



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: IRDAN149RP0006V01201819

Two Wheeler Policy- Bundled - 5 year Act only and 1 year Own Damage

Date : 15/09/2023

To,  
Mr ANUP CHAKRABORTY  
SWARUPGANJ ,NABADWIP  
NADIA  
WEST BENGAL 741315  
Mobile:9933528084



Agent/ Intermediary Name and Code:GINTEJA INSURANCE BROKERS PRIVATE LIMITED BRC0000540

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. P0024400039/4113/104312, which has been issued based on the details furnished to us as below:

| Insured & Vehicle Details                               |  |
|---|--|
| Name of Insured   | Mr ANUP CHAKRABORTY                                |
| Period of Insurance(Own Damage)                         | 17:04 Hrs of 15/09/2023 To 23:59 Hrs of 14/09/2024 |
| Period of Insurance(Third Party Liability)              | 17:04 Hrs of 15/09/2023 To 23:59 Hrs of 14/09/2028 |
| Vehicle Make/Model                                      | YAMAHA / YZF R15 V4 ABS                            |
| RTO   | NADIA  |
| Vehicle Registration No.                                | NEW  |
| Vehicle Registration Date                               | 15/09/2023   |
| Engine No.  | G3N4E0514630                                       |
| Chassis No.   | ME1RG67K7P0001046                                  |
| <b>Reason for not opting PA Cover of Owner Driver :</b> |  |
| <b>1) Do not hold a valid driving license</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  
In case of any query, assistance or claims, please contact us at 1800 266 3202  
UIN: IRDAN149RP0006V01201819

**Two Wheeler Policy- Bundled - 5 year Act only and 1 year Own Damage  
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               | P0024400039/4113/104312   | Period of Insurance(Own Damage)            | 17:04 Hrs of 15/09/2023 To 23:59 Hrs of 14/09/2024 |
| Insured Address         | Mr ANUP CHAKRABORTY<br>SWARUPGANJ, NABADWIP<br>NADIA<br>WEST BENGAL 741315<br>Mobile:9933528084 | Period of Insurance(Third Party Liability) | 17:04 Hrs of 15/09/2023 To 23:59 Hrs of 14/09/2028 |
| Contact Number          | 9933528084  | Agent No.:                                 | BRC0000540   |
| Email ID:               | ARUP.GINTEJA@GMAIL.COM  | Agent Contact No.:                         | 9230995711   |
| GST Number              | Unregistered  | Covernote No. :                            | CN24400039/4113/173128                             |
|                         |   | Hypothecation with                         | L & T FINANCE LTD                                  |

**INSURED MOTOR VEHICLE DETAILS AND PREMIUM COMPUTATION**

|  |                     |              |                   |                            |                |                  |
|--|---------------------|--------------|-------------------|----------------------------|----------------|------------------|
| Registration Mark & No. & RTA Location | Year of Manufacture | Engine No.   | Chassis No.       | Make/Model/Type of Body    | CUBIC CAPACITY | SEATING CAPACITY |
| NEW / NADIA                            | 2023                | G3N4E0514630 | ME1RG67K7P0001046 | YAMAHA YZF R15 V4 ABS/BIKE | 155            | 2                |

**IDV (INSURED'S DECLARED VALUE)**

|                |                            |                                   |                      |                   |             |
|----------------|----------------------------|-----------------------------------|----------------------|-------------------|-------------|
| IDV of Vehicle | Non Electrical Accessories | Electrical/electronic Accessories | Bi-Fuel kit(LPG/CNG) | Other accessories | Total Value |
| 164000         | 0                          | 0                                 | 0 / 0                | 0                 | 164000      |

| OWN DAMAGE(A)               |  | ₹        | LIABILITY(B)               |  | ₹        |
|-----------------------------|--|----------|----------------------------|--|----------|
| Basic OD                    |  | 1,154.56 | Basic TP                   |  | 7,365.00 |
| Sub Total                   |  | 1,154.56 | Sub Total                  |  | 7,365.00 |
| Total Own Damage Premium(A) |  | 1,155.00 | Less:                      |  |          |
|                             |  |          | TPPD Discount              |  | 250.00   |
|                             |  |          | Sub-Total Deductions       |  | 250.00   |
|                             |  |          | Total Liability Premium(B) |  | 7,115.00 |
| Premium Computation         |  |          |                            |  |          |
|                             |  |          | Total Package Premium(A+B) |  | 8,270.00 |
|                             |  |          | CGST @ 9%                  |  | 744.30   |
|                             |  |          | SGST @ 9%                  |  | 744.30   |
|                             |  |          | TOTAL                      |  | 9,759.00 |

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

**LIMITATIONS AS TO USE - 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) Use in connection with Motor Trade**

|               |  |
|---------------|--|
| Driver Clause | 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. |
|---------------|--|

**LIMITS OF LIABILITY**

|                        |   |                               |  |                                |   |                           |  |
|------------------------|---|-------------------------------|--|--------------------------------|---|---------------------------|--|
| <b>Under Section I</b> | Excess in respect of each and every claim under Sec I of motor policy<br>Compulsory : Rs. 100/- Voluntary : Rs. 0/- Imposed : Rs. 0/- Total : Rs. 100/- | <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. 6000/- in respect of any one claim or series of claims arising out of one event. | <b>Under Section III:</b> | PA Owner - Driver as per premium computation table |
|------------------------|---|-------------------------------|--|--------------------------------|---|---------------------------|--|

**Subject to I.M.T Endorsement Nos. IMT 7, IMT 20, IMT 22**

Date of Signature of proposal 15/09/2023

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 - Receipt Date - Amount] : P/400039/24/100418028- 15/09/2023, ₹ 9759

**Premium Amount in Word's (₹) :-** Nine Thousand Seven Hundred Fifty-Nine Only

For Magma HDI General Insurance Co. Ltd.

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

Date of Issue : 15/09/2023  
Place : Kolkata

*Mayank Tanti*

Consolidated Stamp Duty on the issue of General Insurance Policies Paid vide G.O No. 834, dated 18.05.2023  
GST Number of MHD - 19AAGCM1685C1ZG  
GST Invoice Number - POL1909240003851  
Accounting Code for Service - 997134, Motor vehicle insurance services

Place of Supply: WEST BENGAL ( 19 )

Whether Tax is payable on Reverse Charge - No  
UIN : IRDAN149RP0006V01201819

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 30th September 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**

| Proposal Form for Two Wheeler Policy- Bundled- 5 year Act only and 1 year Own Damage  |  |  |  |
|---|--|--|--|
| Customer ID 20014832603   |  |  |  |
| *Proposal For: <input checked="" type="checkbox"/> New Policy <input type="checkbox"/> Roll- Over <input type="checkbox"/> Renewal <input type="checkbox"/> Endorsement |  |  |  |
| *Type of Vehicle : <input checked="" type="checkbox"/> Two Wheeler <input type="checkbox"/> Private Car <input type="checkbox"/> Three Wheeler                          |  | *Vehicle Insured is: <input checked="" type="checkbox"/> New <input type="checkbox"/> Used |  |
| *Coverage <input type="checkbox"/> Comprehensive Package Cover <input type="checkbox"/> Third Party Liability only Cover  | <input type="checkbox"/> Third Party, fire & theft only Cover  |  |  |
| Required: <input type="checkbox"/> Third Party and Fire only Cover <input type="checkbox"/> Third Party and Theft only Cover  | <input checked="" type="checkbox"/> 1 Year Comprehensive Package Cover and 5 Year Third Party Liability only Cover |  |  |
| Intermediary Code: BRC0000540   |  | Intermediary Name: GINTEJA INSURANCE BROKERS PRIVATE LIMITED                               |  |

**\* Period of Insurance (own damage):** 15/09/2023 Time: 17:04 ,To Midnight of 14/09/2024 **\* Period of Insurance (Third Party Liability):** 15/09/2023 Time: 17:04 ,To Midnight of 14/09/2028

(Note: Cover shall not commence earlier than the date and time of acceptance of risk and/or issuance of cover note and subsequent to payment of premium)

#### 1. \*Proposer Details:

1. Name (Registered Owner of the Vehicle): Mr ANUP CHAKRABORTY

PAN No: AKCPV6641H \*DOB: 12/05/1971 \*Gender: ☒ M ☐ F \*Occupation: ☐ Saving ☐ Current \*Marital Status: Single  
Bank Name Branch Name Account No. MICR IFSC

#### 2. \*Address where Vehicle Registered and Based

SWARUPGANJ, NABADWIP, NADIA, WEST BENGAL 741315, 9933528084, ARUP.GINTEJA@GMAIL.COM ,Mobile:9933528084 Whatsapp Number:9933528084 ☒ Would you like to opt for Whatsapp notification

GST Number Unregistered

#### 3. \*Communication Address (For policy dispatch)

SWARUPGANJ, NABADWIP, NADIA, WEST BENGAL 741315

GST Number Unregistered

#### 4. City where the vehicle will primarily be used:

NADIA

#### 5. Have you been previously insured in respect of this vehicle?

If so, are you entitled to No Claim Bonus from your previous Insurer?

If Yes, Kindly indicate the percentage:

☐ 20%

☐ 25%

☐ 35%

☐ 45%

☐ 50%

☐ 55%

☐ 65%

☐ Yes

☒ No

Policy No.

☒ Yes

☐ No

I/We hereby declare that the rate of NCB claimed by me/us is correct and that NO CLAIM has arisen in the expiring policy period (Copy of Policy enclosed). I/We further undertake that if this declaration is found incorrect, all benefits under the Policy in respect of Section1 of the Policy will stand forfeited.

Signature of Proposer

#### 6. About the Motor Vehicle to be Insured

|                      |                  |   |                   |                                |          |
|----------------------|------------------|---|-------------------|--------------------------------|----------|
| *Make                | YAMAHA           | *Chassis No   | ME1RG67K7P0001046 | Speedometer reading as on date |          |
| *Model               | YZF R15 V4 ABS   | RTO where vehicle will be registered                              | NADIA             | *Vehicle IDV                   | ₹ 164000 |
| *Year of Manufacture | SEPTEMBER - 2023 | Date of Registration /Purchase                                    | 15/09/2023        | Trailer(s) Identification No.  | 1 _____  |
| *CC/GVV              | 155              | Licensed Carrying Capacity<br>(No of Passengers Including driver) | 2                 |                                | 2 _____  |
| *Registration No.    | NEW              | Colour of the vehicle   |                   |                                | 3 _____  |
| Type of Body         | BIKE             | Vehicle Make (Indigenous or Imported)                             | YZF R15 V4 ABS    |                                | 4 _____  |
| *Engine No.          | G3N4E0514630     |   |                   |                                |          |

Note: Either Registration no or Engine and Chassis Number is mandatory

\*Vehicle Rate Under: ☐ Zone -A ☒ Zone -B  
\*Fuel Used: ☒ Petrol ☐ Diesel ☐ Bi Fuel ☐ LPG/CNG ☐ Electric ☐ Hybrid ☐ Others (please specify)  
\*Type of Permit: ☐ Express Way ☐ National/State Highways ☐ City/Town Road ☐ District Roads ☐ Private Road  
\* Average Monthly usage : ☐ Less Than 50 Kms ☐ Between 50 and 100 Kms ☐ Between 101 and 250 ☐ Above 251 Kms  
Whether any modification or conversion has been done in the vehicle from the maker's standard specification?  
If Yes, please give details of such modifications/conversions.....  
Is the vehicle in good state of repair? ☐ Yes ☐ No If No, please furnish details .....

Where will the vehicle be generally parked?

☐ Roadside Public Parking ☐ Road Outside ☐ Parking lot open or covered ☐ Within compound of residence open

☐ Within compound of residence covered

7. Financier Details: ☒ Hypothecation ☐ Hire Purchase ☐ Lease **Financier Name : L & T FINANCE LTD**

#### 8. Nominee Details :

Nominee Name:

DOB

Relationship

Appointee Name & age

\*If Nominee is minor (below 18 yrs) Appointee Name is mandatory.

#### 9. Insured Declared value of the Vehicle:

The IDV of the vehicle will be deemed to be the Sum-Insured for the purpose of the Policy and will be fixed on the basis of the manufacturer's listed selling price of the brand and model as the vehicle proposed for insurance at the time of commencement of insurance / renewal and adjusted for depreciation as per the schedule specified below.

| Age of the Vehicle                          | % of Depreciation | Insured Declared Value   | 1st Year (₹) | 2nd Year (₹)   | 3rd Year (₹)   |
|---|-------------------|--|--------------|----------------|----------------|
| Not exceeding 6 months                      | 5%                | *Vehicle Chassis Value   | 164000       | 0              | 0              |
| Exceeding 6 months but not exceeding 1 year | 15%               | Vehicle Body Value   |              |                |                |
| Exceeding 1 year but not exceeding 2 years  | 20%               | Non- Electrical Accessories (Other than factory fitted): Details | 0            | 0              | 0              |
| Exceeding 2 years but not exceeding 3 years | 30%               | Electrical Accessories (Other than factory fitted) Details       | 0            | 0              | 0              |
| Exceeding 3 years but not exceeding 4 years | 40%               | Bi- Fuel/ CNG/LPG Kit  | 00           | 00             | 00             |
| Exceeding 4 years but not exceeding 5 years | 50%               | Trailer(s)/ Side Car Value (only for 2 wheelers):                | 0            | 0              | 0              |
|   |                   | Total IDV:   | 164000       | Not Applicable | Not Applicable |

Note - For vehicles more than 5 years old, please contact the Company for fixing the IDV

**10. Extended Covers/ Extra Benefits at Additional Premium:**

| Extension of Geographical Area:<br><input type="checkbox"/> Bangladesh <input type="checkbox"/> Bhutan <input type="checkbox"/> Nepal<br><input type="checkbox"/> Maldives <input type="checkbox"/> Pakistan <input type="checkbox"/> Sri Lanka  | Vehicle is fitted with Fibre Glass Fuel Tank <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Vehicle will be used for Driving Tuitions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Imported vehicle without payment of customs duty <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |         |                 |              |                 |              |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |
|--|---|---------|-----------------|--------------|-----------------|--------------|----|--|--|--|--|----|--|--|--|--|----|--|--|--|--|
| Compulsory Personal Accident for  15,00,000/- Per Annum (If owner has a valid driving license) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><input checked="" type="checkbox"/> Multiple Vehicles <input type="checkbox"/> Not Having Valid Driving License <input type="checkbox"/> Driver has existing PA cover of Rs 15 lakhs   | Is the vehicle Company Maintained? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Will the vehicle be let out on occasional Hire? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |         |                 |              |                 |              |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |
| Whether the vehicle is certified as Vintage Car by Vintage and Classic Car Club of India? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Do you want to opt for wider legal liability to Paid Driver <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Other employees (If Yes, No. of persons to be covered.....) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                      | Vehicle used for commercial purposes: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Do you wish to include Personal Accident cover for unnamed occupants of the vehicle in excess of the compulsory Personal Accident cover for the Owner/Driver? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Sum Insured per person to be Rs 0<br>Nominee Details : Name _____<br>Age _____ Relationship _____<br>If yes, please indicate the Sum-Insured per person (In multiples of Rs.10000/- for a maximum of Rs.1 lakh per person for Two Wheelers and Rs. 2 lakhs per person for Private Cars. The number of persons to be covered for the purpose of this Add-on will be equivalent to the registered carrying capacity of the vehicle) |         |                 |              |                 |              |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |
| Do you want to cover loss of accessories due to burglary, housebreaking or theft? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>(Applicable only for Two-Wheelers)  | Do you wish to cover Hospital Cash for hospitalisation arising out of accident for Yourself/Your Driver/Unnamed occupants of the vehicle? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |         |                 |              |                 |              |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |
| Do you wish to have an enhanced Personal accident cover for Yourself/Your Driver/Unnamed occupants of the vehicle? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If Yes, please provide the Sum Insured per person.....<br>Do you wish to include Personal Accident cover for named persons? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If YES, give name and Capital Sum Insured (CSI) opted for : |   |         |                 |              |                 |              |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |
| <table border="1"> <thead> <tr> <th>Name</th> <th>CSI Opted (Rs.)</th> <th>Nominee</th> <th>Nominee Age/DOB</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>   |   | Name    | CSI Opted (Rs.) | Nominee      | Nominee Age/DOB | Relationship | 1) |  |  |  |  | 2) |  |  |  |  | 3) |  |  |  |  |
| Name   | CSI Opted (Rs.)   | Nominee | Nominee Age/DOB | Relationship |                 |              |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |
| 1)   |   |         |                 |              |                 |              |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |
| 2)   |   |         |                 |              |                 |              |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |
| 3)   |   |         |                 |              |                 |              |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |

(Note : The maximum CSI available per person is Rs. 2 lakhs in case of Private Cars and Rs.1 Lakh in the case of motorized Two wheeler)

**11. Add On Coverage at additional :****12. Restrictions of Cover/ Discounts:**

|  |   |
|--|---|
| Vehicle fitted with Anti-theft device approved by ARAI: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Vehicle will be used within own premises : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Third Party Property Damage cover restricted to 6000 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>(Third Party Property Damage cover of Rs 1 lakh for 2 wheelers and Rs 7.5 lakhs for Private cars) | Is the vehicle designed for use of Blind / Handicapped/Mentally challenged persons and duly endorsed as such by RTA ?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Are you a member of Automobile Association of India? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, please state<br>a. Name of Association<br>b. Membership No. c. Date of expiry |
|--|---|

**\*Voluntary Deductible :**  
**Two Wheeler :** ☒ None ☐ 500/- ☐ 750/- ☐ 1,000/- ☐ 1,500/- ☐ 3,000/-  
☐ 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.

Signature of Proposer

**13. Previous Insurance Details:**

| Previous Insurer Name:   | Type of cover:  |      |   |   |   |   |   |                        |  |  |  |  |  |               |  |  |  |  |  |        |  |  |  |  |  |
|--|---|------|---|---|---|---|---|------------------------|--|--|--|--|--|---------------|--|--|--|--|--|--------|--|--|--|--|--|
| Policy/ Cover note number:   | Period of Insurance: From To  |      |   |   |   |   |   |                        |  |  |  |  |  |               |  |  |  |  |  |        |  |  |  |  |  |
| Has any Insurance Company ever:  | Claims reported in last 5 years   |      |   |   |   |   |   |                        |  |  |  |  |  |               |  |  |  |  |  |        |  |  |  |  |  |
| 1) Declined the proposal<br>2) Cancelled & Refused to renew<br>3) Required an increase in Premium<br>4) Imposed special conditions or excess | <table border="1"> <thead> <tr> <th>Year</th> <th>1</th> <th>2</th> <th>3</th> <th>4</th> <th>5</th> </tr> </thead> <tbody> <tr> <td>Type of Claims (OD/TP)</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>No. of Claims</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Amount</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> | Year | 1 | 2 | 3 | 4 | 5 | Type of Claims (OD/TP) |  |  |  |  |  | No. of Claims |  |  |  |  |  | Amount |  |  |  |  |  |
| Year   | 1   | 2    | 3 | 4 | 5 |   |   |                        |  |  |  |  |  |               |  |  |  |  |  |        |  |  |  |  |  |
| Type of Claims (OD/TP)   |   |      |   |   |   |   |   |                        |  |  |  |  |  |               |  |  |  |  |  |        |  |  |  |  |  |
| No. of Claims  |   |      |   |   |   |   |   |                        |  |  |  |  |  |               |  |  |  |  |  |        |  |  |  |  |  |
| Amount   |   |      |   |   |   |   |   |                        |  |  |  |  |  |               |  |  |  |  |  |        |  |  |  |  |  |

**14. Driver Details:**

|  |
|--|
| a. Age & Date of Birth of the Owner : Age: _____ Yrs DOB: ____/____/____   |
| b. Age & Date of Birth of the Driver : Age: _____ Yrs DOB: ____/____/____  |
| c. Does the driver suffer from defective vision or hearing or any physical infirmity? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If YES, please give details of such infirmity : _____ |
| d. Has the driver ever been involved/convicted for causing any-accident or loss? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |
| If YES, give details as under including the pending prosecutions:<br>-Driver's Name : _____<br>-Date of Accident: _____<br>-Loss / Cost ( Rs.) : _____<br>-Circumstances of Accident / Loss : _____                |

**15. Premium Details**

|   |
|---|
| Total Premium (Including GST):  9,759.00 Payment Mode : Cash <input type="checkbox"/> Cheque <input type="checkbox"/> DD <input type="checkbox"/> |
| Cheque/DD, Cheque No Bank/Branch Date.  |

Declaration: 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 declare and undertake that the amount paid by me/us as premium for the aforementioned vehicle is out of my/our lawful and declared source of Income.

I wish to get all policy related communications on My Whatsapp Number: 9933528084 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.

Place: Kolkata Date: 15/09/2023

Signature of Proposer

**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.