



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: IRDAN149P0006V01201213

Date : 20/06/2020

To,
Mr MEDEPALLI VENKATA RAMANA RAO
S/O POLAYYA LATE, ,D NO 8-49, PEDABHOGILA VILL,
SEETHANAGARAM MDL,
VIZIANAGARAM
ANDHRA PRADESH 535546
Mobile:9550755039



P0021300024/4107/100636535546

Agent/ Intermediary Name and Code:BHOGAPURAPU VENKATARAMANA POS0000032

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. P0021300024/4107/100636, which has been issued based on the details furnished to us as below:

Insured & Vehicle Details	
Name of Insured	Mr MEDEPALLI VENKATA RAMANA RAO
Period of Insurance	21/06/2020 TO 20/06/2021
Vehicle Make/Model	MAHINDRA & MAHINDRA / 275 DI BP
RTO	VIZIANAGARAM
Vehicle Registration No.	AP 35 U 8510
Vehicle Registration Date	04/12/2008
Engine No.	RMK00105
Chassis No.	RMK00105

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.

Thanking You,
Regards

For Magma HDI General Insurance Co Ltd.

Authorised Signatory



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UIN: IRDAN149P0006V01201213

COMMERCIAL VEHICLE PACKAGE MISCELLANEOUS GROUP OF VEHICLES POLICY
CERTIFICATE OF INSURANCE CUM SCHEDULE

Policy Servicing Office	2ND FLOOR, SURVEY NO. 134/3, PLOT NO. 16, TEACHERS' COLONY, GURUNANAK ROAD, PATAMATA, KRISHNA - 520008, ANDHRA PRADESH		
Policy No	P0021300024/4107/100636		
Insured	Mr. MEDEPALLI VENKATA RAMANA RAO		
Address	S/O POLAYYA LATE, D NO 8-49, PEDABHOGILA VILL, SEETHANAGARAM MDL, VIZIANAGARAM ANDHRA PRADESH 535546 Mobile: 9550755039		
Contact Number	9550755039		
Email ID:			
GST Number	Unregistered		
Period Of Insurance	00:00 Hrs of 21/06/2020 To Midnight of 20/06/2021		
Agent No.:	BHOGAPURAPU VENKATARAMANA-POS0000032-		
Agent Contact No.:	9985647377		

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	CC/HP/GVW	Public/Private Carrier	SEATING CAPACITY
AP 35 U 8510 / VIZIANAGARAM	AP35T6619	SEE16	2007	RMK00105	RMK00105	MAHINDRA & MAHINDRA 275 DI BP/TRACTOR	39/2200		1

IDV (INSURED'S DECLARED VALUE)

IDV of Vehicle ₹	Trailers ₹	Non Electrical Accessories ₹	Electrical/electronic Accessories ₹	Bi-Fuel kit (LPG/CNG) ₹	Other accessories ₹	Total Value ₹
150000	30000	0	0	0 / 0	0	180000

OWN DAMAGE (A)		₹	LIABILITY (B)		₹
Basic - OD		375.00	Basic - TP		6,847.00
Trailers - IMT 48		52.20	Trailers - IMT - 48		2,341.00
Sub Total		427.20	PA Owner Driver - SI Rs. 1500000 Tenure 1 Year(s)		400.00
Total Own Damage Premium (A)		427.00	Under WC act - Driver/cleaner/employees - IMT 28		50.00
			Sub Total		9,638.00
			Total Liability Premium (B)		9,638.00
Premium Computation					
			Total Package Premium (A+B)		10,065.00
			CGST @ 9%		905.85
			SGST @ 9%		905.85
			TOTAL		11,877.00

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

LIMITATIONS AS TO USE - The Policy covers use only under a permit within the meaning of the Motor Vehicles Act, 1988 or such a carriage falling under Sub-section 3 of Section 66 of the Motor Vehicle's Act 1988. Use only for agricultural and forestry purpose. The Policy does not cover use for a) Organised racing, b) Pace Making, c) Reliability Trials, d) Speed Testing, e) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled Mechanically propelled vehicle (only for Passenger Carrying Vehicles).
The Policy does not cover use for a) Organised racing, b) Pace Making, c) Reliability Trials, d) Speed Testing, e) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled Mechanically propelled vehicle (only for Passenger Carrying Vehicles).

Persons or classes of persons entitled to drive:	Any person including Insured:
Non-transport Vehicles	Provided that the person driving holds an effective driving license at the time of the accident and is not disqualified from holding or obtaining such a license. Provided also that the person holding an effective learner's license may also drive the vehicle when not used for the transport of passengers at the time of the accident and that such a person satisfies the requirements of Rule 3 of The Central Motor Vehicles Rules, 1989.

LIMITS OF LIABILITY

Under Section I	Compulsory excess in respect of each and every claim under Sec I of motor policy : Rs. 2000/- Imposed : Rs. 0/-	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
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Subject to I.M.T Endorsement Nos. IMT 21, IMT 28, IMT 48

NOMINATION DETAILS

Name Of the Nominee	Date of Birth of Nominee	Age of Nominee	Relationship	Percentage
LAKSHMI	17/11/1983	36	SPOUSE	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 Amount in Word's (₹) :- Eleven Thousand Eight Hundred Seventy-Seven Only

For Magma HDI General Insurance Co. Ltd.

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

Date of Issue : 20/06/2020
Place : Kolkata

Mayank Tanti

Consolidated Stamp Duty on the issue of General Insurance Policies Paid vide G.O No. 1661 FT, dated 25/09/2019
GST Number of MHD - 37AAGCM1685C121
GST Invoice Number - POL3706210005312
Accounting Code for Service - 997134, Motor vehicle insurance services

Authorised Signatory

Place of Supply: ANDHRA PRADESH (37)

Whether Tax is payable on Reverse Charge - No

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.

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.

Proposal Form for Miscellaneous Vehicles			
Customer ID 20005693329			
*Proposal For: <input type="checkbox"/> New Policy <input checked="" type="checkbox"/> Roll-Over <input type="checkbox"/> Renewal <input type="checkbox"/> Endorsement			
*Coverage Required: <input checked="" type="checkbox"/> Comprehensive Package Cover <input type="checkbox"/> Third Party Liability only Cover <input type="checkbox"/> Third Party, fire & theft only Cover <input type="checkbox"/> Third Party and Fire only Cover <input type="checkbox"/> Third Party and Theft only Cover			

* Period of Insurance: 21/06/2020 Time: 00:00 ,To 20/06/2021

(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: POS0000032-	Intermediary Name: BHOGAPURAPU VENKATARAMANA
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1. *Proposer Details:

1. Name (Registered Owner of the Vehicle): Mr MEDEPALLI VENKATA RAMANA RAO

PAN No: *DOB: 17/11/1982 *Gender: ☒ M ☐ F *Occupation: Businessman/Industrialist Small Scale A/c Type- IFSC *Marital Status: Married ☐ Saving ☐ Current

Bank Name: Branch Name: MICR

2. *Address where Vehicle Registered and Based

S/O POLAYYA LATE,, D NO 8-49, PEDABHOGILA VILL., SEETHANAGARAM MDL., VIZIANAGARAM, ANDHRA PRADESH 535546, 9550755039 ,Mobile:9550755039

GST Number Unregistered

3. *Communication Address (For policy dispatch)

S/O POLAYYA LATE,, D NO 8-49, PEDABHOGILA VILL., SEETHANAGARAM MDL., VIZIANAGARAM, ANDHRA PRADESH 535546

GST Number Unregistered

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

5. Have you previously insured 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%

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

*Vehicle Type: <input type="checkbox"/> 2 Wheeler <input type="checkbox"/> 3 Wheeler <input type="checkbox"/> 4 Wheeler <input checked="" type="checkbox"/> More than four wheels		*Vehicle Insured is: <input type="checkbox"/> New <input checked="" type="checkbox"/> Used	
*Make: MAHINDRA & MAHINDRA	*Chassis No: RMK00105	Speedometer reading as on date	
*Model: 275 DI BP	RTO where vehicle will be registered: VIZIANAGARAM	*Vehicle IDV: ₹	
*Year of Manufacture: OCTOBER - 2007	Date of Registration /Purchase: 04/12/2008	Trailer(s) Identification No. 1 _____	
*CC/GVV: 39	Licensed Carrying Capacity (No of Passengers Including driver): 1	2 _____	
*Registration No. AP 35 U 8510 A	Colour of the vehicle	3 _____	
Type of Body: TRACTOR	Vehicle Make (Indigenous or Imported): 275 DI BP	4 _____	
*Engine No. RMK00105			

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 (Public Carrier) ☐ Passenger Carrying (Private carrier) ☐ Good Carrying (Public Carrier) ☐ Others (Please specify) Miscellaneous Vehicles

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 :**

8. Nominee Details : Nominee Name: LAKSHMI DOB: 17/11/1983 Relationship: SPOUSE

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	₹ 150000
Not exceeding 6 months	5%	Vehicle Body Value	₹ 0
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):	₹ 30000
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

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		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	
Legal liability to paid driver/ conductor/ cleaner employed in operations of vehicle No. of Persons 1		No. of Persons. 0 CSI per person ₹ 0	
Legal liability to employees travelling in/driving the vehicle other than paid driver. No. of Persons		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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No		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 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 ? If Yes, please provide the Sum Insured per person <input type="checkbox"/> Yes <input checked="" 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 :

NOT APPLICABLE

12. Restrictions of Cover/ Discounts:

Vehicle fitted with Anti-theft device approved by ARAI : <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
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	

***Voluntary Deductible :**
☐ Yes ☒ No
 Amount: ₹

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	Year	1	2	3	4	5
2) Cancelled & Refused to renew	Type of Claims (OD/TP)					
3) Required an increase in Premium	No. of Claims					
4) Imposed special conditions or excess	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	

15. Premium Details

Total Premium (Including GST): ₹ 11,877.00 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.

Place: Kolkata Date: 20/06/2020

INSURANCE ACT 1938, SECTION 41 â€” PROHIBITION OF REBATES

Signature of Proposer

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. Any person making default in complying with the provisions of this section shall be punishable with fine, which may extend to Ten Lakhs Rupees.