



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: IRDAN149RP0006V02201213

Date : 31/03/2023

To,  
Mr GURIVINDALA RAMAMDORA  
NIDAGALLU, SEETHANAGARAM VIZIANAGARAM  
VIZIANAGARAM  
ANDHRA PRADESH 535546  
Mobile: 9550755039



P0023300035/4103/102626535546

Agent/ Intermediary Name and Code: GIRNAR INSURANCE BROKERS PRIVATE LIMITED BRC0000275

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. P0023300035/4103/102626, which has been issued based on the details furnished to us as below:

Insured & Vehicle Details	
Name of Insured	Mr GURIVINDALA RAMAMDORA
Period of Insurance	31/03/2023 TO 30/03/2024
Vehicle Make/Model	MAHINDRA & MAHINDRA / BOLERO PICK UP FB PS 1.7 T XL
RTO	VIZIANAGARAM
Vehicle Registration No.	AP - 39 - TT - 8257
Vehicle Registration Date	08/04/2021
Engine No.	TNM1C52980
Chassis No.	MA1ZU2TNKM1C32483
<b>Partial PA cover opted</b>	
<b>Existing cover of Rs 0</b>	

The information provided above is based on the information received from you and accordingly, the proposal has been processed.

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.

Thanking You,  
Regards

For Magma HDI General Insurance Co Ltd.

Authorised Signatory



2001372878820230331002409831/03/2023

DEVELOPMENT HOUSE, 24 Park Street , Kolkata -700016  
In case of any query, assistance or claims, please contact us at 1800 266 3202  
UIN: IRDAN149RP0006V02201213

COMMERCIAL VEHICLE CLASS (GCV) PACKAGE POLICY CERTIFICATE OF INSURANCE CUM SCHEDULE /TAX INVOICE									
Policy Servicing Office		UNIT NO. 125, 1ST FLOOR, SIR VIDHYANILAYAM, FUN TIME CLUB ROAD,, TEACHERS COLONY, DOOR NO. 59 A- 17/2-6A,, KRISHNA -520010 ,ANDHRA PRADESH , PH: (1800) 2663202							
Policy No		P0023300035/4103/102626				Period Of Insurance		12:05 Hrs of 31/03/2023 To Midnight of 30/03/2024	
Insured Address		Mr GURIVINDALA RAMAMDORA NIDAGALLU, SEETHANAGARAM VIZIANAGARAM VIZIANAGARAM ANDHRA PRADESH 535546 Mobile:9550755039 9550755039 RAJESH.BFA@GMAIL.COM Unregistered				Agent No.:		BRC0000275	
Contact Number						Email ID:		Support@insurancedekho.com	
GST Number						Toll Free No.:		7551196989	
						Hypothecation with		MAHINDRA&MAHINDRA FIN SER LTD	
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
AP 39 TT 8257 / VIZIANAGARAM			2021	TNM1C52980	MA1ZU2TNKM1C32483	MAHINDRA & MAHINDRA BOLERO PICK UP FB PS 1.7 T XL/PICKUP	3490	A1 GCV Public Carriers other than 3 wheelers	2
IDV (INSURED'S DECLARED VALUE)									
IDV of Chassis ₹	IDV of Body ₹	Trailers ₹	Non Electrical Accessories ₹	Electrical/electronic Accessories ₹	Bi-Fuel kit(LPG/CNG) ₹	Other accessories ₹	Total Value ₹		
700000	0	0	0	0	0 / 0	0	700000		
OWN DAMAGE(A)				LIABILITY(B)					
Basic - OD				2,416.40					
Loss/damage to lamps/tyres/mud guards etc. - IMT-23				362.46					
Sub Total				2,778.86					
Total Own Damage Premium(A)				2,779.00					
CGST @ 9%				250.11					
SGST @ 9%				250.11					
				Total Liability Premium(B)					
				16,524.00					
				GST on TP Premium					
				CGST @ 6%					
				962.94					
				SGST @ 6%					
				962.94					
				GST on Other Liability Premium					
				CGST @ 9%					
				42.75					
				SGST @ 9%					
				42.75					
Premium Computation									
				Total Package Premium(A+B)					
				19,303.00					
				TOTAL CGST					
				1,255.80					
				TOTAL SGST					
				1,255.80					
				TOTAL					
				21,815.00					
Disclaimer:The Exclusions in this policy are as specified in the pre inspection report ID :1/2023/300035/00367114									
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	Excess in respect of each and every claim under Sec I of motor policy Compulsory : Rs. 500/- Voluntary : Rs. 0/- Imposed : Rs. 0/- Total : Rs. 500/-			Under Section II-I (i)	In respect of any one accident -- As per Motor Vehicle Act		Under Section II-II (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 7,IMT 21,IMT 23,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.									
NOMINATION DETAILS									
Name Of the Nominee		Date of Birth of Nominee		Age of Nominee		Relationship		Percentage	
APPANNADORA		14/03/1952		71		Father		100	
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/300035/23/101084784- 31/03/2023 , ₹ 21815									
Premium Amount in Word's (₹) :- Twenty-One Thousand Eight Hundred Fifteen Only									
In case of Claims, please contact us at 1800 266 3202									
For Magma HDI General Insurance Co. Ltd.									
Date of Issue : 31/03/2023									
Place : Kolkata									
Consolidated Stamp Duty on the issue of General Insurance Policies Paid vide G.O No. 1662, dated 29.09.2022									
GST Number of MHDH - 37AAGCM1685C1Z1									
GST Invoice Number - POL3703230004083									
Accounting Code for Service - 997134, Motor vehicle insurance services									
Place of Supply:ANDHRA PRADESH ( 37 )									
Whether Tax is payable on Reverse Charge - No									
UIN : IRDAN149RP0006V02201213									
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.									
For Complete details of coverage , terms, conditions & exclusion please refer the standard policy wording attached with this schedule									

Mayank Tandia

Authorised Signatory

**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.



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

Policy Issuing Office	SHOP NO 7, BLOCK C, 2ND FLOOR, KANDAKATLA SQUARE, 5-11,5-4 & 504, KUC X ROAD, NAIMNAGAR Warangal (urban), TELANGANA, 506009	Policy Servicing Office	UNIT NO. 125, 1ST FLOOR, SIR VIDHYANAILAYAM, FUN TIME CLUB ROAD, ,, TEACHERS COLONY, DOOR NO. 59 A- 17/2-6A, ,KRISHNA -520010 ,ANDHRA PRADESH , PH: (1800) 2663202
Policy Number	P0023300035/4103/102626	Product Name	CommercialVehicleComprehensivePackagePolicy
Start Date & Time	31/03/2023 12:05	Expiry Date & Time	30/03/2024 23:59
Agent Name	GIRNAR INSURANCE BROKERS PRIVATE LIMITED	Agent Contact Number	0
Policy Holder Name	GURIVINDALA RAMAMDORA	Hypothecation	MAHINDRA&MAHINDRA FIN SER LTD
Address of Insured Person	NIDAGALLU ,SEETHANAGARAM VIZIANAGARAM VIZIANAGARAM ANDHRA PRADESH 535546 Mobile:9550755039		

## Vehicle Detail

Vehicle RTO Location	Manufacturer	Model	Variant	Registration No	Engine Number	Chassis Number	Insured Declare Value
VIZIANAGARAM	MAHINDRA & MAHINDRA	BOLERO	PICK UP FB PS 1.7 T XL	AP - 39 - TT - 8257	TNM1C52980	MA1ZU2TNKM1C32483	700000

Add on Cover:

## NOMINATION DETAILS

Name Of the Nominee	Age of Nominee	DOB of nominee	Relationship of nominee with Proposer	Name of Appointee	Relationship of Appointee with nominee	Contact No. of Nominee	Contact No. of Appointee
APPANNADORA	71	14/03/1952	Father				

## Premium Details

<b>Net Premium (Rs.)</b>	19303
<b>GST @ 9% (Rs.)</b>	1255.80
<b>GST @ 9% (Rs.)</b>	1255.80
<b>Total Premium (Rs.)</b>	21815

Renew Your Policy on 31/03/2024 through

Our website: [www.magmahdi.com](http://www.magmahdi.com)

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

Call us at: 1800 266 3202

How do you intimate an intimate claim?

Call us at: 1800 266 3202



General Insurance Company Ltd.

We at MAGMA HDI prefer receiving premium amount through cheque

No. CV/202303310024098

Helpline No : 1800 266 3202

(Information for fields marked with asterisk [\*] is mandatory)

Customer ID 20013728788

Proposal Form for Commercial Vehicles

\*Proposal For: ☐ New Policy ☒ Roll- Over ☐ Renewal ☐ Endorsement

\*Coverage: ☒ Comprehensive Package Cover ☐ Third Party Liability only Cover ☐ Third Party, fire & theft only Cover  
Required: ☐ Third Party and Fire only Cover ☐ Third Party and Theft only Cover

\* Period of Insurance: 31/03/2023 Time: 12:05 ,To 30/03/2024  
(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)

Intermediary Code: BRC0000275 Intermediary Name: GIRNAR INSURANCE BROKERS PRIVATE LIMITED

1. \*Proposer Details:

1. Name (Registered Owner of the Vehicle): Mr GURIVINDALA RAMAMDORA

PAN No: \*DOB: 11/12/1968 \*Gender: ☒ M ☐ F \*Occupation: Others \*Marital Status: ☐ Married  
Bank Name Branch Name A/c Type- ☐ Saving ☐ Current  
Account No. MICR IFSC

2. \*Address where Vehicle Registered and Based  
NIDAGALLU, SEETHANAGARAM VIZIANAGARAM, VIZIANAGARAM, ANDHRA PRADESH 535546, 9550755039, RAJESH.BFA@GMAIL.COM ,Mobile:9550755039 Whatsapp Number:9550755039 ☒ Would you like to opt for Whatsapp notification

GST Number Unregistered

3. \*Communication Address (For policy dispatch)  
NIDAGALLU, SEETHANAGARAM VIZIANAGARAM, VIZIANAGARAM, ANDHRA PRADESH 535546  
GST Number Unregistered

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

5. Have you previously insured this vehicle? ☐ Yes ☒ No Policy No.  
If so, are you entitled to No Claim Bonus from your previous Insurer? ☒ Yes ☐ No  
If Yes, Kindly indicate the percentage: ☐ 20% ☐ 25% ☐ 35% ☐ 45% ☐ 50% ☐ 55% ☐ 65%

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.

6. About the Motor Vehicle to be Insured

Signature of Proposer

\*Vehicle Type: ☐ 2 Wheeler ☐ 3 Wheeler ☐ 4 Wheeler ☒ More than four wheels \*Vehicle Insured is: ☐ New ☒ Used

*Make	MAHINDRA & MAHINDRA	*Chassis No	MA1ZU2TNKM1C32483	Speedometer reading as on date	
*Model	BOLERO PICK UP FB PS 1.7 T XL	RTO where vehicle will be registered	VIZIANAGARAM	*Vehicle IDV	₹ 0
*Year of Manufacture	MARCH - 2021	Date of Registration /Purchase	08/04/2021	Trailer(s) Identification No.	1 _____
*CC/GVW	2523	Licensed Carrying Capacity (No of Passengers Including driver)	2		2 _____
*Registration No.	AP - 39 - TT - 8257 Å	Colour of the vehicle			3 _____
Type of Body	PICKUP	Vehicle Make (Indigenous or Imported)	BOLERO PICK UP FB PS 1.7 T XL		4 _____
*Engine No.	TNM1C52980				

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

\*Vehicle Rate Under: ☐ Zone -A ☐ Zone -B ☒ Zone -C

\*Fuel Used: ☐ Petrol ☒ Diesel ☐ Bi Fuel ☐ LPG/CNG ☐ Electric ☐ Hybrid ☐ Others (please specify)

\*Purpose of Use: ☐ Good Carrying (Private Carrier) ☐ Passenger Carrying (Private carrier) ☒ Good Carrying (Public Carrier) ☐ Others (Please specify)

Proposed usage of the vehicle? (Applicable only to passenger carrying vehicles with seating capacity not exceeding 6)

☐ Driven by the owner(s) only, ☐ Driven by the owner(s) only along with other drivers, ☐ Driven by other drivers, ☐ For rent to tourists, ☐ For rent to individuals for personal use,

☐ Business purposes by Hotels, ☐ Business purposes by Corporates, Official purposes by foreign embassy/ consulate

\*Type of Permit: ☐ Hilly ☐ National/State Highways ☐ City/Town Road ☐ District Roads ☐ Others

\* Average Monthly usage : ☐ Less Than 500 Kms; ☐ Between 501 and 2500 Kms; ☐ Between 2501 to 5000 Kms ; ☐ Above 5001 Kms

Whether any modification or conversion has been done in the vehicle from the maker's standard specification? ☐ Yes ☐ No

If Yes, please give details of such modifications/conversions .....

If No, please furnish details .....

Is the vehicle in good state of repair? ☐ Yes ☐ No

Nature of Goods carried by vehicle ☐ Hazardous ☐ Non-Hazardous

7. Financier Details: ☒ Hypothecation ☐ Hire Purchase ☐ Lease Financier Name : MAHINDRA&MAHINDRA FIN SER LTD

8. Nominee Details : Nominee Name: APPANNADORA DOB: 14/03/1952 Relationship: Father  
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	*Vehicle Chassis Value	₹ 700000
Not exceeding 6 months	5%	Vehicle Body Value	₹
Exceeding 6 months but not exceeding 1 year	15%	Non- Electrical Accessories (Other than factory fitted): Details	₹
Exceeding 1 year but not exceeding 2 years	20%	Electrical Accessories (Other than factory fitted) Details	₹
Exceeding 2 years but not exceeding 3 years	30%	Bi- Fuel/ CNG/LPG Kit	₹
Exceeding 3 years but not exceeding 4 years	40%	Trailer(s)/ Side Car Value (only for 2 wheelers):	₹
Exceeding 4 years but not exceeding 5 years	50%	Total IDV:	₹

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

**We at MAGMA HDI prefer receiving premium amount through cheque****10. Extended Covers/ Extra Benefits at Additional Premium:**

Extension of Geographical Area: <input type="checkbox"/> Bangladesh <input type="checkbox"/> Bhutan <input type="checkbox"/> Nepal <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 Vehicle will be used for Driving Tuitions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Imported vehicle without payment of customs duty <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Compulsory Personal Accident (If owner has a valid driving license) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Legal liability to paid driver/ conductor/ cleaner employed in operations of vehicle No. of Persons 2 Legal liability to employees travelling in/driving the vehicle other than paid driver. No. of Persons	Personal Accident Cover ( Max Rs 1 lakh for two-wheelers and Rs 2 Lakh for other class of vehicles each in multiples of Rs. 10000/- ) for paid driver / cleaner / conductors No. of Persons. 0 CSI per person ₹ 0 Legal liability non-fare paying passengers No. of Persons. CSI per person ₹
Additional Towing charges: Amount: ₹ .....	Vehicle used for Private and commercial purposes : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Cover for overturning of Mobile Cranes, Mechanical Navies, Shovels, Grabs, Rippers and Excavators, Dragline Excavators, Mobile Drilling Rigs and Mobile Plants? <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 If Yes, please provide the Sum Insured per person	Do you wish to cover for loss or damage to lamps, tyres, tubes, mudguard, bonnet side parts, bumper and paint work? ( Not applicable for taxis ) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 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

**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 Vehicle will be used within own premises : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Third Party Property Damage cover restricted to 6000 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is the vehicle specially designed for the use by a handicapped person and/ or owned by an institution exclusively engaged in service of the blind, handicapped and mentally regarded children or adults? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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**\*Voluntary Deductible :**

<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Amount: ₹ .....	<input checked="" type="checkbox"/> 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: 1) Declined the proposal 2) Cancelled & Refused to renew 3) Required an increase in Premium 4) Imposed special conditions or excess	Claims reported in last 5 years Year
	1 2 3 4 5
	Type of Claims (OD/IP)
	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? If YES, please give details of such infirmity :	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
d. Has the driver ever been involved/convicted for causing any-accident of loss?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If YES, give details as under including the pending prosecutions: -Driver's Name : -Date of Accident: -Loss / Cost ( Rs.) -Circumstances of Accident / Loss	

**15. Premium Details**

Total Premium (Including GST): ₹ 21,815.00 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/We hereby agree to receive policy schedule in Soft Copy Form Only.

I wish to get all policy related communications on My Whatsapp Number: 9550755039 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: 31/03/2023

Signature of Proposer

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

1. 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.

2. 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.

Name: GURIVINDALA RAMAMDORA

Date &amp; Time: 31/03/2023 12:25:32 PM

Place: VIZIANAGARAM

IP Address: 122.173.196.115