



General Insurance Company Ltd.

DEVELOPMENT HOUSE, 24 Park Street, Kolkata -700016

(www.magmahdi.com)

IRDA REG NO. 149 DATED 22nd MAY, 2012

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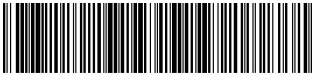
In case of any query, assistance or claims, please contact us at 1800 266 3202

UIN: IRDAN149RP0002V01201920

STAND-ALONE OWN DAMAGE POLICY FOR TWO WHEELER

Date : 10/05/2024

To,
Mr DARPANA RAMJI MANE
D/O RAMJI MANE, MAHADA COLONY, VASHI NAKA CHEMBUR, BLDG
NO 1 ROOM NO 318 SHREE GANE SH CO-OP SOCIETY, F C I MUMBAI
MUMBAI
MAHARASHTRA 400074
Mobile: 8779634279



P0025400018/4115/100059400074

Agent/ Intermediary Name and Code: LANDMARK INSURANCE BROKERAGE PRIVATE LIMITED BRC0000455

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. P0025400018/4115/100059, which has been issued based on the details furnished to us as below:

Insured & Vehicle Details	
Name of Insured	Mr DARPANA RAMJI MANE
Period of Insurance	11/05/2024 TO 10/05/2025
Vehicle Make/Model	BAJAJ / SPIRIT STANDARD
RTO	MUMBAI
Vehicle Registration No.	MH 01 UI 2050
Vehicle Registration Date	23/11/2021
Engine No.	DFG5D0FGDF12BG
Chassis No.	DF12BV0DFB12DF0BD
Previous Policy Details	
Previous Policy No	94514120120
Previous Policy Period	11/05/2023 TO 10/05/2024
Previous Year NCB%	20
Previous Insurer Name	BHARTI AXA GENERAL INSURANCE COMPANY LIMITED
Previous Policy Type	Standalone OD

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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



DEVELOPMENT HOUSE, 24 Park Street, Kolkata -700016
In case of any query, assistance or claims, please contact us at 1800 266 3202
UIN: IRDAN149RP0002V01201920

STAND-ALONE OWN DAMAGE POLICY FOR TWO WHEELER CERTIFICATE OF INSURANCE CUM SCHEDULE / TAX INVOICE						
Policy Servicing Office RUSTOMJEE ASPIREE, 401, 4TH FLOOR, OFF EASTERN EXPRESS HIGHWAY, SION WADALA LINK ROAD, EVERARD NAGAR, SION EAST, ,MUMBAI -400022, MAHARASHTRA, PH: (22) 67284837						
Policy No Insured Address		P0025400018/4115/100059 Mr DARPANA RAMJI MANE D/O RAMJI MANE, MAHADA COLONY, VASHI NAKA CHEMBUR, BLDG NO 1 ROOM NO 318 SHREE GANE SH CO-OP SOCIETY, F C I MUMBAI MUMBAI MAHARASHTRA 400074 Mobile: 8779634279 8779634279 POLICYBOSTESTING@GMAIL.COM Unregistered			Period Of Insurance Agent No.:	
Contact Number Email ID: GST Number					00:00 Hrs of 11/05/2024 To Midnight of 10/05/2025 BRC0000455	
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
MH 01 UT 2050 / MUMBAI	2021	DFGSD0FGDF12BG	DF12BV0DFB12DF0BD	BAJAJ SPIRIT STANDARD/SCOOTER	60	2
IDV (INSURED'S DECLARED VALUE)						
IDV of Vehicle ₹	Non Electrical Accessories ₹	Electrical/electronic Accessories ₹	Bi-Fuel kit(LPG/CNG) ₹	Other accessories ₹	Total Value ₹	
19600	0	0	0 / 0	0	19600	
OWN DAMAGE		LIBALITY COVER DETAILS				
Basic OD	₹	334.77				
Sub Total		334.77				
Less:						
No claim bonus 25%		83.69				
Sub-Total Deductions		83.69				
Total Own Damage Premium		251.00				
Premium Computation						
Total Package Premium					251.00	
CGST @ 9%					22.59	
SGST @ 9%					22.59	
TOTAL					296.00	
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						
Under Section I	Excess in respect of each and every claim under Sec I of motor policy Compulsory : Rs. 100/- Voluntary : Rs. 0/- Imposed : Rs. 0/- Total : Rs. 100/-					
Subject to I.M.T Endorsement Nos. IMT 22						
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.						
Date of Signature of proposal 10/05/2024						
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/400018/25/100002150- 10/05/2024, ₹ 296						
Premium Amount in Word's (₹) :- Two Hundred Ninety-Six Only						
In case of Claims, please contact us at 1800 266 3202					For Magma HDI General Insurance Co. Ltd.	
Date of Issue : 10/05/2024 Place : Kolkata						
Consolidated Stamp Duty on the issue of General Insurance Policies Paid vide G.O No. 1870 FT, dated 27.12.2018 GST Number of MHD1 - 27AAGCM1685C1ZJ GST Invoice Number - POL2705250000279 Accounting Code for Service - 997134, Motor vehicle insurance services						
Place of Supply: MAHARASHTRA (27)						
Whether Tax is payable on Reverse Charge - No UIN : IRDAN149RP0002V01201920 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. 4) For detailed terms & conditions please refer our website www.magmahdi.com 5) The coverage provided in this policy is only for Own Damage and no other liability in connection with the vehicle.						

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 for ₹ 15,00,000/- Per Annum (If owner has a valid driving license) <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	Is the vehicle Company Maintained? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 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	Vehicle used for commercial purposes: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Do you want to opt for wider legal liability to Paid Driver <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A Other employees (If Yes, No. of persons to be covered.....) <input type="checkbox"/> Yes <input type="checkbox"/> No	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 Sum Insured per person to be Rs 0 Nominee Details : Name _____
Do you want to cover loss of accessories due to burglary, housebreaking or theft? <input type="checkbox"/> Yes <input type="checkbox"/> No (Applicable only for Two-Wheelers)	Age _____ Relationship _____ 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 wish to have an enhanced Personal accident cover for Yourself/ Your Driver/Unnamed occupants of the vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A If Yes, please provide the Sum Insured per person.....	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 include Personal Accident cover for named persons? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A If YES, give name and Capital Sum Insured (CSI) opted for : _____ (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 type="checkbox"/> No <input checked="" type="checkbox"/> N/A Vehicle will be used within own premises : <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A Third Party Property Damage cover restricted to 6000 <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A (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 ? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Are you a member of Automobile Association of India? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please state a. Name of Association b. Membership No. c. Date of expiry
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***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.

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Signature of Proposer

13. Previous Insurance Details:

Previous Insurer Name: BHARATI	Type of cover: Standalone OD
Policy/ Cover note number: 94514120120	Period of Insurance: From 11/05/2023 To 10/05/2024
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/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 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 : _____
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15. Premium Details

Total Premium (Including GST): ₹ 296.00 Payment Mode : Cash <input type="checkbox"/> Cheque <input type="checkbox"/> DD <input type="checkbox"/>
Cheque/DD, Cheque No Bank/Branch Date.

16. Electronic Insurance Details

• Do you wish to have this Policy credited to an eIA? (Please select any one)
☒ No, I do not have an eIA and do not wish to open one ☐ Yes, Credit this Policy to my e-Insurance account
• If yes, Please share existing e-Insurance Account No : _____
• Please select Insurance Repository Name (you have opened your account with)
• ☐ M/s NSDL Database Management Limited ☐ M/s Karvy Insurance Repository Limited
• ☐ M/s Central Insurance Repository Limited ☐ M/s CAMS Repository Services Limited (Please select any one) Or
• ☐ I do not have existing e-Insurance account and I am interested in creating a new e-Insurance account (Please submit electronic insurance account opening form (eIA form) along with relevant documents)
• My KYC No. (Central Know Your Customer registry number) is (if available): 50001576192993
• Representative Details (only if eIA is to be opened for any other person other than Proposer and primary Insured)
First Name : _____
Middle Name : _____
Last Name : _____
Gender : _____
DOB : _____
PAN : _____
Address Line 1 : _____
Address Line 2 : _____
Address Line 3 : _____
Pin Code : _____
Telephone Number : _____
Mobile Number : _____
Relationship : _____
Other Relationship : _____
Email Id : _____
UID : _____
LandMark : _____
State : _____
City : _____
Country : _____

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: _____ 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: 10/05/2024

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.