



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

IRDA REG NO. 149 DATED 22nd MAY, 2012

CIN: U66000WB2009PLC136327

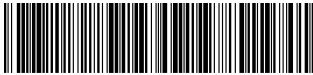
In case of any query, assistance or claims, please contact us at 1800 266 3202

UIN: IRDAN149RP0003V01201213

MISCELLANEOUS VEHICLE LIABILITY ONLY

Date : 07/12/2024

To,  
Mr SHIVENDRA YADAV  
SO RAM CHANDRA YADAV 555 GA 221, GANGA KHEDA KANAUSI  
LUCKNOW  
UTTAR PRADESH 226011  
Mobile:9956799050



P0025100006/4192/100379226011

Agent/ Intermediary Name and Code: HEUTE AND MORGEN INSURANCE BROKER PVT LTD BRC0000436

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. P0025100006/4192/100379, which has been issued based on the details furnished to us as below:

Insured & Vehicle Details	
Name of Insured	Mr SHIVENDRA YADAV
Period of Insurance	09/12/2024 TO 08/12/2025
Vehicle Make/Model	MAHINDRA & MAHINDRA / 265 DIBP
RTO	LUCKNOW
Vehicle Registration No.	UP - 32 - PF - 0798
Vehicle Registration Date	29/01/2024
Engine No.	RPG2BHN0785
Chassis No.	MBNAAACALPJG01809
<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.

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

MISCELLANEOUS VEHICLE LIABILITY ONLY CERTIFICATE OF INSURANCE CUM SCHEDULE /TAX INVOICE		
Policy Servicing Office	UNIT 302 & 303, 3RD FLOOR, CYBER HEIGHTS, VIBUTI KHAND, GOMTI NAGAR ,LUCKNOW -226010 ,UTTAR PRADESH , PH: (1800) 2663202	
Policy No	P0025100006/4192/100379	<div>Period Of Insurance00:00 Hrs of 09/12/2024 To Midnight of 08/12/2025</div> <div>Agent No.:BRC0000436</div>
Insured	Mr SHIVENDRA YADAV	
Address	SO RAM CHANDRA YADAV 555 GA 221 ,GANGA KHEDA KANAUJI LUCKNOW UTTAR PRADESH 226011 Mobile:9956799050	
Contact Number	9956799050	
Email ID:	SHIVENDRAYADAV160@GMAIL.COM	
GST Number	Unregistered	

INSURED MOTOR VEHICLE DETAILS AND PREMIUM COMPUTATION										
Registration No. & RTA Location	Trolley Serial ID	Trolley Chassis No.	Year of Manufacture	Type of Body	Make/Model of Vehicle	Engine no	Chassis no	CC/HP/GVW	Public/Private Carrier	SEATING CAPACITY
UP 32 PF 0798/ LUCKNOW			2023	TRACTOR	MAHINDRA & MAHINDRA/265 DIBP	RPG2BHN0785	MBNAAACALPJG01809	25		1

LIABILITY									
LIABILITY(B)									₹
Basic - TP									7,267.00
LL to Paid Driver IMT 28									50.00
<b>Sub Total</b>									<b>7,317.00</b>
Premium Computation									
Total Liability Premium									7,317.00
CGST @ 9%									658.53
SGST @ 9%									658.53
<b>TOTAL</b>									<b>8,634.00</b>

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. Use only for agricultural and forestry purpose. 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).  
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:
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			
<b>Under Section II-I (i)</b>	In respect of any one accident -- As per Motor Vehicle Act	<b>Under Section II-I (ii)</b>	Damage to Third Party Property Rs. 750000/- in respect of any one claim or series of claims arising out of one event.
<b>Subject to I.M.T Endorsement Nos. IMT 28</b>			

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/100006/25/100733650- 07/12/2024 , ₹ 8634  
**Premium Amount in Word's (₹)** :- Eight Thousand Six Hundred Thirty-Four Only

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

For Magma HDI General Insurance Co. Ltd.

Date of Issue : 07/12/2024  
Place : Kolkata

*Mayank Tank*

Consolidated Stamp Duty on the issue of General Insurance Policies Paid vide G.O No. 1289, dated 09.08.2024  
GST Number of MHD - 09AAGCM1685C1ZH  
GST Invoice Number - POL0912250000939  
GST Invoice Date - 07/12/2024  
Accounting Code for Service - 997134, Motor vehicle insurance services

Place of Supply:UTTAR PRADESH ( 09 )

Authorised Signatory

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.

**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**

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	MISCELLANEOUS VEHICLE LIABILITY ONLY																																						
2	Policy Number	P0025100006/4192/100379																																						
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.																																						
10	Exclusions	GENERAL EXCEPTIONS (Applicable to all Sections of the Policy)																																						
		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 polices 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 (Protection of Policyholders' Interests, Operations and Allied Matters of Insurers) Regulations, 2024 and any updates to these regulations.																																						
		<table><tr><th colspan="5">Sample Claim Calculation Process for Motor Repair Loss</th></tr><tr><td colspan="5"></td></tr><tr><td>Parts Allowed</td><td>Price (P)</td><td>Tax (T)</td><td>*Depreciation (D)</td><td>Total Assessed Value (V)</td></tr><tr><td>Replaced Parts M</td><td>A1</td><td>B1</td><td>D1</td><td>M1=A1+B1-D1</td></tr><tr><td>Replaced Parts R</td><td>A2</td><td>B2</td><td>D2</td><td>M2=A2+B2-D2</td></tr><tr><td>Replaced Parts G</td><td>A3</td><td>B3</td><td>D3</td><td>M3=A3+B3-D3</td></tr><tr><td colspan="4">Total Parts Cost</td><td>M = M1+M2+M3</td></tr><tr><td colspan="5"></td></tr></table>	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	Replaced Parts R	A2	B2	D2	M2=A2+B2-D2	Replaced Parts G	A3	B3	D3	M3=A3+B3-D3	Total Parts Cost				M = M1+M2+M3			
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																																				
Replaced Parts R	A2	B2	D2	M2=A2+B2-D2																																				
Replaced Parts G	A3	B3	D3	M3=A3+B3-D3																																				
Total Parts Cost				M = M1+M2+M3																																				

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


•Depreciation %  
Depreciation will apply according to Section 1 of the policy conditions and the current policy terms.

•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.

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Policy Servicing - Claim Intimation and Processing

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	<a href="https://www.magmahdi.com/">https://www.magmahdi.com/</a>
Email	customercare@magma-hdi.co.in
	Chat with us at <a href="https://www.magmahdi.com/">www.magmahdi.com</a> Or WhatsApp on 7208976789
For Senior Citizens	Namaskar@magma-hdi.co.in
Social media	Facebook and LinkedIn

Office Address: To know your nearest branch visit  
[www.magmahdi.com](https://www.magmahdi.com) >> Contact Us >> Locate Us  
<https://www.magmahdi.com/more/contact-us?f=b>.

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Grievances Redressal and Policyholders Protection

For redressal of grievance you may contact:

Level 1: Grievance Redressal Officers at our branches available at  
[www.magmahdi.com](https://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](mailto: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](https://www.bimabharosa.irdai.gov.in)

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](https://www.cioins.co.in/About)

To check list of Insurance Ombudsman Offices, log on to  
[www.cioins.co.in/Ombudsman](https://www.cioins.co.in/Ombudsman)

To know about our policy on Protection of Policy Holder's Interest log on to  
[www.magmahdi.com](https://www.magmahdi.com) >> Legal >> Protection Of Policyholder's Interest Policy

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Obligation of Policyholder

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](mailto:customercare@magma-hdi.co.in).

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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: LUCKNOW  
 Date: 07/12/2024

(Signature of the Policyholder)  
 Digital Acknowledgement Received.

\*For detailed policy terms and conditions please refer to the policy wordings available on [www.magmahdi.com](https://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:**

{lblLabel1}	1) Proposer's (Owner's) Full Name (In Capital Letters)	Mr
	2) Address (where the Vehicle is normally kept) (In Capital Letters,with pin code)	SO RAM CHANDRA YADAV 555 GA 221, GANGA KHEDA KANAUSI, LUCKNOW, UTTAR PRADESH 226011 {lblWhatsappDetails}
	3) Occupation/Business	
	4) Type of Cover	Liability Only Policy
	5) Period of Insurance	From: Hrs on To: Hrs on
	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"/> {lblPlan358} Corporations <input type="checkbox"/> {lblPlan359} Government <input type="checkbox"/> {lblPlan361} Non-Government organizations <input type="checkbox"/> {lblPlan362} Society <input type="checkbox"/> {lblPlan363} Trust <input type="checkbox"/> {lblPlan365} Partnership / LLP <input type="checkbox"/> {lblPlan366} Private Limited Company <input type="checkbox"/> {lblPlan364} Co-operatives <input type="checkbox"/> {lblPlan360} Public Limited Company <input type="checkbox"/> {lblPlan369} others, please specify: {lblOtherTypes}

{lblGSTNumber}

**A(ii) Vehicle Details**

{lblLabel2}	6) Registration Number of the Vehicle	
	7) Date of Registration of the Vehicle	
	8) Registration Authority & Location	
	9) Year of Manufacture	-
	10) Engine Number	
	11) Chasis Number	
	12) Make of the Vehicle	
	13) Model	
	14) Type Of Body	
	15) Gross Vehicle Weight (GVW) & Cubic Capacity (C.C)	
	16) Max. licensed carrying capacity(No. of Passengers) in case of passenger Carrying Vehicles?	
	17) Whether the Vehicle is driven by non-conventional source of power / CNG / LPG / Bi-Fuel? If 'YES', please give details	
	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 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	(IMT-5)
	a) Is the vehicle proposed for insurance is :	
	(i) Under Hire Purchase?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	(ii) Under Lease Agreement ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	(iii) under Hypothecation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	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)	

**A(iii) Liability Section: Coverage**

{lblLabel3}	22) Coverage for liability against Third Party Risks (Death or injury) required in respect of:	
	i) Owner Driver Only	<input type="checkbox"/> Yes <input type="checkbox"/> No
	{lblPAOwnerDetails}	
	ii) Any Person Other than Paid Driver	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes Give details Such other persons	
	1. 2. 3.	
<p>[Note: 1. Section 146 of Motor Vehicles Act-1988 makes it mandatory for the owner of the vehicle to ensure that he or any other person authorized by him to drive a vehicle in public place has insurance against third party risks. The explanation to Section 146 exempts the paid driver.)</p> <p>2. As per Section 147 (2)(a) The liability is 'as incurred' in the case of death / bodily injury of a third party]</p>		

{lblLabel4}	23)	Do you wish to have the statutory Third Party Property Damage(TPPD)Liability of Rs. 6000/- only [For additional TPPD Limits, please see <b>Q.No.25</b> ]	<input type="checkbox"/> Yes <input type="checkbox"/> No
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{lblLabel5}	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. Employees(Workmen) (No. of persons : ) <b>(Note:</b> 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 <b>Q.No.26</b> ]
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**B. Questions that provide additional covers as per IMT Endorsements**

{lblLabel6}	25)	{lblLabel15}	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 <b>Q.No.23</b> ]	<input type="checkbox"/> Yes <input type="checkbox"/> No															
{lblLabel7}	26)	{lblLabel16}	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. <b>(Note:</b> The addition liability under Common Law and Fatal Accidents Act in respect of employees <b>who are workmen</b> is covered under this endorsement). [Refer to <b>Q.No.24</b> ]	<input type="checkbox"/> Yes <input type="checkbox"/> No															
{lblLabel8}	27)	{lblLabel17}	Do you wish to cover wider legal liability to employees who are <b>NOT</b> 'workmen'? <b>(Note:</b> The liability under common law and fatal Accident Act-1855 in respect of employess <b>who are not workmen</b> can be covered under this endorsement)	<input type="checkbox"/> Yes <input type="checkbox"/> No															
{lblLabel9}	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): {lblAppointmentDetails1} (d) Relationship of the Nominee: <b>(Note:</b> 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)																
{lblLabel10}	29)	{lblLabel18}	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><thead><tr><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></tr><tr><td>2)</td><td></td><td></td><td></td></tr><tr><td>3)</td><td></td><td></td><td></td></tr></tbody></table> <b>(Note:</b> 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)																			
{lblLabel11}	30)	{lblLabel19}	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): _____ <b>(Note:</b> The maximum CSI available per person is Rs. 2 Lakhs in case of commercial vehicles)	<input type="checkbox"/> Yes <input type="checkbox"/> No															
{lblLabel12}	31)	{lblLabel20}	Whether extension of geographical area to the following countries required? 1) Bangladesh <input type="checkbox"/> Yes <input type="checkbox"/> No      2) Bhutan <input type="checkbox"/> Yes <input type="checkbox"/> No 3) Maldives <input type="checkbox"/> Yes <input type="checkbox"/> No      4) Nepal <input type="checkbox"/> Yes <input type="checkbox"/> No 5) Pakistan <input type="checkbox"/> Yes <input type="checkbox"/> No      6) Sri Lanka <input type="checkbox"/> Yes <input type="checkbox"/> No <b>(Note:</b> 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****{IbIPOSImdDisplay}**

{IbILabel13}	32)	<p>Previous History:</p> <p>a. Date of purchase of the vehicle by the Proposer.</p> <p>b. Whether the vehicle was new or second hand at the time of purchase?</p> <p>c. Will the vehicle be used exclusively for</p> <p>(i) Private, Social, Domestic, Pleasure &amp; 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 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> </tbody> </table>	YEAR	NO. OF CLAIMS	CLAIM AMOUNT(Rs.)	_____	_____	_____
YEAR	NO. OF CLAIMS	CLAIM AMOUNT(Rs.)						
_____	_____	_____						
{IbILabel14}	33)	<p>Details of the Driver:</p> <p>a. Age &amp; Date of Birth of the Owner : Age: _____ Yrs DOB: ____/____/____</p> <p>b. Age &amp; 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 or 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>						

**{IbIPOSPPDetails}**

**{IbIPlan206}** 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)
  - {IbIPlan250}** No, I do not have an eIA and do not wish to open one **{IbIPlan251}** Yes, Credit this Policy to my e-Insurance account
  - If yes, Please share existing e-Insurance Account No : **{IbIEIANumber}**
  - Please select Insurance Repository Name (you have opened your account with)
  - {IbIPlan252}** M/s NSDL Database Management Limited **{IbIPlan253}** M/s Karvy Insurance Repository Limited
  - {IbIPlan254}** M/s Central Insurance Repository Limited **{IbIPlan255}** M/s CAMS Repository Services Limited (Please select any one) Or
  - {IbIPlan256}** 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): **{IbICKYCN}**
  - Representative Details (only if eIA is to be opened for any other person other than Proposer and primary Insured)
- {IbIRepresentativeDetails}**

**Premium Details**

Source of Funds for premium payment: **{IbIPlan367}** Business: **{IbIPlan368}** Salaried: **{IbIPlan375}** Others (please specify): **{IbIOtherPremDtls}**

**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.

**{IbIAgreedLine}**

I wish to get all policy related communications on My Whatsapp Number: **{IbIWhatsappNo}** 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.

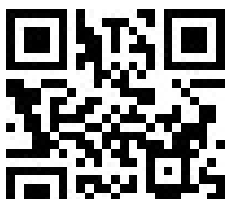
Place: Kolkata  
date:

Signature of the Proposer/s.

**SECTION 41 INSURANCE LAWS (AMENDMENT) ACT, 2015 - PROHIBITION OF REBATES**

- No person shall allow or offer to allow, either directly or indirectly as an inducement to any person to take out or renew or continue an insurance in respect of any kind or risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate except such rebate as may be allowed in accordance with the prospectus or tables of the Insurer.
- If any person fails to comply with sub-regulation (1) above, he shall be liable to payment of a fine which may extend to Ten Lakh Rupees.

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

**{IbIDeclaration} {IbITermsAndCondi} {IbIIPDetails}**



Please scan to "Help us to serve you better"