



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 : 03/04/2023

To,  
**Mr VIRODHI SUNEEL**  
**S/O MOHAN RAO RAVADA VIZIANAGARAM ,TUMBALI JIYYAMMAVALASA**  
**VIZIANAGARAM**  
**ANDHRA PRADESH 535526**  
**Mobile:9550755039**



P0024300035/4103/10001553526

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. P0024300035/4103/100015, which has been issued based on the details furnished to us as below:

Insured & Vehicle Details	
Name of Insured	Mr VIRODHI SUNEEL
Period of Insurance	03/04/2023 TO 02/04/2024
Vehicle Make/Model	ASHOK LEYLAND / BADA DOST I4 TNDD FSD
RTO	PARVATHIPURAM
Vehicle Registration No.	AP - 39 - UC - 6608
Vehicle Registration Date	21/03/2022
Engine No.	LNH016994P
Chassis No.	MB1AB42E2NRLV6041
<b>Partial PA cover opted</b>	
<b>Existing cover of Rs 0</b>	
Previous Policy Details	
Previous Policy No	ALH/128255
Previous Policy Period	18/03/2022 TO 17/03/2023
Previous Year NCB%	0
Previous Insurer Name	BAJAJ ALLIANZ GENERAL INSURANCE CO.LTD
Previous Policy Type	Package

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



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	P0024300035/4103/100015
Insured	Mr VIRODHI SUNEEL
Address	S/O MOHAN RAO RAVADA VIZIANAGARAM ,TUMBALI JIYYAMMAVALASA VIZIANAGARAM ANDHRA PRADESH 535526 Mobile:9550755039 9550755039 RAJESH.BFA@GMAIL.COM Unregistered
Contact Number	
Email ID:	
GST Number	
Period Of Insurance	17:25 Hrs of 03/04/2023 To Midnight of 02/04/2024 BRC0000275 Support@insurancedekho.com 7551196989
Agent No.:	
Email ID:	
Toll Free No.:	
Hypothecation with	HINDUJA LEYLAND FINANCE 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 UC 6608 / PARVATHIPURAM			2022	LNH016994P	MB1AB42E2NRLV6041	ASHOK LEYLAND BADA DOST I4 TNDD FSD/PICK UP VAN	3490	A1 GCV Public Carriers other than 3 wheelers	3

**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 ₹
830000	20000	0	0	0	0/0	0	850000

OWN DAMAGE(A)		₹	LIABILITY(B)		₹
Basic - OD		2,934.20	Basic - TP		16,049.00
Loss/damage to lamps/tyres/mud guards etc. - IMT-23		440.13	PA Owner Driver -SI Rs.1500000 Tenure 1 Year(s)		375.00
Sub Total		3,374.33	Under WC act-Driver/cleaner/employees-IMT 28		100.00
Less:			Sub Total		16,524.00
No claim bonus 20%		674.87			
Sub-Total Deductions		674.87			
Total Own Damage Premium(A)		2,699.00			
CGST @ 9%		242.91			
SGST @ 9%		242.91			

	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)	19,223.00
	TOTAL CGST	1,248.60
	TOTAL SGST	1,248.60
	TOTAL	21,720.00

Disclaimer:The Exclusions in this policy are as specified in the pre inspection report ID :1/2023/300035/00368132

**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**

<b>Under Section I</b>	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/-	<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>Under Section III:</b>	PA Owner - Driver as per premium computation table
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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
MOHAN RAO	05/04/1962	60	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 - ReceiptDate - Amount] : P/300035/24/100002584- 03/04/2023 , ₹ 21720

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

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

For Magma HDI General Insurance Co. Ltd.

Date of Issue : 03/04/2023  
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 MHDI - 37AAGCM1685C1Z1  
GST Invoice Number - POL3704240000161  
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.

Authorised Signatory

**IMPORTANT NOTICE**

Policy Number : P0024300035/4103/100015

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

**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.**



General Insurance Company Ltd.

We at MAGMA HDI prefer receiving premium amount through cheque

No. CV/202304030036026

Helpline No : 1800 266 3202

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

Proposal Form for Commercial Vehicles

Customer ID 20013747913

\*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: 03/04/2023 Time: 17:25 ,To 02/04/2024

(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 VIRODHI SUNEEL

PAN No: BJYPV7309H \*DOB: 24/08/1997 \*Gender:

☒ M ☐ F

 \*Occupation: Others \*Marital Status:

☐ Saving ☐ Married

Bank Name Account No. Branch Name MICR A/c Type- IFSC ☐ Current

2. \*Address where Vehicle Registered and Based

S/O MOHAN RAO RAVADA VIZIANAGARAM, TUMBALI JIYAMMAVALASA, VIZIANAGARAM, ANDHRA PRADESH 535526, 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)

S/O MOHAN RAO RAVADA VIZIANAGARAM, TUMBALI JIYAMMAVALASA, VIZIANAGARAM, ANDHRA PRADESH 535526

GST Number Unregistered

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

5. Have you previously insured this vehicle?

☒ Yes ☐ No

 Policy No. ALH/128255

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 ASHOK LEYLAND

\*Model BADA DOST I4 TND D FSD

\*Year of Manufacture FEBRUARY - 2022

\*CC/GVW 1478

\*Registration No. AP - 39 - UC - 6608 A

Type of Body PICK UP VAN

\*Engine No. LNH016994P

\*Chassis No MB1AB42E2NRLV6041

RTO where vehicle will be registered PARVATHIPURAM

Date of Registration /Purchase 21/03/2022

Licensed Carrying Capacity (No of Passengers Including driver) 3

Colour of the vehicle

Vehicle Make (Indigenous or Imported) BADA DOST I4 TND D FSD

Speedometer reading as on date

\*Vehicle IDV ₹ 20000

Trailer(s) Identification No. 1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

4 \_\_\_\_\_

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 .....

Is the vehicle in good state of repair? 

☐ Yes ☐ No

 If No, please furnish details .....

Nature of Goods carried by vehicle 

☐ Hazardous ☐ Non-Hazardous

7. Financier Details: 

☒ Hypothecation ☐ Hire Purchase ☐ Lease

 Financier Name : HINDUJA LEYLAND FINANCE LTD.8. Nominee Details :

Nominee Name: MOHAN RAO DOB 05/04/1962 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	₹ 830000
Not exceeding 6 months	5%	Vehicle Body Value	₹ 20000
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: BAJAJ	Type of cover: Package																								
Policy/ Cover note number: ALH/128255	Period of Insurance: From 18/03/2022 To 17/03/2023																								
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 <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/IP)</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/IP)						No. of Claims						Amount					
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 type="checkbox"/> No d. Has the driver ever been involved/convicted for causing any-accident of loss? <input type="checkbox"/> Yes <input 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
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**15. Premium Details**

Total Premium (Including GST): ₹ 21,720.00 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 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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: 03/04/2023
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: VIRODHI SUNEEL  
Date & Time: 03/04/2023 10:21:46 PM  
Place: VIZIANAGARAM  
IP Address: 136.185.107.170