


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 : 23/07/2024

To,
Mr PUDI SURYANARAYANA
S/O SURYANARAYANA ,KOTAVANIVALASA, PARVATHIPURAM
VIZIANAGARAM
VIZIANAGARAM
ANDHRA PRADESH 535501
Mobile:7075755513



P0025300051/4192/100173535501

Agent/ Intermediary Name and Code:POLICYBAZAAR INSURANCE BROKERS PRIVATE LIMITED BRC0000434

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. P0025300051/4192/100173, which has been issued based on the details furnished to us as below:

Insured & Vehicle Details	
Name of Insured	Mr PUDI SURYANARAYANA
Period of Insurance	24/07/2024 TO 23/07/2025
Vehicle Make/Model	HMT / 3522CS
RTO	VIZIANAGARAM
Vehicle Registration No.	AP - 35 - U - 3580
Vehicle Registration Date	30/06/2006
Engine No.	53498
Chassis No.	07707
Partial PA cover opted Existing cover of Rs 0	
Previous Policy Details	
Previous Policy No	3008/298736565/00/000
Previous Policy Period	24/07/2023 TO 23/07/2024
Previous Year NCB%	0
Previous Insurer Name	ICICI LOMBARD GENERAL INSURANCE CO. LTD.
Previous Policy Type	Package

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



2001725835420240722066297724/07/2024

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 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 No Insured Address	P0025300051/4192/100173 Mr PUDI SURYANARAYANA S/O SURYANARAYANA ,KOTAVANIVALASA, PARVATHIPURAM VIZIANAGARAM VIZIANAGARAM ANDHRA PRADESH 535501 Mobile:7075755513
Contact Number	7075755513
Email ID:	MEESALAMOURYA@GMAIL.COM
GST Number	Unregistered
Period Of Insurance	00:00 Hrs of 24/07/2024 To Midnight of 23/07/2025
Agent No.:	BRC0000434
Toll Free No.:	8002081155

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
AP 35 U 3580/ VIZIANAGARAM	AP35U3581	ARRAI180	2006	TRACTOR	HMT/3522CS	53498	07707	39		1

LIABILITY									
LIABILITY(B)									₹
Basic - TP									7,267.00
Trailer - TP									2,485.00
PA Owner Driver -SI Rs.1500000 Tenure 1 Year(s)									450.00
LL to Paid Driver IMT 28									50.00
Sub Total									10,252.00
Premium Computation									
Total Liability Premium									10,252.00
CGST @ 9%									922.68
SGST @ 9%									922.68
TOTAL									12,097.00

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			
Under Section II-I (i)	In respect of any one accident -- As per Motor Vehicle Act	Under Section II-I (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 ,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	Relationship With Insured	Nominee Date of Birth	Guardian Name	Relationship With Guardian
SURYANARAYANA	Father	01/01/1955		

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/300051/25/100340845- 23/07/2024 , ₹ 12097

Premium Amount in Word's (₹) :- Twelve Thousand Ninety-Seven Only

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

For Magma HDI General Insurance Co. Ltd.

Date of Issue : 23/07/2024
Place : Kolkata

Mayank Tandon

Consolidated Stamp Duty on the issue of General Insurance Policies Paid vide G.O No. 2250, dated 20.12.2023
GST Number of MHD - 37AAGCM1685C1Z1
GST Invoice Number - POL3707250002233
Accounting Code for Service - 997134, Motor vehicle insurance services

Place of Supply:ANDHRA PRADESH (37)

Whether Tax is payable on Reverse Charge - No
UIN : IRDAN149RP0003V01201213

Authorised Signatory

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.

STANDARD PROPOSAL FORM FOR "LIABILITY ONLY" POLICY
(for Commercial Vehicles other than Motor Trade Internal Risks Policies)
A(i) Personal Details of Proposer / Owner:

Personal Details	1)	Proposer's (Owner's) Full Name (In Capital Letters)	Mr PUDI SURYANARAYANA
	2)	Address (where the Vehicle is normally kept) (In Capital Letters,with pin code)	S/O SURYANARAYANA, KOTAVANIVALASA, PARVATHIPURAM, VIZIANAGARAM, VIZIANAGARAM, ANDHRA PRADESH 535501 Whatsapp Number:7075755513 <input checked="" type="checkbox"/> Would you like to opt for Whatsapp notification
	GST Number Unregistered		
	3)	Occupation/Business	Others
	4)	Type of Cover	Liability Only Policy
5)	Period of Insurance	From: 00:00 Hrs on 24/07/2024 To: 23:59 Hrs on 23/07/2025	

A(ii) Vehicle Details

Vehicle Specification	6)	Registration Number of the Vehicle	AP 35 U 3580
	7)	Date of Registration of the Vehicle	30/06/2006
	8)	Registration Authority & Location	VIZIANAGARAM
	9)	Year of Manufacture	MAY - 2006
	10)	Engine Number	53498
	11)	Chasis Number	07707
	12)	Make of the Vehicle	HMT
	13)	Model	3522 CS
	14)	Type Of Body	TRACTOR
	15)	Gross Vehicle Weight (GVW) & Cubic Capacity (C.C)	1840
	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	No
	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 checked="" 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 a) Is the vehicle proposed for insurance is : (IMT-5) (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

Third Party Risks: Death/Bodily Injury	22)	Coverage for liability against Third Party Risks (Death or injury) required in respect of:	
	i) Owner Driver Only	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	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.		
[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.] 2. As per Section 147 (2)(a) The liability is 'as incurred' in the case of death / bodily injury of a third party]			

Third Party Risks: TPPD (IMT - 20)	23)	Do you wish to have the statutory Third Party Property Damage(TPPD)Liability of Rs. 6000/- only [For additional TPPD Limits, please see Q.No.25]	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Third Party Risks: Liability to 'Workmen' under M.C.Act - 1923 (Compulsory to be covered by M.V.Act-1988)	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: 1) 2. Employees(Workmen) (No. of persons :) (Note: 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 Q.No.26]

B. Questions that provide additional covers as per IMT Endorsements

Addtl. TPPD (GR-39)	25)	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 Q.No.23]	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No															
Additional Liability to Workmen (IMT-28)	26)	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. (Note: The addition liability under Common Law and Fatal Accidents Act in respect of employees who are workmen is covered under this endorsement). [Refer to Q.No.24]	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No															
Liability to Employees who are not Workmen (IMT-29)	27)	Do you wish to cover wider legal liability to employees who are NOT 'workmen'? (Note:The liability under common law and fatal Accident Act-1855 in respect of employees who are not workmen can be covered under this endorsement)	<input type="checkbox"/> Yes <input type="checkbox"/> No															
Personal Accident Cover For Owner Driver	28)	Personal Accident Cover For Owner Driver is compulsory in the Liability Only Cover. Please give details of nomination: (a) Name of Nominee/Age: SURYANARAYANA / 69 (b) Relationship: Father (c) Name of the Appointee (If Nominee is a Minor): (d) Relationship of the Nominee: (Note: 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)																
Personal Accident Cover For Named Occupants (IMT-15)	29)	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 border="1"> <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> (Note: 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)																		
Personal Accident Cover For un-named Occupants (IMT-16)	30)	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): _____ (Note: The maximum CSI available per person is Rs. 2 Lakhs in case of commercial vehicles)	<input type="checkbox"/> Yes <input type="checkbox"/> No															
Geographical Extension (IMT-1)	31)	Whether extension of geographical area to the following countries required? 1) Bangladesh <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 2) Bhutan <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 3) Maldives <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 4) Nepal <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 5) Pakistan <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 6) Sri Lanka <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Note: 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

Previous History	32)	Previous History: a. Date of purchase of the vehicle by the Proposer. 30/06/2006 b. Whether the vehicle was new or second hand at the time of purchase? Second Hand c. Will the vehicle be used exclusively for (i) Private, Social, Domestic, Pleasure & Professional Purpose ? <input type="checkbox"/> Yes <input type="checkbox"/> No (ii) Carriage of goods other than samples or personal luggage? <input type="checkbox"/> Yes <input type="checkbox"/> No d. Is the vehicle in good condition? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No e. Name and Address of the previous insurance company : ICICI LOMBARD GENERAL INSURANCE CO. LTD. & VIZIANAGARAM f. Previous policy number: 3008/298736565/00/000 g. Period of Insurance: From: 24/07/2023 To: 23/07/2024 h. Claims lodged during the preceding 3 Year <table><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><tr><td>_____</td><td>_____</td><td>_____</td></tr></tbody></table>		YEAR	NO. OF CLAIMS	CLAIM AMOUNT(Rs.)	_____	_____	_____	_____	_____	_____
	YEAR	NO. OF CLAIMS	CLAIM AMOUNT(Rs.)									
_____	_____	_____										
_____	_____	_____										
Driver Details	33)	Details of the Driver: 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 type="checkbox"/> No If YES, please give details of such infirmity : _____ 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 _____										

☒ 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.

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 are carried out after the submission of this proposal form the same would be conveyed to the Insurance Company immediately.

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:7075755513 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: 22/07/2024

Signature of the Proposer/s.

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.

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

Name: PUDI SURYANARAYANA
Date & Time: 23/07/2024 8:59:12 AM
Place: VIZIANAGARAM
IP Address: 223.196.192.184, 52.66.118.252