

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 PRIVATE CAR LIABILITY ONLY

Date: 09/10/2024

To, Mr SIDDHARTHA GHOSE 121 PAIKPARA 3RD ROW ,NEAR ASHU BABUR BAZAR KOLKATA WEST BENGAL 700037 Mobile:9883203295



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. P0025400018/4190/100114, which has been issued based on the details furnished to us as below:

Insured & Vehicle Details					
Name of Insured	Mr SIDDHARTHA GHOSE				
Period of Insurance	11/10/2024 TO 10/10/2025				
Vehicle Make/Model	MARUTI / 800 AC				
RTO	KOLKATA				
Vehicle Registration No.	WB 02 Q 9926				
Vehicle Registration Date	27/08/2003				
Engine No.	F8BIN2536527				
Chassis No.	SB308IN1828015				
Reason for not opting PA Cover of Owner Driver :					
1) Do not hold a valid driving license					

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

Mayork Tankin 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: TRDAN149RP0003V01201213

Policy Servicing Office	PRIVATE CAR LIABILITY ONLY CERTIFICATE OF INSURANCE CUM SCHEDULE /TAX INVOICE Olicy Servicing Office 4TH FLOOR, ANUJ CHAMBER, 24 PARK STREET ,KOLKATA -700016 ,WEST BENGAL , PH: (1800) 2663202					
Policy No Insured Address	P0025400018/4190/100114 Mr SIDDHARTHA GHOSE 121 PAIKPARA 3RD ROW ,NEAR ASHU BABUR BAZAR KOLKATA WEST BENGAL 700037 Mobile:9883203295	Period Of Insurance Agent No.: Agent Contact No.:	00:00 Hrs of 11/10/2024 To Midnight of 10/10/2025 BRC0000519 9109447500			
Contact Number Email ID: GST Number	9883203295 PRAMOD.JAISWAL05@GMAIL.COM Unregistered	Email ID:	info.certigoinsurance@gmail.com			

Registration No. & RTA Location	Trolley Serial ID	Trolley Chassis No.	Year of Manufacture	Type of Body	Make/Model of Vehicle	Engine no	Chassis no	СС	SEATING CAPACITY
WB 02 Q 9926/ KOLKATA		·	2003	SALOON	MARUTI/ 800 AC	F8BIN2536527	SB308IN1828015	796	4
LIABILITY									
LIABILITY(B)							₹		
Basic - TP							2,094.00		

INSURED MOTOR VEHICLE DETAILS AND PREMIUM COMPUTATION

LL to Paid Driver IMT 28		50.00		
Sub Total		2,144.00		
Premium Computation				
	Total Liability Premium	2,144.00		
*	CGST @ 9%	192.96		
	SGST @ 9%	192.96		
	TOTAL	2,530.00		

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) peed 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;

rovided 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,

LIMITS C	LIMITS OF LIABILITY						
Under	Excess in respect of each and every claim under Sec I of	Under	In respect of any one	Under	Damage to Third Party Property Rs.	Under	PA Owner – Driver as
Section I	motor policy	Section	accident As per	Section	750000/- in respect of any one claim	Section III:	per premium
	Compulsory: Voluntary: Total:	II-I (i)	Motor Vehicle Act	II-I (ii)	or series of claims arising out of one		computation table
					event.		

Subject to I.M.T Endorsement Nos. 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/400018/25/100550695- 09/10/2024 .₹ 2530

Premium Amount in Word's (₹): - Two Thousand Five Hundred Thirty Only

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

Consolidated Stamp Duty on the issue of General Insurance Policies Paid vide G.O No. 2250, dated 20.12.2023 GST Number of MHDI - 19AAGCM1685C1ZG GST Invoice Number - POL1910250001084

GST Invoice Date - 09/10/2024

Date of Issue: 09/10/2024 : Kolkata

Place

Accounting Code for Service - 997134, Motor vehicle insurance services

Place of Supply: WEST BENGAL (19)

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 we are not required to prepare an invoice in terms of the provisions of the said sub-rule

Authorised Signatory

Mayork Tankin

For Magma HDI General Insurance Co. Ltd.

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 remium 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

Policy Number: P0025400018/4190/100114

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 Nu	mher in r	ext co						
1	Product Name	PRIVATE CAR LIABILITY ONLY	111 1	احمد دار						
2	Policy Number Unique Identification Number (UIN)	P0025400018/4190/100114								
3	allotted by IRDA	UIN: IRDAN149RP0003V01201213								
4	Structure	Indemnity Vehicle								
5	Interests Insured	Third Party liability								
	Sum Insured / Motor Insured Declared	Third party property Damage Vehicle Total IDV:								
6	Value Scope	*IDV illustration as shown in the CIS								
7	Policy Coverage	As mentioned in policy schedule LL to Paid Driver IMT 28								
		Basic - TP	asic - TP amage to Third Party Property Rs. 750000							
		Damage to Tilliu Party Property Rs.	730000							
9	Add-on Cover Loss Participation	We will not pay the amount mention	od ac dod	uctible	o in the policy					
	Loss Faiticipation	GENERAL EXCEPTIONS (Applicable to								
		Each vehicle should be used only for	the purp	oses li	isted in the RC. We won't cover a	ny loss, damage, or liability if the				
10	Exclusions	vehicle is used for other purposes or	driven by	some		. Check the driver's clause for details.				
		Nuclear radiation related damages a We won't cover any accidental loss,			ility related to war, invasion, civil	unrest, and you will need to prove				
		your claim is unrelated to these issu CONDITIONS								
		Please read the policy wording and tappears in either of the document	he policy	sched	ule together. The words and expr	essions mean the same whether it				
		•Immediately inform us if the insure								
		related to your claim do inform us ir			is that you may receive from a thi	rd party. If you suspect any legal action				
		 We will manage the claim process of We can either repair, replace, or page 	n your be	ehalf. I						
		(a) For a total loss: the vehicle's Ins	ured Decl	ared \	/alue (IDV) minus the value of th	e wreck.				
		(b) For partial losses: the reasonable Please maintain and protect the ve				r using in damaged condition can cause				
	Special Conditions and Warranties (if	further damage which will not be pa	d. We ex	pect y	ou will allow us to speak to the d	rive and your employees if required nce. We will refund the premium that				
11	any)	you had paid after collecting short p	eriod char	ges. I	n the rare event, if required we can	an also cancel the policy but by sending				
		a 7 days' notice. We will refund the If you will try to claim under other								
		•You and the other party can agree	o resolve	any d	isputes about this policy through	arbitration, following the rules of the				
		•You must follow all the terms and c				proposal form. If not followed the				
		Company is not obligated to make a			d you nace away, the policy won't	t and right away. It will remain active				
		 If you are the only person insured by the policy and you pass away, the policy won't end right away. It will remain act for three months from the date of your death, or until it expires, whichever comes first. During this time, your legal hei 								
		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 vehiclec) The original Policy								
		 You need to inform us in writing as We must have a chance to inspect 				red				
		 If your vehicle meets with an accid 	ent or get	s dam	aged, do not drive it in the same	condition to avoid further damage.				
		Also, don't leave it unattended without	ut securir	ig it a	dequately to prevent further loss.					
		INDICATIVE LIST OF DOCUMENTS RI Accident Claims	QUIRED I	FOR CI	LAIM SETTLEMENT					
		 Duly signed claim form 								
		 Registration Certificate* of the vehi Driving license* of the driver at the 		cciden	nt					
		 Police panchanama / FIR, if accider Original estimate of repairs 	t reporte	d to th	ne police					
		KYC documents								
		 Fitness certificate of the vehicle (fo Road permit of the vehicle (for con 								
		•Goods receipt/ Lorry Receipt of the •FIR in case of Riots, Strike & Malici	vehicle (f	or con	nmercial vehicles)					
		Original repair invoice with payment								
		Theft of Entire Vehicle Claims • Duly signed Claim Form								
		•FIR Copy	4 20)							
		 RTO transfer papers* (Form 28, 29) Form 35/NOC signed by financier, i 								
		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/serv	ce book/c							
		*Original documents to be shown w								
		if we need any more documents tha				help on getting those . If we decide to deny your claim, we				
		will do so within 7 days of the Surve								
12	Admissibility of Claim	updates to these regulations.								
		Sam	ole Claim	Calc	ulation Process for Motor Rep	pair Loss				
		Parts Allowed	Price	Tax	*Depreciation (D)	Total Assessed Value (V)				
		Replaced Parts M	(P) A1	(T) B1	D1	M1=A1+B1-D1				
		Replaced Parts R	A1 A2	B1 B2	D1	M1=A1+B1-D1 M2=A2+B2-D2				
		Replaced Parts G	A3	B3	D3	M3=A3+B3-D3				
		Total Parts Cost M = M1+M2+M3								

Policy Number: P0025400018/4190/100114

			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 Lat	our Co	st		L = L1+L2+L3	
			Compulsory Policy Exces	ss		As	per Policy	С	
			Voluntary Policy Excess				ed by Insured	V	
			Spot Repair / Towing Cha		Ası		Section 1. Point 3, 4	Т	
							·		
			To	otal Insu		Total Liability = M+L+T-C-V			
		Depred •Salva We wo		ctly from	you. \	We'll hand	lle the disposal ourselve	policy terms. es. If you want to keep the salvage,	
			Here's how you can reach us: 24/7. Feel free to contact us w				Toll Free No- 1800 266	3202	
			Website	viienevei	you ii	eeu:	https://www.magmah	di com/	
			Email				customercare@magma		
			Lindii				cascomercare@magme	i ildi.co.iii	
	Policy Servicing - Claim Intimation and						Chat with us at www.magmahdi.com Or		
	Processing						WhatsApp on 7208976	789	
			For Senior Citizens				Namaskar@magma-ho	li.co.in	
			Social media				Facebook and LinkedIn		
		www.r	Address: To know your nearest nagmahdi.com >> Contact Us //www.magmahdi.com/more/co	>> Loca	ite Us				
		For redressal of grievance you may contact:							
		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							
		Level 2: gro@magma-hdi.co.in							
		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							
	Grievances Redressal and Policyholders Protection								
	Frotection	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							
		To know the guidelines, log on to www.cioins.co.in/About							
		To check list of Insurance Ombudsman Offices, log on to www.cioins.co.in/Ombudsman							
		To know about our policy on Protection of Policy Holder's Interest log on to							
15	Obligation of Policyholder	www.magmahdi.com >> Legal >> Protection Of Policyholder's Interest Policy Your policy will be canceled if you omit any key information on the proposition of the prop							
Vehicle Age at the 1 % Depreciation bas	266 3202 or email us at customercare@magma-hdi.co.in. 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 lak	ch								
	.oss (CTL): red CTL if the aggregate cost of retrieval or rep tion is applied for TL/CTL claims	air exce	eeds 75% of its IDV.						
			Declaration by the Polic	y Holde	<u>:r</u>				
I have read	and confirm having noted the details.				•				
Place: KOLKATA									
Date: 09/10/2024									
Date: 03/10/2024								(Signature of the Policyholder)	
								Digital Acknowledgement Received.	
*For detailed policy	terms and conditions please refer to the policy	wordin	gs available on <u>www.mag</u> maho	li.com oı	conta	ct us on to	oll free number 1800 26		

Policy Number: P0025400018/4190/100114



Magma HDI General Insurance Company Limited Toll Free Number 1800-266-3202 Website - www.magmahdi.com

Policy Issuing Office	4TH FLOOR, DEVELOPMENT HOUSE,24 PARK STREETKOLKATA, WEST BENGAL, 700016	Policy Servicing Office	4TH FLOOR, ANUJ CHAMBER, 24 PARK STREET ,KOLKATA -700016 ,WEST BENGAL , PH: (1800) 2663202
Policy Number	P0025400018/4190/100114	Product Name	PRIVATE CAR LIABILITY ONLY
Start Date & Time	11/10/2024 00:00	Expiry Date & Time	10/10/2025 23:59
Agent Name	CERTIGO INSURANCE BROKERS PRIVATE LIMITED	Agent Contact Number	9109447500
Policy Holder Name	SIDDHARTHA GHOSE	Hypothecation	
Address of Insured Person	121 PAIKPARA 3RD ROW ,NEAR KOLKATA WEST BENGAL 700037 Mobile:9883203295	ASHU BABUR BAZAR	

Vehicle Detail

Vehicle RTO Location	Manufacturer	Model	Registration No	Engine Number		Insured Declare Value
	MARUTI	800		F8BIN2536527	SB308IN1828015	

Add on Cover:

Premium Details

Net Premium (Rs.)	2144
GST @ 9% (Rs.)	192.96
GST @ 9% (Rs.)	192.96
Total Premium (Rs.)	2530

Renew Your Policy on 11/10/2025 through

Our website: www.magmahdi.com

Email: customercare@magma-hdi.co.in

Call us at: 1800 266 3202

How do you intimate an intimate claim?

Call us at: 1800 266 3202