



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

COMMERCIAL VEHICLE LIABILITY ONLY POLICY

Date : 17/10/2023

To,
Mr OMPRAKASH CHAUDHARI
AT PO KURHA TALUKA MUKTAINAGAR ,KURHE KURHA KAKODA JALGAON
JALGAON
MAHARASHTRA 425311
Mobile:8888849450



P00242000294193100029425311

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. P0024200029/4193/100029, which has been issued based on the details furnished to us as below:

Insured & Vehicle Details	
Name of Insured	Mr OMPRAKASH CHAUDHARI
Period of Insurance	19/10/2023 TO 18/10/2024
Vehicle Make/Model	TATA / LPT 1109 EX
RTO	JALGAON
Vehicle Registration No.	MH 19 Z 3115
Vehicle Registration Date	03/10/2009
Engine No.	497TC93JQZ838618
Chassis No.	MAT41644197J22733
Partial PA cover opted	
Existing cover of Rs 0	

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@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.

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.

A handwritten signature in blue ink that reads "Mayank Tanti". The signature is written in a cursive style with a horizontal line underneath the name.

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: IRDAN149RP0003V01201213

**COMMERCIAL VEHICLE LIABILITY ONLY POLICY
CERTIFICATE OF INSURANCE CUM SCHEDULE /TAX INVOICE**

Policy Servicing Office	UNIT NO. 63, 6TH FLOOR, DER DEUTSCHE PARKZ, NEAR NAHUR RAILWAY STATION, BHANDUP, ,MUMBAI -400078 ,MAHARASHTRA , PH: (1800) 2663202		
Policy No	P0024200029/4193/100029		
Insured	Mr OMPRAKASH CHAUDHARI		
Address	AT PO KURHA TALUKA MUKTAINAGAR ,KURHE KURHA KAKODA JALGAON JALGAON MAHARASHTRA 425311 Mobile:8888849450		
Contact Number	8888849450		
Email ID:	MADHURISAWAIWALA.SM@GMAIL.COM		
GST Number	Unregistered		
Period Of Insurance	00:00 Hrs of 19/10/2023 To Midnight of 18/10/2024		
Agent No.:	BRC0000122		

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	GWV	POLICY CLASS	SEATING CAPACITY
MH 19 Z 3115 / JALGAON			2009	497TC93JQZ838618	MAT41644197J22733	TATA LPT 1109 EX/TRUCK	11990	A1 GCV Public Carriers other than 3 wheelers	3

LIABILITY		₹
LIABILITY(B)		
Basic - TP		27,186.00
PA Owner Driver -SI Rs.1500000 Tenure 1 Year(s)		750.00
PA for Paid Drivers Cleaners and Conductors		60.00
LL to Paid Driver IMT 28		50.00
Sub Total		28,046.00
GST on TP Premium		
CGST @ 6%		1,631.16
SGST @ 6%		1,631.16
GST on Other Liability Premium		
CGST @ 9%		77.40
SGST @ 9%		77.40
Premium Computation		
Total Liability Premium		28,046.00
TOTAL CGST		1,708.56
TOTAL SGST		1,708.56
TOTAL		31,463.00

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.

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							
Under Section I	Compulsory excess in respect of each and every claim under Sec I of motor policy	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 17,IMT 21,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	
MRS CHAUDHARI	16/10/1986	37	Wife	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/200029/24/100528745- 17/10/2023 , ₹ 31463
Premium Amount in Word's (₹) :- Thirty-One Thousand Four Hundred Sixty-Three Only

In case of Claims, please contact us at 1800 266 3202 For Magma HDI General Insurance Co. Ltd.

Date of Issue : 17/10/2023
Place : Kolkata

Mayank Tandia

Consolidated Stamp Duty on the issue of General Insurance Policies Paid vide G.O No. 834, dated 18.05.2023
GST Number of MHDI - 27AAGCM1685C1ZJ
GST Invoice Number - POL2710240011062
Accounting Code for Service - 997134, Motor vehicle insurance services

Place of Supply:MAHARASHTRA (27)

Whether Tax is payable on Reverse Charge - No
UIN : IRDAN149RP0003V01201213
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
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 30th September 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**



General Insurance Company Ltd.

Magma HDI General Insurance Company Limited

Toll Free Number 1800-266-3202

Website - www.magmahdi.com

Policy Issuing Office	1ST FLOOR, EAST SIDE OF H.S. KANDI CENTER,(CTS NO: 1300D & 13001), JALNA ROAD,AURANGABAD, MAHARASHTRA, 431001	Policy Servicing Office	UNIT NO. 63, 6TH FLOOR, DER DEUTSCHE PARKZ, NEAR NAHUR RAILWAY STATION, BHANDUP, ,MUMBAI -400078 ,MAHARASHTRA , PH: (1800) 2663202
Policy Number	P0024200029/4193/100029	Product Name	CommercialLiabilityOnlyPolicy
Start Date & Time	19/10/2023 00:00	Expiry Date & Time	18/10/2024 23:59
Agent Name	JAINUINE INSURANCE BROKERS PRIVATE LIMITED	Agent Contact Number	0
Policy Holder Name	OMPRAKASH CHAUDHARI	Hypothecation	
Address of Insured Person	AT PO KURHA TALUKA MUKTAINAGAR ,KURHE KURHA KAKODA JALGAON JALGAON JALGAON MAHARASHTRA 425311 Mobile:8888849450		

Vehicle Detail

Vehicle RTO Location	Manufacturer	Model	Variant	Registration No	Engine Number	Chassis Number	Insured Declare Value
JALGAON	TATA	LPT 1109	EX	MH 19 Z 3115	497TC93JQZ838618	MAT41644197J22733	

Add on Cover:

NOMINATION DETAILS

Name Of the Nominee	Age of Nominee	DOB of nominee	Relationship of nominee with Proposer	Name of Appointee	Relationship of Appointee with nominee	Contact No. of Nominee	Contact No. of Appointee
MRS CHAUDHARI	37	16/10/1986	Wife				

Premium Details

Net Premium (Rs.)	28046
GST @ 9% (Rs.)	1708.56
GST @ 9% (Rs.)	1708.56
Total Premium (Rs.)	31463

Renew Your Policy on 19/10/2024 through

Our website:www.magmahdi.com

Email: customercare@magma-hdi.co.in

Call us at: 1800 266 3202

How do you intimate an intimate claim?

Call us at: 1800 266 3202

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 OMPRAKASH CHAUDHARI
	2)	Address (where the Vehicle is normally kept) (In Capital Letters,with pin code)	AT PO KURHA TALUKA MUKTAINAGAR, KURHE KURHA KAKODA JALGAON, JALGAON, JALGAON, MAHARASHTRA 425311 Whatsapp Number:8888849450 <input checked="" type="checkbox"/> Would you like to opt for Whatsapp notification
	GST Number Unregistered		
	3)	Occupation/Business	Self employed Professional
	4)	Type of Cover	Liability Only Policy
5)	Period of Insurance	From: 00:00 Hrs on 19/10/2023 To: 23:59 Hrs on 18/10/2024	

A(ii) Vehicle Details

Vehicle Specification	6)	Registration Number of the Vehicle	MH 19 Z 3115
	7)	Date of Registration of the Vehicle	03/10/2009
	8)	Registration Authority & Location	JALGAON
	9)	Year of Manufacture	OCTOBER - 2009
	10)	Engine Number	497TC93JQZ838618
	11)	Chassis Number	MAT41644197J22733
	12)	Make of the Vehicle	TATA
	13)	Model	LPT 1109EX
	14)	Type Of Body	TRUCK
	15)	Gross Vehicle Weight (GVW) & Cubic Capacity (C.C)	11990
	16)	Max. licensed carrying capacity(No. of Passengers) in case of passenger Carrying Vehicles?	3
	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 : (i) Under Hire Purchase? (ii)Under Lease Agreement ? (iii) under Hypothecation? 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)	(IMT-5) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No

A(iii) Liability Section: Coverage

Third Party Risk: Death/Bodily Injury	22)	Coverage for liability against Third Party Risks (Death or injury) required in respect of:	
		i)Owner Driver Only ii)Any Person Other than Paid Driver 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]	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No

Third Party Risks: TPPD (IMT-23)	23) Do you wish to have the statutory Third Party Property Damage(TPPD)Liability of Rs. 6000/- only <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No [For additional TPPD Limits, please see Q.No.25]
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Third Party Risks: Liability to Workmen under the Act-1923 Compensation to be provided by the Insurer	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]
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B. Questions that provide additional covers as per IMT Endorsements

Addl. 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
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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. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (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]
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Liability to Employees who are not Workmen (IMT-29)	27) Do you wish to cover wider legal liability to employees who are NOT 'workmen'? <input type="checkbox"/> Yes <input type="checkbox"/> No (Note: The liability under Common Law and Fatal Accidents Act-1855 in respect of employees who are not workmen can be covered under this endorsement
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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: MRS CHAUDHARI / 37 (b) Relationship: Wife (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)
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Personal Accident Cover for Named Occupants (IMT-15)	29) Do you wish to include Personal Accident cover for named persons? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES give name and Capital Sum Insured (CSI) opted for: <table border="1" style="width: 100%;"> <thead> <tr> <th></th> <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> <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> (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)? <input type="checkbox"/> Yes <input type="checkbox"/> No 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)
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Geographical Extension (IMT-3)	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)
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C. Questions that are elicited for information and data collection purposes

Previous History	<p>32) Previous History:</p> <p>a. Date of purchase of the vehicle by the Proposer. 03/10/2009</p> <p>b. Whether the vehicle was new or second hand at the time of purchase? Second Hand</p> <p>c. Will the vehicle be used exclusively for</p> <p>(i) Private, Social, Domestic, Pleasure & Professional Purpose ? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(ii) Carriage of goods other than samples or personal luggage? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>d. Is the vehicle in good condition? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>e. Name and Address of the previous insurance company :</p> <p>f. Previous policy number:</p> <p>g. Period of Insurance: From: To:</p> <p>h. Claims lodged during the preceding 3 Year</p> <table border="1"> <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> </tbody> </table>	YEAR	NO. OF CLAIMS	CLAIM AMOUNT(Rs.)	_____	_____	_____
YEAR	NO. OF CLAIMS	CLAIM AMOUNT(Rs.)					
_____	_____	_____					
Driver Details	<p>33) Details of the Driver:</p> <p>a. Age & Date of Birth of the Owner : Age: _____ Yrs DOB: ____/____/____</p> <p>b. Age & Date of Birth of the Driver : Age: _____ Yrs DOB: ____/____/____</p> <p>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 :</p> <p>d. Has the driver ever been involved/convicted for causing any-accident of loss? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, give details as under including the pending prosecutions:</p> <p>-Driver's Name :</p> <p>-Date of Accident:</p> <p>-Loss / Cost (Rs.)</p> <p>-Circumstances of Accident / Loss</p>						

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 wish to get all policy related communications on My Whatsapp Number: 8888849450 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: 17/10/2023

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: OMPRAKASH CHAUDHARI
Date & Time: 17/10/2023 6:02:47 PM
Place: JALGAON
IP Address: 45.114.192.30, 52.66.118.252