



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 : 18/10/2024

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



P01252000294193100029425311

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. P0125200029/4193/100029, 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	19/10/2024 TO 18/10/2025
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.	MAT41644197122733
<b>Partial PA cover opted</b>	
<b>Existing cover of Rs 0</b>	
Previous Policy Details	
Previous Policy No	P0024200029/4193/100029
Previous Policy Period	19/10/2023 TO 18/10/2024
Previous Year NCB%	0
Previous Insurer Name	MAGMA HDI GENERAL INSURANCE CO. LTD.
Previous Policy Type	LiabilityOnly

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



2001506734020241018052093219/10/2024

DEVELOPMENT HOUSE, 24 Park Street , Kolkata -700016  
In case of any query, assistance or claims, please contact us at 1800 266 3202  
UIN: IRDAN149RP0003V01201213

**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	P0125200029/4193/100029		
Insured Address	Mr. OMPRAKASH CHAUDHARI AT PO KURHA TALUKA MUKTAINAGAR, KURHE KURHA KAKODA JALGAON 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 19/10/2024 To Midnight of 18/10/2025 BRC0000122		
Agent No.:			

**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	GVW	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
<b>Sub Total</b>	<b>28,046.00</b>
<b>GST on TP Premium</b>	
CGST @ 6%	1,631.16
SGST @ 6%	1,631.16
<b>GST on Other Liability Premium</b>	
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
<b>TOTAL</b>	<b>31,463.00</b>

**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
HARSHAL OMPRAKASH CHAUDHARI	05/10/2000	24	Son	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/200006/25/100580195- 18/10/2024 , ₹ 31463

**Premium Amount in Word's (₹) :-** Thirty-One Thousand Four Hundred Sixty-Three Only

For Magma HDI General Insurance Co. Ltd.

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

Date of Issue : 18/10/2024

Place : Kolkata

Consolidated Stamp Duty on the issue of General Insurance Policies Paid vide G.O No. 2250, dated 20.12.2023

GST Number of MHD1 27AAGCM1685C1ZJ

GST Invoice Number - POL2710250008905

GST Invoice Date - 18/10/2024

Accounting Code for Service - 997134, Motor vehicle insurance services

Previous GST Invoice No. -POL2710240011062

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.

**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.**

*Mayank Tandia*

Authorised Signatory



**CUSTOMER INFORMATION SHEET**

This document provides only key information about your policy. Please refer to the policy document for detailed terms and conditions.

Sr No	Title	Description (Please refer to the Policy Clause Number in next column)
1	Product Name	COMMERCIAL VEHICLE LIABILITY ONLY POLICY
2	Policy Number	<b>P0125200029/4193/100029</b>
3	Unique Identification Number (UIN) allotted by IRDA	UIN: IRDAN149RP0003V01201213
4	Structure	Indemnity
5	Interests Insured	Vehicle Third Party liability Third party property Damage Personal Accident cover - Driver
6	Sum Insured / Motor Insured Declared Value Scope	Vehicle Total IDV: *IDV illustration as shown in the CIS
7	Policy Coverage	As mentioned in policy schedule PA Owner Driver -SI Rs. 1500000 Tenure 1 Year(s) LL to Paid Driver IMT 28 Basic - TP PA for Paid Drivers Cleaners and Conductors Damage to Third Party Property Rs. 750000
8	Add-on Cover	
9	Loss Participation	We will not pay the amount mentioned as deductible in the policy.
10	Exclusions	GENERAL EXCEPTIONS (Applicable to all Sections of the Policy)  Each vehicle should be used only for the purposes listed in the RC. We won't cover any loss, damage, or liability if the vehicle is used for other purposes or driven by someone who isn't an approved driver. Check the driver's clause for details. Nuclear radiation related damages are not covered We won't cover any accidental loss, damage, or liability related to war, invasion, civil unrest, and you will need to prove your claim is unrelated to these issues to receive payment.
11	Special Conditions and Warranties (if any)	CONDITIONS  Please read the policy wording and the policy schedule together. The words and expressions mean the same whether it appears in either of the document •Immediately inform us if the insured vehicle meets with an accident or there is a situation for which you would want to claim. Be transparent and submit all communications that you may receive from a third party. If you suspect any legal action related to your claim do inform us in advance •We will manage the claim process on your behalf. Do provide any information that we may need •We can either repair, replace, or pay the cash value for the vehicle or its parts. The amount we will pay is limited to: (a) For a total loss: the vehicle's Insured Declared Value (IDV) minus the value of the wreck. (b) For partial losses: the reasonable repair or replacement costs, minus depreciation. •Please maintain and protect the vehicle. Leaving it unattended after a break down or using in damaged condition can cause further damage which will not be paid. We expect you will allow us to speak to the drive and your employees if required •This policy can be cancelled by you any time buy giving us a 7 days' notice in advance. We will refund the premium that you had paid after collecting short period charges. In the rare event, if required we can also cancel the policy but by sending a 7 days' notice. We will refund the premium after deducting the amount for the period your policy was active. •If you will try to claim under other policies for the same incident, we will share the cost proportionately •You and the other party can agree to resolve any disputes about this policy through arbitration, following the rules of the Arbitration and Conciliation Act, 1996. (This doesn't apply to retail customers.) •You must follow all the terms and conditions and provide truthful information in the proposal form. If not followed the Company is not obligated to make any payments. •If you are the only person insured by the policy and you pass away, the policy won't end right away. It will remain active for three months from the date of your death, or until it expires, whichever comes first. During this time, your legal heirs can either transfer the policy to their name or get a new one for the vehicle. They need to apply within the three-month period and provide: a) The Insured's Death Certificate b) Proof of ownership of the vehicle c) The original Policy  •You need to inform us in writing as soon as an accident or loss happens. •We must have a chance to inspect the damaged vehicle before any repairs are started. •If your vehicle meets with an accident or gets damaged, do not drive it in the same condition to avoid further damage. Also, don't leave it unattended without securing it adequately to prevent further loss.
12	Admissibility of Claim	INDICATIVE LIST OF DOCUMENTS REQUIRED FOR CLAIM SETTLEMENT Accident Claims •Duly signed claim form •Registration Certificate* of the vehicle •Driving license* of the driver at the time of accident •Police panchanama / FIR, if accident reported to the police •Original estimate of repairs •KYC documents •Fitness certificate of the vehicle (for commercial vehicles) •Road permit of the vehicle (for commercial vehicles) •Goods receipt/ Lorry Receipt of the vehicle (for commercial vehicles) •FIR in case of Riots, Strike & Malicious acts. It is mandatory •Original repair invoice with payment receipt after repairs have been completed Theft of Entire Vehicle Claims •Duly signed Claim Form •FIR Copy •RTO transfer papers* (Form 28 , 29 and 30) and •Form 35/NOC signed by financier, if applicable •Letter of subrogation •KYC documents •NOC from financier, if hypothecation exists •Copy of intimation letter to RTO on the vehicle theft •Original policy document •Non traceable certificate •Original vehicle registration certificate •All original keys of the vehicle/service book/original purchase invoice *Original documents to be shown when requested by the company  If we need any more documents that can assist the claim process, we will seek your help on getting those We will process your claim within 7 days after receiving all the necessary documents. If we decide to deny your claim, we will do so within 7 days of the Survey Report or any additional reports, following the IRDAI Regulations 2017 and any updates to these regulations.

Sample Claim Calculation Process for Motor Repair Loss				
Parts Allowed	Price (P)	Tax (T)	*Depreciation (D)	Total Assessed Value (V)
Replaced Parts M	A1	B1	D1	M1=A1+B1-D1
Replaced Parts R	A2	B2	D2	M2=A2+B2-D2
Replaced Parts G	A3	B3	D3	M3=A3+B3-D3
Total Parts Cost				M = M1+M2+M3
Labour Allowed	Price (P)	Tax (T)	*Depreciation (D)	Total Assessed Value (V)
Labour 1	a1	b1	d1	L1=a1+b1-d1
Labour 2	a2	b2	d2	L2=a2+b2-d2
Labour 3	a3	b3	d3	L3=a3+b3-d3
Total Labour Cost				L = L1+L2+L3
Compulsory Policy Excess	As per Policy			C
Voluntary Policy Excess	As opted by Insured			V
Spot Repair / Towing Charge	As per policy Section 1. Point 3, 4			T

Total Insurer Liability	Total Liability = M+L+T-C-V
-------------------------	-----------------------------

•Depreciation %  
 Depreciation will apply according to Section 1 of the policy conditions and the current policy terms.  
 •Salvage  
 We won't take any salvage costs directly from you. We'll handle the disposal ourselves. If you want to keep the salvage, we'll subtract its value from your total claim and pay you the rest.

13

**Policy Servicing - Claim Intimation and Processing**

Here's how you can reach us: our helpline is available 24/7. Feel free to contact us whenever you need!	Toll Free No- 1800 266 3202
Website	<a href="https://www.magmahdi.com/">https://www.magmahdi.com/</a>
Email	customercare@magma-hdi.co.in
	Chat with us at www.magmahdi.com Or WhatsApp on 7208976789
For Senior Citizens	Namaskar@magma-hdi.co.in
Social media	Facebook and LinkedIn

Office Address: To know your nearest branch visit  
[www.magmahdi.com](http://www.magmahdi.com) >> Contact Us >> Locate Us  
<https://www.magmahdi.com/more/contact-us?f=b>.

14

**Grievances Redressal and Policyholders Protection**

For redressal of grievance you may contact:

Level 1: Grievance Redressal Officers at our branches available at  
[www.magmahdi.com](http://www.magmahdi.com) >> Contact Us >> Grievance Redressal  
<https://www.magmahdi.com/documents/d/magma-hdi/branch-grievance-officer-list>

Level 2: [gro@magma-hdi.co.in](mailto:gro@magma-hdi.co.in)

Level 3: Raise a complaint with the Insurance Regulatory and Development Authority (IRDAI)  
 Call us on our toll-free number 1800 266 3202 To register complaint online log on to [www.bimabharosa.irdai.gov.in](http://www.bimabharosa.irdai.gov.in)

Level 4: If you are still dissatisfied with the resolution offered by us you have the option to contact the Office of the Insurance Ombudsman

To know the guidelines, log on to  
[www.cioins.co.in/About](http://www.cioins.co.in/About)

To check list of Insurance Ombudsman Offices, log on to  
[www.cioins.co.in/Ombudsman](http://www.cioins.co.in/Ombudsman)

To know about our policy on Protection of Policy Holder's Interest log on to  
[www.magmahdi.com](http://www.magmahdi.com) >> Legal >> Protection Of Policyholder's Interest Policy

15

**Obligation of Policyholder**

Your policy will be canceled if you omit any key information on the proposal form.  
 If you need to update or change any important information about your policy, please contact our Customer Service at 1800 266 3202 or email us at [customercare@magma-hdi.co.in](mailto:customercare@magma-hdi.co.in).

IDV Illustration:  
 Ex-showroom price of vehicle: Rs. 10 Lakh  
 Vehicle Age at the time of renewal: 5 years  
 % Depreciation basis age of vehicle: 50%  
 IDV of car: Rs 5 lakh

Constructive Total Loss (CTL):  
 A vehicle is considered CTL if the aggregate cost of retrieval or repair exceeds 75% of its IDV.  
 No further depreciation is applied for TL/CTL claims

**Declaration by the Policy Holder**

I have read and confirm having noted the details.

Place: JALGAON

Date: 18/10/2024

(Signature of the Policyholder)

Digital Acknowledgement Received.

\*For detailed policy terms and conditions please refer to the policy wordings available on [www.magmahdi.com](http://www.magmahdi.com) or contact us on toll free number 1800 266 3202



General Insurance Company Ltd.

**Magma HDI General Insurance Company Limited**

**Toll Free Number 1800-266-3202**

**Website - www.magmahdi.com**

Policy Issuing Office	5TH FLOOR, BUILDING AMAR AVINASH CORPORATE CITY, BUND GARDEN ROAD, ABOVE HSBC BANK,PUNE, MAHARASHTRA, 411001	Policy Servicing Office	UNIT NO. 63, 6TH FLOOR, DER DEUTSCHE PARKZ, NEAR NAHUR RAILWAY STATION, BHANDUP, ,MUMBAI -400078 ,MAHARASHTRA , PH: (1800) 2663202
Policy Number	P0125200029/4193/100029	Product Name	CommercialLiabilityOnlyPolicy
Start Date & Time	19/10/2024 00:00	Expiry Date & Time	18/10/2025 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
HARSHAL OMPRAKASH CHAUDHARI	24	05/10/2000	Son				

Premium Details

<b>Net Premium (Rs.)</b>	28046
<b>GST @ 9% (Rs.)</b>	1708.56
<b>GST @ 9% (Rs.)</b>	1708.56
<b>Total Premium (Rs.)</b>	31463

Renew Your Policy on 19/10/2025 through

Our website: [www.magmahdi.com](http://www.magmahdi.com)

Email: [customercare@magmahdi.co.in](mailto:customercare@magmahdi.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"/> <input type="checkbox"/> Would you like to opt for Whatsapp notification
	3) Occupation/Business	Self employed Professional
	4) Type of Cover	Liability Only Policy
	5) Period of Insurance	From: 00:00 Hrs on 19/10/2024 To: 23:59 Hrs on 18/10/2025
	6) Nationality	<input type="checkbox"/> Indian <input type="checkbox"/> Non-Indian If, Non-Indian, please specify the Country: _____
	7) Are you or any of the proposal applicants PEPs* or a close relative/associate of PEPs*?	<input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please share the details of "Politically Exposed Persons" (PEPs):  * (PEPs) are individuals who have been entrusted with prominent public functions by a foreign country, including the heads of States or Governments, senior politicians, senior government or judicial or military officers, senior executives of state-owned corporations and important political party officials
	8) Type of Organization: (Applicable where an organization is the proposer. In case of proposer being Individual, Sole Proprietor or HUF, please select 'others' option)	<input type="checkbox"/> Corporations <input type="checkbox"/> Government <input type="checkbox"/> Non-Government organizations <input type="checkbox"/> Society <input type="checkbox"/> Trust <input type="checkbox"/> Partnership / LLP <input type="checkbox"/> Private Limited Company <input type="checkbox"/> Co-operatives <input type="checkbox"/> Public Limited Company <input type="checkbox"/> others, please specify: _____

<b>GST Number</b>	Unregistered
-------------------	--------------

**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) Chasis 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)	<b>(IMT-5)</b> <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	<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-23)	23)	<p>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</p> <p>[For additional TPPD Limits, please see <b>Q.No.25</b>]</p>
----------------------------------	-----	---

Third Party Risks: Liability to Workmen under the Act-1923 Compensation to be covered by the Act-1988	24)	<p>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.</p> <p>1. Drivers (No. of persons: 1) 2. Employees(Workmen) (No. of persons :)</p> <p>(<b>Note:</b> 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 <b>Q.No.26</b>]</p>
---	-----	--

**B. Questions that provide additional covers as per IMT Endorsements**

Addl. TPPD (GR-39)	25)	<p>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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>[Refer to <b>Q.No.23</b>]</p>
--------------------	-----	--

Additional Liability to Workmen (IMT-28)	26)	<p>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</p> <p>(<b>Note:</b> The addition liability under Common Law and Fatal Accidents Act in respect of employees <b>who are workmen</b> is covered under this endorsement). [Refer to <b>Q.No.24</b>]</p>
--	-----	--

Liability to Employees who are not Workmen (IMT-29)	27)	<p>Do you wish to cover wider legal liability to employees who are <b>NOT</b> 'workmen'? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(<b>Note:</b> The liability under Common Law and Fatal Accidents Act-1855 in respect of employees <b>who are not workmen</b> can be covered under this endorsement</p>
---	-----	---

Personal Accident Cover for Owner Driver	28)	<p>Personal Accident Cover For Owner Driver is compulsory in the Liability Only Cover. Please give details of nomination:</p> <p>(a) Name of Nominee/Age: HARSHAL OMPRAKASH CHAUDHARI / 24 (b) Relationship: Son (c) Name of the Appointee (If Nominee is a Minor): (d) Relationship of the Nominee:</p> <p>(<b>Note:</b> 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)</p>
--	-----	---

Personal Accident Cover for Named Occupants (IMT-15)	29)	<p>Do you wish to include Personal Accident cover for named persons? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES give name and Capital Sum Insured (CSI) opted for:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Name</th> <th style="width: 30%;">CSI Opted (Rs.)</th> <th style="width: 30%;">Nominee</th> <th style="width: 25%;">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> <p>(<b>Note:</b> The maximum CSI available per person is Rs. 2 Lakhs in case of Commercial Vehicles)</p>	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)	<p>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</p> <p>If YES give number of persons and Capital Sum Insured (CSI) Opted: No. of Persons: _____ CSI(Per Person): _____</p> <p>(<b>Note:</b> The maximum CSI available per person is Rs. 2 Lakhs in case of commercial vehicles)</p>
---	-----	--

Geographical Extension (IMT-1)	31)	<p>Whether extension of geographical area to the following countries required?</p> <p>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</p> <p>(<b>Note:</b> Presently the territory covered is geographical area of India. Extension of geographical area cover can be availed by use of this endorsement)</p>
--------------------------------	-----	--



**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 &amp; 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 : MAGMA HDI GENERAL INSURANCE CO. LTD. &amp; AURANGABAD</p> <p>f. Previous policy number: P002420029/4193/100029</p> <p>g. Period of Insurance: From: 19/10/2023 To: 18/10/2024</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 &amp; Date of Birth of the Owner : Age: _____ Yrs DOB: ____/____/____</p> <p>b. Age &amp; 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.

**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 CKYC No. (Central Know Your Customer registry number) is (if available): 20087703589182

• 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 : \_\_\_\_\_

**Premium Details**

Source of Funds for premium payment: Business:  Salaried:  Others (please specify): \_\_\_\_\_

**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 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 confirm that all premiums paid / payable in future are from bonafide sources and not paid out of proceeds of crime and that such premiums are not disproportionate to my/our income.

I / we understand that the Company has the right PF to call for documents to establish sources of funds and to cancel the insurance policy in case

I / we are found guilty by any competent court of law under any of the statutes, directly or indirectly governing the prevention of money laundering law in India.

I hold a valid and effective PUC and/or fitness certificate, as applicable, for the vehicle mentioned herein and undertake to renew the same during the policy period.

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: 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.

I/We hereby give my/our consent to the Company to verify and obtain my/our identity/address proof as well as the identity/address proof of the insured through Central KYC Registry or UIDAI or through any other permitted modes for the purpose of undertaking applicable KYC.

Place: Kolkata

date: 18/10/2024

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.