

Policy Number : P0025400008/4193/100202



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

COMMERCIAL VEHICLE LIABILITY ONLY POLICY

Date : 20/11/2024

To,
Mr SUBHAS HALDER
VILL HALDER PARA PO KHANRI ,PS RAIDIGHI,GILARCHHAT,RAYDIGHI
MATHURAPUR,MANDAL PARA KALI MADIR
SOUTH 24 PARGANAS
WEST BENGAL 743349
Mobile:9804362410



Agent/ Intermediary Name and Code: CERTIGO INSURANCE BROKERS PRIVATE LIMITED BRC0000519

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. P0025400008/4193/100202, which has been issued based on the details furnished to us as below:

Insured & Vehicle Details	
Name of Insured	Mr SUBHAS HALDER
Period of Insurance	22/11/2024 TO 21/11/2025
Vehicle Make/Model	TATA / LPT 4825 BSVI 10X2
RTO	ALIPORE
Vehicle Registration No.	WB 19 L 3731
Vehicle Registration Date	26/09/2022
Engine No.	B67B6A250D02122D64210649
Chassis No.	MAT820003N1D13286
Reason for not opting PA Cover of Owner Driver :	
1) Own multiple vehicles and have opted for PA to Owner Driver cover in the another vehicle insurance policy	

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.

Authorised Signatory



DEVELOPMENT HOUSE, 24 Park Street, Kolkata -700016
In case of any query, assistance or claims, please contact us at 1800 266 3202
UIN: IRDAN149RP0003V01201213

COMMERCIAL VEHICLE LIABILITY ONLY POLICY CERTIFICATE OF INSURANCE CUM SCHEDULE / TAX INVOICE									
Policy Servicing Office	4TH FLOOR, ANUJ CHAMBER, 24 PARK STREET, KOLKATA -700016, WEST BENGAL, PH: (1800) 2663202								
Policy No	P0025400008/4193/100202								
Insured Address	Mr SUBHAS HALDER VILL HALDER PARA PO KHANRI, PS RAIDIGHI, GILARCHHAT, RAYDIGHI MATHURAPUR, MANDAL PARA KALI MADIR SOUTH 24 PARGANAS WEST BENGAL 743349 Mobile: 9804362410				Period Of Insurance		00:00 Hrs of 22/11/2024 To Midnight of 21/11/2025		
Contact Number	9804362410				Agent No.:		BRC0000519		
Email ID:	MPG770038@GMAIL.COM				Agent Contact No.:		9109447500		
GST Number	Unregistered				Email ID:		info.certgoinsurance@gmail.com		

INSURED MOTOR VEHICLE DETAILS AND PREMIUM COMPUTATION									
Registration Mark & No. & RTA Location	Trolley Serial ID	Trolley Chassis No.	Year of Manufacture	Engine No.	Chassis No.	Make/Model/Type of Body	GVW	POLICY CLASS	SEATING CAPACITY
WB 19 L 3731 / ALIPORE			2022	B67B6A250D02122D64210649	MAT820003N1D13286	TATA LPT 4825 BSVI 10X2/TRUCK	47500	A1 GCV Public Carriers other than 3 wheelers	3

LIABILITY									
LIABILITY(B)									₹
Basic - TP									44,242.00
LL to Paid Driver IMT 28									100.00
Sub Total									44,342.00
GST on TP Premium									
CGST @ 6%									2,654.52
SGST @ 6%									2,654.52
GST on Other Liability Premium									
CGST @ 9%									9.00
SGST @ 9%									9.00
Premium Computation									
Total Liability Premium									44,342.00
TOTAL CGST									2,663.52
TOTAL SGST									2,663.52
TOTAL									49,669.00

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

LIMITATIONS AS TO USE - The Policy covers use only under a permit within the meaning of the Motor Vehicles Act, 1988 or such a carriage falling under Sub-section 3 of Section 66 of the Motor Vehicle's Act 1988.

The Policy does not cover use for a) Organised racing, b) Pace Making, c) Reliability Trials, d) Speed Testing, e) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled Mechanically propelled vehicle (only for Passenger Carrying Vehicles).

Persons or classes of persons entitled to drive:	Any person including Insured:
Goods carriage	Provided that the 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 when not used for the transport of passengers at the time of the accident and that such a person satisfies the requirements of Rule 3 of The Central Motor Vehicles Rules, 1989.
Non-transport Vehicles	Provided that the 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 when not used for the transport of passengers at the time of the accident and that such a person satisfies the requirements of Rule 3 of The Central Motor Vehicles Rules, 1989.

LIMITS OF LIABILITY							
Under Section I	Compulsory 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. 750000/- 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

Subject to I.M.T Endorsement Nos. IMT 21, IMT 28

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/400008/25/100679378- 20/11/2024, ₹ 49669

Premium Amount in Word's (₹) :- Forty-Nine Thousand Six Hundred Sixty-Nine Only

For Magma HDI General Insurance Co. Ltd.

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

Date of Issue : 20/11/2024
Place : Kolkata

Consolidated Stamp Duty on the issue of General Insurance Policies Paid vide G.O No. 1289, dated 09.08.2024
GST Number of MHD1 - 19AAGCM1685C1ZG
GST Invoice Number - POL1911250002735
GST Invoice Date - 20/11/2024
Accounting Code for Service - 997134, Motor vehicle insurance services

Place of Supply: WEST BENGAL (19)

Whether Tax is payable on Reverse Charge - No

Mayank Tanka

Authorised Signatory

Policy Number : P0025400008/4193/100202

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

CUSTOMER INFORMATION SHEET

This document provides only key information about your policy. Please refer to the policy document for detailed terms and conditions.

Sr No	Title	Description
		(Please refer to the Policy Clause Number in next column)
1	Product Name	COMMERCIAL VEHICLE LIABILITY ONLY POLICY
2	Policy Number	P0025400008/4193/100202
3	Unique Identification Number (UIN) allotted by IRDA	UIN: IRDAN149RP0003V01201213
4	Structure	Indemnity
5	Interests Insured	Vehicle Third Party liability Third party property Damage
6	Sum Insured / Motor Insured Declared Value Scope	Vehicle Total IDV: *IDV illustration as shown in the CIS
7	Policy Coverage	As mentioned in policy schedule LL to Paid Driver IMT 28 Basic - TP Damage to Third Party Property Rs. 750000
8	Add-on Cover	
9	Loss Participation	We will not pay the amount mentioned as deductible in the policy.
		GENERAL EXCEPTIONS (Applicable to all Sections of the Policy)
10	Exclusions	Each vehicle should be used only for the purposes listed in the RC. We won't cover any loss, damage, or liability if the vehicle is used for other purposes or driven by someone who isn't an approved driver. Check the driver's clause for details. Nuclear radiation related damages are not covered We won't cover any accidental loss, damage, or liability related to war, invasion, civil unrest, and you will need to prove your claim is unrelated to these issues to receive payment.
11	Special Conditions and Warranties (if any)	CONDITIONS Please read the policy wording and the policy schedule together. The words and expressions mean the same whether it appears in either of the document •Immediately inform us if the insured vehicle meets with an accident or there is a situation for which you would want to claim. Be transparent and submit all communications that you may receive from a third party. If you suspect any legal action related to your claim do inform us in advance •We will manage the claim process on your behalf. Do provide any information that we may need •We can either repair, replace, or pay the cash value for the vehicle or its parts. The amount we will pay is limited to: (a) For a total loss: the vehicle's Insured Declared Value (IDV) minus the value of the wreck. (b) For partial losses: the reasonable repair or replacement costs, minus depreciation. •Please maintain and protect the vehicle. Leaving it unattended after a break down or using in damaged condition can cause further damage which will not be paid. We expect you will allow us to speak to the drive and your employees if required •This policy can be cancelled by you any time buy giving us a 7 days' notice in advance. We will refund the premium that you had paid after collecting short period charges. In the rare event, if required we can also cancel the policy but by sending a 7 days' notice. We will refund the premium after deducting the amount for the period your policy was active. •If you will try to claim under other policies for the same incident, we will share the cost proportionately •You and the other party can agree to resolve any disputes about this policy through arbitration, following the rules of the Arbitration and Conciliation Act, 1996. (This doesn't apply to retail customers.) •You must follow all the terms and conditions and provide truthful information in the proposal form. If not followed the Company is not obligated to make any payments. •If you are the only person insured by the policy and you pass away, the policy won't end right away. It will remain active for three months from the date of your death, or until it expires, whichever comes first. During this time, your legal heirs can either transfer the policy to their name or get a new one for the vehicle. They need to apply within the three-month period and provide: a) The Insured's Death Certificate b) Proof of ownership of the vehicle c) The original Policy
12	Admissibility of Claim	•You need to inform us in writing as soon as an accident or loss happens. •We must have a chance to inspect the damaged vehicle before any repairs are started. •If your vehicle meets with an accident or gets damaged, do not drive it in the same condition to avoid further damage. Also, don't leave it unattended without securing it adequately to prevent further loss. INDICATIVE LIST OF DOCUMENTS REQUIRED FOR CLAIM SETTLEMENT Accident Claims •Duly signed claim form •Registration Certificate* of the vehicle •Driving license* of the driver at the time of accident •Police panchanama / FIR, if accident reported to the police •Original estimate of repairs •KYC documents •Fitness certificate of the vehicle (for commercial vehicles) •Road permit of the vehicle (for commercial vehicles) •Goods receipt/ Lorry Receipt of the vehicle (for commercial vehicles) •FIR in case of Riots, Strike & Malicious acts. It is mandatory •Original repair invoice with payment receipt after repairs have been completed Theft of Entire Vehicle Claims •Duly signed Claim Form •FIR Copy •RTO transfer papers* (Form 28 , 29 and 30) and •Form 35/NOC signed by financier, if applicable •Letter of subrogation •KYC documents •NOC from financier, if hypothecation exists •Copy of intimation letter to RTO on the vehicle theft •Original policy document •Non traceable certificate •Original vehicle registration certificate •All original keys of the vehicle/service book/original purchase invoice *Original documents to be shown when requested by the company If we need any more documents that can assist the claim process, we will seek your help on getting those We will process your claim within 7 days after receiving all the necessary documents. If we decide to deny your claim, we will do so within 7 days of the Survey Report or any additional reports, following the IRDAI Regulations 2017 and any updates to these regulations.

Sample Claim Calculation Process for Motor Repair Loss				
Parts Allowed	Price (P)	Tax (T)	*Depreciation (D)	Total Assessed Value (V)
Replaced Parts M	A1	B1	D1	M1=A1+B1-D1

		<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <th style="width: 30%;">Labour Allowed</th> <th style="width: 10%;">Price (P)</th> <th style="width: 10%;">Tax (T)</th> <th style="width: 30%;">*Depreciation (D)</th> <th style="width: 20%;">Total Assessed Value (V)</th> </tr> <tr> <td>Labour 1</td> <td>a1</td> <td>b1</td> <td>d1</td> <td>L1=a1+b1-d1</td> </tr> <tr> <td>Labour 2</td> <td>a2</td> <td>b2</td> <td>d2</td> <td>L2=a2+b2-d2</td> </tr> <tr> <td>Labour 3</td> <td>a3</td> <td>b3</td> <td>d3</td> <td>L3=a3+b3-d3</td> </tr> <tr> <td colspan="4">Total Labour Cost</td> <td>L = L1+L2+L3</td> </tr> <tr> <td colspan="2">Compulsory Policy Excess</td> <td colspan="2">As per Policy</td> <td>C</td> </tr> <tr> <td colspan="2">Voluntary Policy Excess</td> <td colspan="2">As opted by Insured</td> <td>V</td> </tr> <tr> <td colspan="2">Spot Repair / Towing Charge</td> <td colspan="2">As per policy Section 1. Point 3, 4</td> <td>T</td> </tr> <tr> <td colspan="4">Total Insurer Liability</td> <td>Total Liability = M+L+T-C-V</td> </tr> </table>	Labour Allowed	Price (P)	Tax (T)	*Depreciation (D)	Total Assessed Value (V)	Labour 1	a1	b1	d1	L1=a1+b1-d1	Labour 2	a2	b2	d2	L2=a2+b2-d2	Labour 3	a3	b3	d3	L3=a3+b3-d3	Total Labour Cost				L = L1+L2+L3	Compulsory Policy Excess		As per Policy		C	Voluntary Policy Excess		As opted by Insured		V	Spot Repair / Towing Charge		As per policy Section 1. Point 3, 4		T	Total Insurer Liability				Total Liability = M+L+T-C-V
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		<p>•Depreciation % Depreciation will apply according to Section 1 of the policy conditions and the current policy terms.</p> <p>•Salvage We won't take any salvage costs directly from you. We'll handle the disposal ourselves. If you want to keep the salvage, we'll subtract its value from your total claim and pay you the rest.</p>																																													
13	Policy Servicing - Claim Intimation and Processing	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Here's how you can reach us: our helpline is available 24/7. Feel free to contact us whenever you need!</td> <td style="width: 40%;">Toll Free No- 1800 266 3202</td> </tr> <tr> <td>Website</td> <td>https://www.magmahdi.com/</td> </tr> <tr> <td>Email</td> <td>customercare@magma-hdi.co.in</td> </tr> <tr> <td colspan="2" style="text-align: center;">  </td> </tr> <tr> <td>For Senior Citizens</td> <td>Namaskar@magma-hdi.co.in</td> </tr> <tr> <td>Social media</td> <td>Facebook and LinkedIn</td> </tr> </table> <p>Office Address: To know your nearest branch visit www.magmahdi.com >> Contact Us >> Locate Us https://www.magmahdi.com/more/contact-us?f=b.</p>	Here's how you can reach us: our helpline is available 24/7. Feel free to contact us whenever you need!	Toll Free No- 1800 266 3202	Website	https://www.magmahdi.com/	Email	customercare@magma-hdi.co.in			For Senior Citizens	Namaskar@magma-hdi.co.in	Social media	Facebook and LinkedIn																																	
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Social media	Facebook and LinkedIn																																														
14	Grievances Redressal and Policyholders Protection	<p>For redressal of grievance you may contact:</p> <p>Level 1: Grievance Redressal Officers at our branches available at www.magmahdi.com >> Contact Us >> Grievance Redressal https://www.magmahdi.com/documents/d/magma-hdi/branch-grievance-officer-list</p> <p>Level 2: gro@magma-hdi.co.in</p> <p>Level 3: Raise a complaint with the Insurance Regulatory and Development Authority (IRDAI) Call us on our toll-free number 1800 266 3202 To register complaint online log on to www.bimabharosa.irdai.gov.in</p> <p>Level 4: If you are still dissatisfied with the resolution offered by us you have the option to contact the Office of the Insurance Ombudsman</p> <p>To know the guidelines, log on to www.cioins.co.in/About</p> <p>To check list of Insurance Ombudsman Offices, log on to www.cioins.co.in/Ombudsman</p> <p>To know about our policy on Protection of Policy Holder's Interest log on to www.magmahdi.com >> Legal >> Protection Of Policyholder's Interest Policy</p>																																													
15	Obligation of Policyholder	<p>Your policy will be canceled if you omit any key information on the proposal form. If you need to update or change any important information about your policy, please contact our Customer Service at 1800 266 3202 or email us at customercare@magma-hdi.co.in.</p>																																													

IDV Illustration:
Ex-showroom price of vehicle: Rs. 10 Lakh
Vehicle Age at the time of renewal: 5 years
% Depreciation basis age of vehicle: 50%
IDV of car: Rs 5 lakh

Constructive Total Loss (CTL):
A vehicle is considered CTL if the aggregate cost of retrieval or repair exceeds 75% of its IDV.
No further depreciation is applied for TL/CTL claims

Declaration by the Policy Holder

☒ I have read and confirm having noted the details.

Place: SOUTH 24 PARGANAS

Date: 20/11/2024

(Signature of the Policyholder)

Digital Acknowledgement Received.

*For detailed policy terms and conditions please refer to the policy wordings available on www.magmahdi.com or contact us on toll free number 1800 266 3202

STANDARD PROPOSAL FORM FOR "LIABILITY ONLY" POLICY
(for Commercial Vehicles other than Motor Trade Internal Risks Policies)

A(i) Personal Details of Proposer / Owner:

Personal Details	1)	Proposer's (Owner's) Full Name (In Capital Letters)	Mr SUBHAS HALDER
	2)	Address (where the Vehicle is normally kept) (In Capital Letters,with pin code)	VILL HALDER PARA PO KHANRI, PS RAIDIGHI, MANDAL PARA KALI MADIR, SOUTH 24 PARGANAS, WEST BENGAL 743349
	3)	Occupation/Business	Others
	4)	Type of Cover	Liability Only Policy
	5)	Period of Insurance	From: 00:00 Hrs on 22/11/2024 To: 23:59 Hrs on 21/11/2025
	6)	Nationality	<input checked="" type="checkbox"/> Indian <input type="checkbox"/> Non-Indian If, Non-Indian, please specify the Country:
	7)	Are you or any of the proposal applicants PEPs* or a close relative/associate of PEPs*?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If yes, please share the details of "Politically Exposed Persons" (PEPs): * (PEPs) are individuals who have been entrusted with prominent public functions by a foreign country, including the heads of States or Governments, senior politicians, senior government or judicial or military officers, senior executives of state-owned corporations and important political party officials
	8)	Type of Organization: (Applicable where an organization is the proposer. In case of proposer being Individual, Sole Proprietor or HUF, please select 'others' option)	<input type="checkbox"/> Corporations <input type="checkbox"/> Government <input type="checkbox"/> Non-Government organizations <input type="checkbox"/> Society <input type="checkbox"/> Trust <input type="checkbox"/> Partnership / LLP <input type="checkbox"/> Private Limited Company <input type="checkbox"/> Co-operatives <input type="checkbox"/> Public Limited Company <input checked="" type="checkbox"/> others, please specify: <u>Individual</u>

GST Number	Unregistered
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A(ii) Vehicle Details

Vehicle Specification	6)	Registration Number of the Vehicle	WB 19 L 3731
	7)	Date of Registration of the Vehicle	26/09/2022
	8)	Registration Authority & Location	ALIPORE
	9)	Year of Manufacture	APRIL - 2022
	10)	Engine Number	B67B6A250D02122D64210649
	11)	Chasis Number	MAT820003N1D13286
	12)	Make of the Vehicle	TATA
	13)	Model	LPT 4825BSVI 10X2
	14)	Type Of Body	TRUCK
	15)	Gross Vehicle Weight (GVW) & Cubic Capacity (C.C)	47500
	16)	Max. licensed carrying capacity(No. of Passengers) in case of passenger Carrying Vehicles?	3
	17)	Whether the Vehicle is driven by non-conventional source of power / CNG / LPG / Bi-Fuel? If 'YES', please give details	No
	18)	Whether the use of vehicle is limited to own premises?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	19)	Whether the commercial vehicle is also used for private purposes (excluding use for hire or reward)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	20)	Whether the vehicle is used for driving tuition? (GR -44)	<input type="checkbox"/> Yes <input type="checkbox"/> No
	21)	Details of Hire Purchase / Hypothecation / Lease a) Is the vehicle proposed for insurance is : (i) Under Hire Purchase? (ii)Under Lease Agreement ? (iii) under Hypothecation? b)If 'YES', give name and address of concerned party/parties: (Note: Copies of R,C Book, Permit & Fitness Certificate should be submitted along with the proposal form)	(IMT-5) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No

A(iii) Liability Section: Coverage

Third Party Risks - Death/Bodily Injury	22)	Coverage for liability against Third Party Risks (Death or injury) required in respect of:
	i)Owner Driver Only	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	<input type="checkbox"/> Multiple Vehicles <input checked="" type="checkbox"/> Not Having Valid Driving License <input type="checkbox"/> Driver has existing PA cover of Rs 15 lakhs	<input type="checkbox"/> Yes <input type="checkbox"/> No
	ii)Any Person Other than Paid Driver	<input type="checkbox"/> Yes <input type="checkbox"/> No

If yes Give details Such other persons

1.
2.

Third Party Risks: TPPD (IMT - 20)	23)	Do you wish to have the statutory Third Party Property Damage(TPPD)Liability of Rs. 6000/- only [For additional TPPD Limits, please see Q.No.25]	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Third Party Risks: Liability to 'Workmen' under M.C.Act - 1923 (Compulsory to be converted by M.A.Ct - 1948)	24)	Legal liability to persons employed in connection with operation of the vehicle who are 'workmen'. The liability of the Employer under the Workmen's Compensation Act-1923 is covered under the Motor Vehicles Act-1988. 1. Drivers (No. of persons: 2) 2. Employees(Workmen) (No. of persons :) (Note: The Motor Vehicles Act-1988 under Sec.147(1)(ii)(I) covers liability to employees who are workmen within the meaning of the Workmen's Compensation Act-1923.) [For additional coverage,please refer to Q.No.26]

B. Questions that provide additional covers as per IMT Endorsements

Addl. TPPD (GR-39)	25)	The Policy provides additional Third Party Property Damage Liability limit of Rs. 7,50,000/- for commercial vehicles. Do you wish to cover the additional limit? [Refer to Q.No.23]	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																			
Additional Liability to Workmen (IMT-28)	26)	Do you wish to cover wider legal liability to employees who are 'workmen'? [This information is sought to cover in addition to liability under the Workmen's Compensation Act-1923, also liability under the Fatal Accidents Act-1855 and the Common Law. (Note: The addition liability under Common Law and Fatal Accidents Act in respect of employees who are workmen is covered under this endorsement). [Refer to Q.No.24]	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																			
Liability to Employees who are not Workmen (IMT-29)	27)	Do you wish to cover wider legal liability to employees who are NOT 'workmen'? (Note: The liability under Common Law and Fatal Accidents Act-1855 in respect of employees who are not workmen can be covered under this endorsement	<input type="checkbox"/> Yes <input type="checkbox"/> No																			
Personal Accident Cover For Owner Driver	28)	Personal Accident Cover For Owner Driver is compulsory in the Liability Only Cover. Please give details of nomination: (a) Name of Nominee/Age: / (b) Relationship: (c) Name of the Appointee (If Nominee is a Minor): (d) Relationship of the Nominee: (Note: 1.Personal Accident cover for owner Driver is compulsory for Sum Insured of Rs.2,00,000/- for Commercial Vehicles. 2.Compulsory PA cover for owner-driver cannot be granted where a vehicle is owned by a company,a partnership firm or a similar body corporate or where the owner driver does not hold an effective driving license)																				
Personal Accident Cover For Named Occupants (IMT-15)	29)	Do you wish to include Personal Accident cover for named persons? If YES give name and Capital Sum Insured (CSI) opted for:	<input type="checkbox"/> Yes <input type="checkbox"/> No																			
	<table border="1"> <thead> <tr> <th></th> <th>Name</th> <th>CSI Opted (Rs.)</th> <th>Nominee</th> <th>Relationship</th> </tr> </thead> <tbody> <tr> <td>1)</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>2)</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>3)</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> (Note: The maximum CSI available per person is Rs. 2 Lakhs in case of Commercial Vehicles)				Name	CSI Opted (Rs.)	Nominee	Relationship	1)					2)					3)			
	Name	CSI Opted (Rs.)	Nominee	Relationship																		
1)																						
2)																						
3)																						
Personal Accident Cover For un-named Occupants (IMT-16)	30)	Do you wish to include Personal Accident cover for Un-named Passengers/hirer/pillion passengers(Two Wheelers)? If YES give number of persons and Capital Sum Insured (CSI) Opted: No. of Persons: _____ CSI(Per Person): _____ (Note: The maximum CSI available per person is Rs. 2 Lakhs in case of commercial vehicles)	<input type="checkbox"/> Yes <input type="checkbox"/> No																			
Geographical Extension (IMT-21)	31)	Whether extension of geographical area to the following countries required? 1) Bangladesh <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 2) Bhutan <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 3) Maldives <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 4) Nepal <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 5) Pakistan <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 6) Sri Lanka <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Note: Presently the territory covered is geographical area of India, Extension of geographical area cover can be availed by use of this endorsement)																				

C. Questions that are elicited for information and data collection purposes

Previous History	32)	<p>Previous History:</p> <p>a. Date of purchase of the vehicle by the Proposer. 26/09/2022</p> <p>b. Whether the vehicle was new or second hand at the time of purchase? Second Hand</p> <p>c. Will the vehicle be used exclusively for</p> <p>(i) Private, Social, Domestic, Pleasure & Professional Purpose ? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(ii) Carriage of goods other than samples or personal luggage? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>d. Is the vehicle in good condition? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>e. Name and Address of the previous insurance company :</p> <p>f. Previous policy number:</p> <p>g. Period of Insurance: From: To:</p> <p>h. Claims lodged during the preceding 3 Year</p> <table border="1"> <thead> <tr> <th>YEAR</th> <th>NO. OF CLAIMS</th> <th>CLAIM AMOUNT(Rs.)</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table>	YEAR	NO. OF CLAIMS	CLAIM AMOUNT(Rs.)	_____	_____	_____	_____	_____	_____
	YEAR	NO. OF CLAIMS	CLAIM AMOUNT(Rs.)								
_____	_____	_____									
_____	_____	_____									
Driver Details	33)	<p>Details of the Driver:</p> <p>a. Age & Date of Birth of the Owner : Age: _____ Yrs DOB: ____/____/____</p> <p>b. Age & Date of Birth of the Driver : Age: _____ Yrs DOB: ____/____/____</p> <p>c. Does the driver suffer from defective vision or hearing or any physical infirmity? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, please give details of such infirmity :</p> <p>d. Has the driver ever been involved/convicted for causing any-accident of loss? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, give details as under including the pending prosecutions:</p> <p>-Driver's Name :</p> <p>-Date of Accident:</p> <p>-Loss / Cost (Rs.)</p> <p>-Circumstances of Accident / Loss</p>									

☒ I hold a valid and effective PUC and/or fitness certificate, as applicable, for the vehicle mentioned herein above and undertake to renew the same during the policy period.

Electronic Insurance Details

- Do you wish to have this Policy credited to an eIA? (Please select any one)
- ☒ No, I do not have an eIA and do not wish to open one ☐ Yes, Credit this Policy to my e-Insurance account
- If yes, Please share existing e-Insurance Account No :
- Please select Insurance Repository Name (you have opened your account with)
- ☐ M/s NSDL Database Management Limited ☐ M/s Karvy Insurance Repository Limited
- ☐ M/s Central Insurance Repository Limited ☐ M/s CAMS Repository Services Limited (Please select any one) Or
- ☐ I do not have existing e-Insurance account and I am interested in creating a new e-Insurance account (Please submit electronic insurance account opening form (eIA form) along with relevant documents)
- My CKYC No. (Central Know Your Customer registry number) is (if available): 20054981816954
- Representative Details (only if eIA is to be opened for any other person other than Proposer and primary Insured)

First Name :
 Middle Name :
 Last Name :
 Gender :
 DOB :
 PAN :
 Address Line 1 :
 Address Line 2 :
 Address Line 3 :
 Pin Code :
 Telephone Number :
 Mobile Number :
 Relationship :
 Other Relationship :
 Email Id :
 UID :
 LandMark :
 State :
 City :
 Country :

Premium Details

Source of Funds for premium payment: ☒ Business: ☐ Salaried: ☐ Others (please specify):

Declaration by the Insured

I/We hereby declare that the statements made by me/us in this Proposal Form are true to the best of my / our knowledge and belief and I/We hereby agree that this declaration shall form the basis of the contract between me/us and the Magma HDI General Insurance Co. Ltd.

I/We also declare that any additions or alterations carried out after the submission of this Proposal Form would be conveyed to Magma HDI General Insurance Co. Ltd immediately.

I/We hereby agree to receive a One Page Motor Insurance Policy in Physical Form, to be read along with the detailed Terms and Conditions available on the website www.magmahdi.com

☒ Yes ☐ No

I/We further confirm that the existing damages as per the pre inspection report, if any, have duly been shared with me & my consent has been obtained for the same.

I/we hereby confirm that all premiums paid / payable in future are from bonafide sources and not paid out of proceeds of crime and that such premiums are not disproportionate to my/our income.

I / we understand that the Company has the right to call for documents to establish sources of funds and to cancel the insurance policy in case

I / we are found guilty by any competent court of law under any of the statutes, directly or indirectly governing the prevention of money laundering law in India.

I hold a valid and effective PUC and/or fitness certificate, as applicable, for the vehicle mentioned herein and undertake to renew the same during the policy period.

I/We hereby agree to receive policy schedule in Soft Copy Form Only.

I wish to get all policy related communications on My Whatsapp Number: _____ and allow to make welcome calls, Services calls or any other communication (electronic or otherwise), subject to the provision of applicable law. The salient features of the policy, terms and conditions of this proposal have been explained to me/us in _____ language, and I/we agree to the same.

I/We hereby give my/our consent to the Company to verify and obtain my/our identity/address proof as well as the identity/address proof of the insured through Central KYC Registry or UIDAI or through any other permitted modes for the purpose of undertaking applicable KYC.

Place: Kolkata
 date: 20/11/2024

Signature of the Proposer/s.

Policy Number : P0025400008/4193/100202

Note: denial of "third party liability only cover" by insurer, for reasons other than fraud/misrepresentation by proposer, will entail regulatory action.

Name: SUBHAS HALDER
Date & Time: 20/11/2024 9:48:12 PM
Place: SOUTH 24 PARGANAS
IP Address: