



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: IRDAN149RP0001V02201213

Date : 10/09/2022

To,
Mr SUNIL KUMAR AGRAWAL
C/O BASANTILAL AGRAWAL 117 C SECTOR ,F1 CIDCO GURUSAHANI NAGAR
AURANGABAD
MAHARASHTRA 431001
Mobile:9890045055



Agent/ Intermediary Name and Code:JAINUINE INSURANCE BROKERS PRIVATE LIMITED BRC0000122

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. P0023200029/4101/100346, which has been issued based on the details furnished to us as below:

Insured & Vehicle Details	
Name of Insured	Mr SUNIL KUMAR AGRAWAL
Period of Insurance	25/09/2022 TO 24/09/2023
Vehicle Make/Model	TOYOTA / INNOVA 2.5 E PS STR 7
R T O	AURANGABAD (MH)
Vehicle Registration No.	MH 20 CS 2105
Vehicle Registration Date	05/09/2013
Engine No.	2KDU321724
Chassis No.	MBJ11JV4007414330
Partial PA cover opted	
Existing cover of Rs 0	
Previous Policy Details	
Previous Policy No	3100006660
Previous Policy Period	25/09/2021 TO 24/09/2022
Previous Year NCB%	0
Previous Insurer Name	TATA AIG 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@magmahdi.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



2001162011920220910005024225/09/2022

DEVELOPMENT HOUSE, 24 Park Street , Kolkata -700016
In case of any query, assistance or claims, please contact us at 1800 266 3202
UIN: IRDAN149RP0001V02201213

**PRIVATE CAR PACKAGE POLICY
CERTIFICATE OF INSURANCE CUM SCHEDULE / TAX INVOICE**

Policy Servicing Office	1ST FLOOR, EAST SIDE OF H.S. KANDI CENTER, ,(CTS NO: 1300D & 13001), JALNA ROAD, ,AURANGABAD -431001 ,MAHARASHTRA , PH: (240) 6628043		
Policy No	P0023200029/4101/100346		
Insured Address	Mr SUNIL KUMAR AGRAWAL C/O BASANTILAL AGRAWAL 117 C SECTOR ,F1 CIDCO GURUSAHANI NAGAR AURANGABAD MAHARASHTRA 431001 Mobile:9890045055		
Contact Number	9890045055		
Email ID:	SATYAMCOTEX@GMAIL.COM		
GST Number	Unregistered		
Period Of Insurance	00:00 Hrs of 25/09/2022 To Midnight of 24/09/2023		
Agent No.:	BRC0000122		
Agent Contact No.:	0		

INSURED MOTOR VEHICLE DETAILS AND PREMIUM COMPUTATION

Registration No. & RTA Location	Year of Manufacture	Engine No.	Chassis No.	Make/Model/Type of Body	CUBIC CAPACITY	SEATING CAPACITY
MH 20 CS 2105 / AURANGABAD (MH)	2013	2KDU321724	MBJ11JV4007414330	TOYOTA INNOVA 2.5 E PS STR 7/SALOON	2494	7

IDV (INSURED'S DECLARED VALUE)					
IDV of Vehicle	Non Electrical Accessories	Electrical/electronic Accessories	Bi-Fuel kit(LPG/CNG)	Other accessories	Total Value
370000	0	0	0 / 0	0	370000

OWN DAMAGE(A)		LIABILITY(B)	
Basic - OD	4,545.45	Basic - TP	7,897.00
Sub Total	4,545.45	PA Owner Driver -SI Rs.1500000 Tenure 1 Year(s)	750.00
Total Own Damage Premium(A)	4,545.00	Personal Accident Cover-Unnamed (SI 100000 Per Persons)	350.00
		Sub Total	8,997.00
		Total Liability Premium(B)	8,997.00
Premium Computation			
		Total Package Premium(A+B)	13,542.00
		CGST @ 9%	1,218.78
		SGST @ 9%	1,218.78
		TOTAL	15,980.00

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.
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LIMITS OF LIABILITY

Under Section I	Under Section II-I (i)	Under Section II-I (ii)	Under Section III:
Excess in respect of each and every claim under Sec I of motor policy Compulsory : Rs. 2000/- Voluntary : Rs. 0/- Imposed : Rs. 0/- Total : Rs. 2000/-	In respect of any one accident -- As per Motor Vehicle Act	Damage to Third Party Property Rs. 750000/- in respect of any one claim or series of claims arising out of one event.	PA Owner - Driver as per premium computation table

Subject to I.M.T Endorsement Nos. IMT 15,IMT 16,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.

NOMINATION DETAILS

Name Of the Nominee	Date of Birth of Nominee	Age of Nominee	Relationship With Insured	Percentage
MRS AGRAWAL	13/09/1989	32	Wife	100

Date of Signature of proposal 10/09/2022

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/200029/23/100456371- 10/09/2022 , ₹ 15980

Premium Amount in Word's (₹) :- Fifteen Thousand Nine Hundred Eighty Only

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

For Magma HDI General Insurance Co. Ltd.

Date of Issue : 10/09/2022

Place : Kolkata

Mayank Tanha

Authorised Signatory

Consolidated Stamp Duty on the issue of General Insurance Policies Paid vide G.O No. 658, dated 21.04.2022

GST Number of MHDII - 27AAGCM1685C1ZJ

GST Invoice Number - POL2709230007073

Accounting Code for Service - 997134, Motor vehicle insurance services

Place of Supply:MAHARASHTRA (27)

Whether Tax is payable on Reverse Charge - No

UIN : IRDAN149RP0001V02201213

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.

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.

Proposal Form for PRIVATE CAR PACKAGE POLICY			
Customer ID 20011620119			
*Proposal For: <input type="checkbox"/> New Policy <input checked="" type="checkbox"/> Roll-Over <input type="checkbox"/> Renewal <input type="checkbox"/> Endorsement			
*Type of Vehicle : <input type="checkbox"/> Two Wheeler <input checked="" type="checkbox"/> Private Car <input type="checkbox"/> Three Wheeler			
*Coverage		*Vehicle Insured is:	
<input checked="" type="checkbox"/> Comprehensive Package Cover		<input type="checkbox"/> New <input checked="" type="checkbox"/> Used	
Required: <input type="checkbox"/> Third Party and Fire only Cover		<input type="checkbox"/> Third Party Liability only Cover	
<input type="checkbox"/> Third Party and Theft only Cover		<input type="checkbox"/> Third Party, fire & theft only Cover	
Intermediary Code: BRC0000122		Intermediary Name: JAINUINE INSURANCE BROKERS PRIVATE LIMITED	

* Period of Insurance: 25/09/2022 Time: 00:00 ,To Midnight of 24/09/2023

(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)

1. *Proposer Details:

1. Name (Registered Owner of the Vehicle): Mr SUNIL KUMAR AGRAWAL

PAN No: *DOB: 17/09/1986 *Gender: M F *Occupation: *Marital Status: Married
 Bank Name Branch Name A/c Type- Saving Current
 Account No. MICR IFSC

2. *Address where Vehicle Registered and Based

C/O BASANTILAL AGRAWAL 117 C SECTOR, F1 CIDCO GURUSAHANI NAGAR, AURANGABAD, MAHARASHTRA 431001, 9890045055, SATYAMCOTEX@GMAIL.COM ,Mobile:9890045055

GST Number Unregistered

3. *Communication Address (For policy dispatch)

C/O BASANTILAL AGRAWAL 117 C SECTOR, F1 CIDCO GURUSAHANI NAGAR, AURANGABAD, MAHARASHTRA 431001

GST Number Unregistered

4. City where the vehicle will primarily be used:

AURANGABAD

5. Have you been previously insured in respect of this vehicle?

Yes No

Policy No. 3100006660

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.

Signature of Proposer

6. About the Motor Vehicle to be Insured

*Make	TOYOTA	*Chassis No	MB111JV4007414330	Speedometer reading as on date	
*Model	INNOVA 2.5 E PS STR 7	RTO where vehicle will be registered	AURANGABAD (MH)	*Vehicle IDV	₹ 370000
*Year of Manufacture	SEPTEMBER - 2013	Date of Registration /Purchase	05/09/2013	Trailer(s) Identification No.	1 _____
*CC/GVW	2494	Licensed Carrying Capacity (No of Passengers Including driver)	7		2 _____
*Registration No.	MH 20 CS 2105	Colour of the vehicle			3 _____
Type of Body	SALOON	Vehicle Make (Indigenous or Imported)	INNOVA 2.5 E PS STR 7		4 _____
*Engine No.	2KDU321724				

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

*Vehicle Rate Under:

Zone -A Zone -B

*Fuel Used:

Petrol Diesel Bi Fuel LPG/CNG

*Type of Permit:

Express Way National/State Highways City/Town Road Hybrid District Highways Others (please specify) Private Road

* Average Monthly usage :

Less Than 50 Kms Between 50 and 100 Kms Between 101 and 250 Above 251 Kms

Whether any modification or conversion has been done in the vehicle from the maker's standard specification?

Yes No If No, please furnish details

Is the vehicle in good state of repair?

Yes No

Where will the vehicle be generally parked?

Roadside Public Parking Road Outside Parking lot open or covered Within compound of residence open

Within compound of residence covered

7. Financier Details: Hypothecation Hire Purchase Lease **Financier Name :**

8. Nominee Details :

Nominee Name: MRS AGRAWAL DOB 13/09/1989 Relationship Wife

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	₹ 370000
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

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	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 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No																				
Do you want to opt for wider legal liability to Paid Driver <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Other employees (If Yes, No. of persons to be covered.....) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Sum Insured per person to be Rs 100000 Nominee Details : Name _____ 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 want to cover loss of accessories due to burglary, housebreaking or theft? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Applicable only for Two-Wheelers)	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 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 include Personal Accident cover for named persons? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, give name and Capital Sum Insured (CSI) opted for :																				
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Name</th> <th>CSI Opted (Rs.)</th> <th>Nominee</th> <th>Nominee Age/DOB</th> <th>Relationship</th> </tr> </thead> <tbody> <tr> <td>1)</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>2)</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>3)</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		Name	CSI Opted (Rs.)	Nominee	Nominee Age/DOB	Relationship	1)					2)					3)				
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1)																					
2)																					
3)																					

(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 :

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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 (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 :**

Private Car : None 2,500/- 5,000/- 7,500/- 15,000/-

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.

Signature of Proposer

13. Previous Insurance Details:

Previous Insurer Name: TAGI Policy/ Cover note number: 3100006660	Type of cover: Package Period of Insurance: From 25/09/2021 To 24/09/2022																								
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" style="width:100%; border-collapse: collapse;"> <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/TP)</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/TP)						No. of Claims						Amount					
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?
 If YES, please give details of such infirmity : Yes No
 d. Has the driver ever been involved/convicted for causing any-accident of loss?
 Yes 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): ₹ 15,980.00 Payment Mode : Cash Cheque DD
 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.

Place: Kolkata Date: 10/09/2022

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: SUNIL KUMAR AGRAWAL
 Date & Time: 10/09/2022 1:45:20 PM
 Place: AURANGABAD
 IP Address: 103.59.104.7