proposal. The Risk Assumption Letter is to be read in conjunction with the policy and shall be considered as null and void without the same.

Dear Customer , Magma HDI general Insurance Company may be storing your AML/KYC details and might require you to update the information submitted from time-to-time, in accordance with and requirements under the Master Guidelines on Anti-Money Laundering/ Counter Financing of Terrorism (AML/CFT), 2022 issued by the Insurance Regulatory Development Authority of India.

Thanking You,  
Regards

**For Magma HDI General Insurance Co Ltd.**

A handwritten signature in blue ink that reads "Mayank Tandon". The signature is written in a cursive style with a horizontal line underneath the name.

Authorised Signatory



DEVELOPMENT HOUSE, 24 Park Street , Kolkata -700016  
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**TWO WHEELER LIABILITY ONLY**  
**CERTIFICATE OF INSURANCE CUM SCHEDULE / TAX INVOICE**

|                         |  |  |  |
|-------------------------|--|--|--|
| Policy Servicing Office | UNIT NO. 63, 6TH FLOOR, DER DEUTSCHE PARKZ, NEAR NAHUR RAILWAY STATION, BHANDUP, ,MUMBAI -400078 ,MAHARASHTRA , PH: (1800) 2663202   |  |  |
| Policy No               | P0024200031/4191/100735  |  |  |
| Insured                 | Mr AKILSHAH YUSUF SHAH FAKIR   |  |  |
| Address                 | A/P GHAR NO 68 GRAMPANCHAYAT SAMOR NEW ,RAIPUR<br>JALGAON TAL AND DIST JALGAON<br>JALGAON<br>MAHARASHTRA 425003<br>Mobile:8828564497 |  |  |
| Contact Number          | 8828564497   |  |  |
| Email ID:               | UZMASHAIAKH81088@GMAIL.COM   |  |  |
| GST Number              | Unregistered   |  |  |
| Period Of Insurance     | 00:00 Hrs of 04/02/2024<br>To Midnight of 03/02/2025   |  |  |
| Agent No.:              | AVISHKAR SANJAY KAKADE-POS0013591-   |  |  |
| Agent Contact No.:      | KMPPK1871L-  |  |  |
| Email ID:               | 954522525  |  |  |
| Covernote No. :         | nileshghadge123@gmail.com  |  |  |
|                         | CN24200031/4191/231891   |  |  |

**INSURED MOTOR VEHICLE DETAILS AND PREMIUM COMPUTATION**

|                                 |                     |              |                                      |                |                   |     |                  |
|---------------------------------|---------------------|--------------|--------------------------------------|----------------|-------------------|-----|------------------|
| Registration No. & RTA Location | Year of Manufacture | Type of Body | Make/Model of Vehicle                | Engine no      | Chassis no        | CC  | Seating Capacity |
| MH - 19 - AU - 2695 / JALGAON   | 2009                | BIKE         | HERO MOTOCORP LIMITED/HUNKSELF START | KC13EC9GE02008 | MBLKC13EC9GE01997 | 149 | 2                |

**LIABILITY**

|                            |   |        |
|----------------------------|---|--------|
| Basic TP                   | ₹ | 714.00 |
| Sub Total                  |   | 714.00 |
| <b>Premium Computation</b> |   |        |
| Total Liability Premium    |   | 714.00 |
| CGST @ 9%                  |   | 64.26  |
| SGST @ 9%                  |   | 64.26  |
| TOTAL                      |   | 843.00 |

Disclaimer: The Exclusions in this policy are as specified in the pre inspection report ID :

**LIMITATIONS AS TO USE - As per Motor Vehicles Rules, 1989.**

The Policy covers use of the vehicle for any purpose other than: a) Hire or Reward, b) Carriage of goods (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

**DRIVERS CLAUSE**

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. \*\* When the vehicle is used for transport of passengers add the following words: when not used for the transport of passengers at the time of the accident.

**LIMITS OF LIABILITY**

|                 |   |                        |  |                         |   |                    |  |
|-----------------|---|------------------------|--|-------------------------|---|--------------------|--|
| Under Section I | Excess in respect of each and every claim under Sec I of motor policy | Under Section II-I (I) | In respect of any one accident -- As per Motor Vehicle Act | Under Section II-I (II) | Damage to Third Party Property Rs. 100000/- in respect of any one claim or series of claims arising out of one event. | Under Section III: | PA Owner - Driver as per premium computation table |
|                 | Compulsory : Voluntary : Total :                                      |                        |  |                         |   |                    |  |

**Subject to I.M.T Endorsement Nos.**

**Pollution Under Control(PUC)**

Warranted that the insured named herein/owner of the vehicle holds a valid Pollution Under Control (PUC) Certificate and/or valid fitness certificate, as applicable, on the date of commencement of the Policy and undertakes to renew and maintain a valid and effective PUC and/or fitness Certificate, as applicable, during the subsistence of the Policy. Further, the Company reserves the right to take appropriate action in case of any discrepancy in the PUC or fitness certificate at the time of issuance of policy.

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.

**Premium Collection Details** :- [Collection No - ReceiptDate - Amount] : P/200031/24/100997564- 02/02/2024 , ₹ 843

**Premium Amount in Word's (₹)** :- Eight Hundred Forty-Three Only

For Magma HDI General Insurance Co. Ltd.

In case of Claims, please contact us at 1800 266 3202

Date of Issue : 02/02/2024  
Place : Kolkata

*Mayank Tandia*

Consolidated Stamp Duty on the issue of General Insurance Policies Paid vide G.O No. 1879, dated 16.10.2023

GST Number of MHD I - 27AAGCM1685C1ZJ

GST Invoice Number - POL2702240001242

Accounting Code for Service - 997134, Motor vehicle insurance services

Place of Supply: MAHARASHTRA ( 27 )

Whether Tax is payable on Reverse Charge - No

UIN : IRDAN149RP0003V01201213

This is a valid Tax invoice in terms of Sub-rule 2 of Rule 54 of CGST Rule 2017. Further, being an Insurance Company, issuing of e-invoice and QR Code are not applicable on us in terms of Notification No 13 and 14 of 2020 dated 21st March 2020 issued from Central Board of Indirect Taxes and Customs. I/We hereby declare that though our aggregate turnover in any preceding financial year from 2017-18 onwards is more than the aggregate turnover notified under sub-rule (4) of rule 48, we are not required to prepare an invoice in terms of the provisions of the said sub-rule.

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. 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.

As per the GST regulations, the amount of GST will not be refunded if the policy / endorsement is cancelled after 31st October of the next financial year.  
For Complete details of coverage , terms, conditions & exclusion please refer the standard policy wording attached with this schedule

**IMPORTANT - 1) The Validity of this Certificate of Insurance cum Schedule is subject to realisation 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) This document is digitally signed, hence counter signature / stamp is not required.**

**4) For detailed terms & conditions please refer our website www.magmahdi.com**