



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
PRIVATE CAR PACKAGE POLICY

Date : 09/10/2024

To,
Mr SUNIL KUMAR AGRAWAL
PLOT NO C 117 SECTOR F 1 ,N 4 CIDCO COLONY
AURANGABAD
MAHARASHTRA 431003
Mobile:9860460555



P0125200029/4101/100255431003

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. P0125200029/4101/100255, 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	12/10/2024 TO 11/10/2025
Vehicle Make/Model	MERCEDES-BENZ / C-CLASS C-250 CDI ELEGANCE
RTO	AURANGABAD (MH)
Vehicle Registration No.	MH 20 BN 6578
Vehicle Registration Date	26/10/2010
Engine No.	05814
Chassis No.	41179
Partial PA cover opted	
Existing cover of Rs 0	
Previous Policy Details	
Previous Policy No	P0024200029/4101/100255
Previous Policy Period	12/10/2023 TO 11/10/2024
Previous Year NCB%	50
Previous Insurer Name	MAGMA HDI GENERAL INSURANCE CO. LTD.
Previous Policy Type	Package

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 physical policy or any changes in the certificate of insurance cum policy schedule, you are requested to contact 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 issued policy is in order and as per 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



2001162011920241009042899612/10/2024

DEVELOPMENT HOUSE, 24 Park Street , Kolkata -700016
In case of any query, assistance or claims, please contact us at 1800 266 3202
UIN: 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: (1800) 2663202		
Policy No	P0125200029/4101/100255		
Insured Address	Mr SUNIL KUMAR AGRAWAL PLOT NO C 117 SECTOR F 1 ,N 4 CIDCO COLONY AURANGABAD MAHARASHTRA 431003 Mobile:9860460555		
Contact Number	9860460555		
Email ID:	SUNIL.AGRAWAL@GMAIL.COM		
GST Number	Unregistered		
Period Of Insurance	00:00 Hrs of 12/10/2024 To Midnight of 11/10/2025 BRC0000122		
Agent No.:			
Hypothecation with	STATE BANK OF INDIA .		

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 BN 6578 / AURANGABAD (MH)	2010	05814	41179	MERCEDES-BENZ C-CLASS C-250 CDI ELEGANCE/SALOON	2143	5

IDV (INSURED'S DECLARED VALUE)

IDV of Vehicle ₹	Non Electrical Accessories ₹	Electrical/electronic Accessories ₹	Bi-Fuel kit(LPG/CNG) ₹	Other accessories ₹	Total Value ₹
614699	0	0	0 / 0	0	614699

OWN DAMAGE(A)		LIABILITY(B)	
	₹		₹
Basic - OD	8,836.91	Basic - TP	7,897.00
Sub Total	8,836.91	PA Paid Drivers, Cleaners and Conductors	50.00
Less:		PA Owner Driver -SI Rs.1500000 Tenure 1 Year(s)	375.00
No claim bonus 50%	4,418.46	Personal Accident Cover-Unnamed (SI 100000 Per Persons)	250.00
Sub-Total Deductions	4,418.46	Sub Total	8,572.00
Total Own Damage Premium(A)	4,418.00	Total Liability Premium(B)	8,572.00
Premium Computation			
		Total Package Premium(A+B)	12,990.00
		CGST @ 9%	1,169.10
		SGST @ 9%	1,169.10
		TOTAL	15,328.00

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	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 7,IMT 15,IMT 16,IMT 17,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
YASHWARDHAN	04/01/1992	32	Son	100

Date of Signature of proposal 09/10/2024

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 - ReceiptDate - Amount] : P/200029/25/100548045- 08/10/2024 , ₹ 15328

Premium Amount in Word's (₹) :- Fifteen Thousand Three Hundred Twenty-Eight Only

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

For Magma HDI General Insurance Co. Ltd.

Date of Issue : 09/10/2024

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 - POL2710250003820

GST Invoice Date - 09/10/2024

Accounting Code for Service - 997134, Motor vehicle insurance services

Previous GST Invoice No. -POL2710240005731

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. 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

Mayank Tandon

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	PRIVATE CAR PACKAGE POLICY
2	Policy Number	P0125200029/4101/100255
3	Unique Identification Number (UIN) allotted by IRDA	UIN: IRDAN149RP0001V02201213
4	Structure	Indemnity
5	Interests Insured	Vehicle Third Party liability Third party property Damage Unnamed Personal Accident Cover Personal Accident cover - Driver
6	Sum Insured / Motor Insured Declared Value Scope	Vehicle Total IDV: 614699 *IDV illustration as shown in the CIS
7	Policy Coverage	As mentioned in policy schedule Basic - OD Personal Accident Cover-Unnamed (SI 100000 Per Persons) PA Owner Driver -SI Rs. 1500000 Tenure 1 Year(s) Basic - TP PA 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
12	Admissibility of Claim	•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. 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.

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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	https://www.magmahdi.com/
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 >> Contact Us >> Locate Us
<https://www.magmahdi.com/more/contact-us?f=b>.

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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 >> Contact Us >> Grievance Redressal
<https://www.magmahdi.com/documents/d/magma-hdi/branch-grievance-officer-list>

Level 2: 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

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

To check list of Insurance Ombudsman Offices, log on to www.cioins.co.in/Ombudsman

To know about our policy on Protection of Policy Holder's Interest log on to www.magmahdi.com >> Legal >> Protection Of Policyholder's Interest Policy

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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.

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: AURANGABAD

Date: 09/10/2024

(Signature of the Policyholder)

Digital Acknowledgement Received.

*For detailed policy terms and conditions please refer to the policy wordings available on www.magmahdi.com 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	1ST FLOOR, EAST SIDE OF H.S. KANDI CENTER,(CTS NO: 1300D & 13001), JALNA ROAD,AURANGABAD, MAHARASHTRA, 431001	Policy Servicing Office	1ST FLOOR, EAST SIDE OF H.S. KANDI CENTER, ,(CTS NO: 1300D & 13001), JALNA ROAD, ,AURANGABAD -431001 ,MAHARASHTRA , PH: (1800) 2663202
Policy Number	P0125200029/4101/100255	Product Name	PRIVATE CAR PACKAGE POLICY
Start Date & Time	12/10/2024 00:00	Expiry Date & Time	11/10/2025 23:59
Agent Name	JAINUINE INSURANCE BROKERS PRIVATE LIMITED	Agent Contact Number	0
Policy Holder Name	SUNIL KUMAR AGRAWAL	Hypothecation	STATE BANK OF INDIA .
Address of Insured Person	PLOT NO C 117 SECTOR F 1 ,N 4 CIDCO COLONY AURANGABAD MAHARASHTRA 431003 Mobile:9860460555		

Vehicle Detail

Vehicle RTO Location	Manufacturer	Model	Variant	Registration No	Engine Number	Chassis Number	Insured Declare Value
AURANGABAD (MH)	MERCEDES-BENZ	C-CLASS	C-250 CDI ELEGANCE	MH 20 BN 6578	05814	41179	614699

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
YASHWARDHAN	32	04/01/1992	Son				

Premium Details

Net Premium (Rs.)	12990
GST @ 9% (Rs.)	1169.10
GST @ 9% (Rs.)	1169.10
Total Premium (Rs.)	15328

Renew Your Policy on 12/10/2025 through

Our website:www.magmahdi.com

Email: customercare@magmahdi.co.in

Call us at: 1800 266 3202

How do you intimate an intimate claim?

Call us at: 1800 266 3202

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

* Period of Insurance: 12/10/2024 Time: 00:00 ,To Midnight of 11/10/2025

(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: ABCPA4537D *DOB: 12/01/1965 *Gender: M F *Occupation: Self employed Professional *Marital Status: Married
 Bank Name Branch Name A/c Type- Saving Current
 Account No. MICR IFSC

2. *Address where Vehicle Registered and Based

PLOT NO C 117 SECTOR F 1, N 4 CIDCO COLONY, AURANGABAD, MAHARASHTRA 431003, 9860460555, SUNIL.AGRawal@GMAIL.COM ,Mobile:9860460555 Whatsapp Number:9860460555 Would you like to opt for Whatsapp notification

GST Number Unregistered

3. *Communication Address (For policy dispatch)

PLOT NO C 117 SECTOR F 1, N 4 CIDCO COLONY, AURANGABAD, MAHARASHTRA 431003

GST Number Unregistered

4. City where the vehicle will primarily be used:

AURANGABAD

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

If so, are you entitled to No Claim Bonus from your previous Insurer?

Yes

No

Policy No.

P0024200029/4101/100255

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	MERCEDES-BENZ	*Chassis No	41179	Speedometer reading as on date	₹ 614699
*Model	C-CLASS C-250 CDI ELEGANCE	RTO where vehicle will be registered	AURANGABAD (MH)	*Vehicle IDV	1 _____
*Year of Manufacture	OCTOBER - 2010	Date of Registration /Purchase	26/10/2010	Trailer(s) Identification No.	2 _____
*CC/GVW	2143	Licensed Carrying Capacity (No of Passengers Including driver)	5		3 _____
*Registration No.	MH 20 BN 6578				4 _____
Type of Body	SALOON	Colour of the vehicle			
*Engine No.	05814	Vehicle Make (Indigenous or Imported)	C-CLASS C-250 CDI ELEGANCE		

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

Electric

Hybrid

Others (please specify)

*Type of Permit: Express Way

National/State Highways

City/Town Road

District Roads

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?

If Yes, please give details of such modifications/conversions.....

Is the vehicle in good state of repair? Yes No

If No, please furnish details

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 : STATE BANK OF INDIA .

8. Nominee Details :

Nominee Name: YASHWARDHAN

DOB 04/01/1992

Relationship Son

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	₹ 614699
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No Other employees (If Yes, No. of persons to be covered.....) <input type="checkbox"/> Yes <input 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 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 style="width:20%;">Sl No</th> <th style="width:20%;">Name</th> <th style="width:20%;">CSI Opted (Rs.)</th> <th style="width:20%;">Nominee</th> <th style="width:20%;">Nominee Age/DOB</th> <th style="width:20%;">Relationship</th> </tr> </thead> <tbody> <tr> <td>1)</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>2)</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>3)</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		Sl No	Name	CSI Opted (Rs.)	Nominee	Nominee Age/DOB	Relationship	1)						2)						3)					
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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: MAGMA Policy/ Cover note number: P0024200029/4101/100255	Type of cover: Package Period of Insurance: From 12/10/2023 To 11/10/2024																								
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 <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;">Year</th> <th style="width:10%;">1</th> <th style="width:10%;">2</th> <th style="width:10%;">3</th> <th style="width:10%;">4</th> <th style="width:10%;">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					
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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? Yes No
 If YES, please give details of such infirmity :
 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): ₹ 15,328.00 Payment Mode : Cash Cheque DD
 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 CKYC No. (Central Know Your Customer registry number) is (if available): 10069693300480
- 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 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/PPF 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: 9860460555 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: 09/10/2024

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.