Policy Number : P0127400008/4101/100983

Equinox Business Park, Tower 3, Ambedkar Nagar,
2nd Floor, Unit Number 1B & 2B, LBS Marg, Kurla (West),
Mumbai - 400070, Maharashtra, India
(www.magmainsurance.com)
IRDA REG NO. 149 DATED 22nd MAY,2012
CIN: U66000MH2009PLC460693
In case of any query, assistance or claims, please contact us at 1800 266 3202
UIN: IRDAN149RP0001V02201213
PRIVATE CAR PACKAGE POLICY

Date : 31/08/2026

To,
Mr HIMANSHU RANJAN
S/O: DHARMENDRA KUMAR SINGH, NEAR N.K.G.H. SCHOOL, ABHIYANTA NAGAR,
MASAURHI, PATNA, MASHAURHI, BIHAR, 804452 ,BIHAR
PATNA
BIHAR 804452
Mobile:9472922489

P0127400008/4101/100983804452

Agent/ Intermediary Name and Code:RIYA SINHA AGD0007600

Sub: Risk Assumption Letter

Dear Sir /Madam,

Thank you for choosing Magma General Insurance Limited as your preferred General Insurance Company. Please find enclosed Policy No. P0127400008/4101/100983, which has been issued based on the details furnished to us as below:

Insured & Vehicle Details	
Name of Insured	Mr HIMANSHU RANJAN
Period of Insurance	05/09/2026 TO 04/09/2027
Vehicle Make/Model	HONDA / AMAZE 1.2 E MT (I VTEC)
RTO	PATNA
Vehicle Registration No.	BR 01 EL 2211
Vehicle Registration Date	30/09/2019
Engine No.	L12B47016778
Chassis No.	MAKDF55DGK4101588
Partial PA cover opted **Existing cover of Rs 0**	
Previous Policy Details	
Previous Policy No	P0026400008/4101/100983
Previous Policy Period	05/09/2025 TO 04/09/2026
Previous Year NCB%	20
Previous Insurer Name	MAGMA GENERAL INSURANCE
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@magmainsurance.com 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 General Insurance Limited 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 General Insurance Limited
Authorised Signatory

Digitally Signed by Siju Nair
Date : 31-Aug-2026 22:49:29 IST

Policy Number : P0127400008/4101/100983

MAGMA General Insurance Limited

20019053455202608310497823O5/09/2026

Equinox Business Park, Tower 3, Ambedkar Nagar,
2nd Floor, Unit Number 1B & 2B, LBS Marg, Kurla (West),
Mumbai - 400070, Maharashtra, India
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 UNIT 508, 5TH FLOOR, PATNA ONE MALL, DAKBUNGLA, CHAURAHA ,PATNA -800001 ,BIHAR , PH: (1800) 2663202

Policy No	P0127400008/4101/100983		
Insured	**Mr HIMANSHU RANJAN**		
Address	**S/O: DHARMENDRA KUMAR SINGH, NEAR N.K.G.H. SCHOOL, ABHIYANTA NAGAR, MASAURHI, PATNA, MASHAURHI, BIHAR, 804452 ,BIHAR PATNA BIHAR 804452 Mobile:9472922489**	**Period Of Insurance**	00:00 Hrs of 05/09/2026 To Midnight of 04/09/2027
		Agent No.:	AGD0007600
		Agent Contact No.:	7011303402
		Email ID:	dhanesh534@gmail.com
Contact Number	9472922489	**Hypothecation with**	HDFC BANK LTD.
Email ID:	DHANESH534@GMAIL.COM		
GST Number	Unregistered		
CKYC Number	XXXXXXXXXX5325		

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	Odo meter reading(k.m)	PAYD opted slab
BR 01 EL 2211 / PATNA	2019	L12B47016778	MAKDF55DGK4101588	HONDA AMAZE 1.2 E MT (I VTEC)/SEDAN	1199	5	0	

IDV (INSURED'S DECLARED VALUE)

IDV of Vehicle ₹	Non Electrical Accessories ₹	Electrical/electronic Accessories ₹	Bi-Fuel kit(LPG/CNG) ₹	Other accessories ₹	Total Value ₹
361000	0	0	0 / 0	0	**361000**

OWN DAMAGE(A)	₹	**LIABILITY(B)**	₹
Basic - OD	1,814.57	Basic - TP	3,416.00
Depreciation Re-imbursement	3,971.00	PA Owner Driver -SI Rs.1500000 Tenure 1 Year(s)	350.00
Consumables	722.00	LL to Paid Driver IMT 28	50.00
Sub Total	6,507.57	**Sub Total**	3,816.00
Less:			
No claim bonus 25%	453.64		
Sub-Total Deductions	453.64		
Total Own Damage Premium(A)	6,054.00		
		Total Liability Premium(B)	3,816.00

Premium Computation

Total Package Premium(A+B)	9,870.00
CGST @ 9%	888.30
SGST @ 9%	888.30
TOTAL	**11,647.00**

LIMITATIONS AS TO USE - The Policy covers use of the vehicle for any purpose other than a) Hire or Reward b)Carriage of goods (other than samples or personal luggage) c)Organized racing d)Pace making e)Speed testing f) Reliability Trials g)Use in connection with Motor Trade

Driver Clause : Provided that a person driving holds an effective driving license at the time of the accident and is not disqualified from holding or obtaining such a license.Provided also that the person holding an effective Learner's license may also drive the vehicle and that such a person satisfies the requirements of Rule 3 of the Central Motor Vehicles Rules, 1989.

LIMITS OF LIABILITY

Under Section I	Excess in respect of each and every claim under Sec I of motor policy Compulsory : Rs. 1000/- Voluntary : Rs. 0/- Imposed : Rs. 0/- Total : Rs. 1000/-	**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 7,IMT 15,IMT 22,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 With Insured	Percentage
DHARMENDRA KUMAR SINGH	01/01/1972	54	Father	100

Date of Signature of proposal 31/08/2026

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/400008/27/100454581- 31/08/2026 , ₹ 11647

Premium Amount in Word's (₹) :- Eleven Thousand Six Hundred Forty-Seven Only

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

For Magma General Insurance Limited
Authorised Signatory
Digitally Signed by Siju Nair
Date : 31-Aug-2026 22:49:29 IST

Date of Issue : 31/08/2026
Place : Mumbai

Consolidated Stamp Duty paid towards Insurance Policy Stamps vide Order No. LoA/ENF2/CSD/130/2025/61, Dated 08/01/2026
GST Number of Magma 10AAGCM1685C1ZY
GST Invoice Number - POL1008270001714
GST Invoice Date - 31/08/2026
Accounting Code for Service - 997134, Motor vehicle insurance services

Previous GST Invoice No. -POL1009260000292

Place of Supply:BIHAR (10)

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 and conditions with respect to your insurance policy please refer our website www.magmainsurance.com/downloads. The policy wording for your insurance policy can be downloaded from the "Motor Insurance" tab on our website.

Policy Number : P0127400008/4101/100983

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)	Clause Number
1	**Product Name**	PRIVATE CAR PACKAGE POLICY	Refer policy schedule
2	**Policy Number**	**P0127400008/4101/100983**	Refer policy schedule
3	**Unique Identification Number (UIN) allotted by IRDA**	UIN: IRDAN149RP0001V02201213	Refer policy schedule
4	**Structure**	Indemnity	
5	**Interests Insured**	Vehicle Third Party liability Third party property Damage Personal Accident cover - Driver	Refer policy schedule
6	**Sum Insured / Motor Insured Declared Value Scope**	Vehicle Total IDV: 361000 *IDV illustration as shown in the CIS	Refer policy schedule
7	**Policy Coverage**	As mentioned in policy schedule Basic - OD PA Owner Driver -SI Rs. 1500000 Tenure 1 Year(s) LL to Paid Driver IMT 28 Basic - TP Damage to Third Party Property Rs. 750000 • If Pay As You Drive(PAYD) is opted, for details please refer to the policy wordings available on our website.	As per coverages opted refer to following sections in the policy wording for complete details Section I - Loss of or damage to vehicle insured Section II - Liability to third parties Section III - Personal accident cover for owner driver.
8	**Add-on Cover**	Consumables (IRDAN149RP0001V02201213/A0014V01202021) - Covers the expenses for consumable items in the event of a claim. Depreciation Re-imbursement (IRDAN149RP0001V02201213/A0024V02201314) - If the parts of your vehicle are damaged, we will pay you their full value without any depreciation.	Refer policy wordings
9	**Loss Participation**	We will not pay the amount mentioned as deductible in the policy.	Refer policy wordings and policy schedule
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.	Refer policy wordings and policy schedule
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 polices 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	Refer policy wordings and policy schedule
		•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	

<table>
<tr>
<td></td>
<td></td>
<td>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 (Protection of Policyholders' Interests, Operations and Allied Matters of Insurers) Regulations, 2024 and any updates to these regulations.

<table>
<tr><th colspan="5">Sample Claim Calculation Process for Motor Repair Loss</th></tr>
<tr><td colspan="5"></td></tr>
<tr><td>Parts Allowed</td><td>Price (P)</td><td>Tax (T)</td><td>*Depreciation (D)</td><td>Total Assessed Value (V)</td></tr>
<tr><td>Replaced Parts M</td><td>A1</td><td>B1</td><td>D1</td><td>M1=A1+B1-D1</td></tr>
<tr><td>Replaced Parts R</td><td>A2</td><td>B2</td><td>D2</td><td>M2=A2+B2-D2</td></tr>
<tr><td>Replaced Parts G</td><td>A3</td><td>B3</td><td>D3</td><td>M3=A3+B3-D3</td></tr>
<tr><td colspan="4">Total Parts Cost</td><td>M = M1+M2+M3</td></tr>
<tr><td colspan="5"></td></tr>
<tr><td>Labour Allowed</td><td>Price (P)</td><td>Tax (T)</td><td>*Depreciation (D)</td><td>Total Assessed Value (V)</td></tr>
<tr><td>Labour 1</td><td>a1</td><td>b1</td><td>d1</td><td>L1=a1+b1-d1</td></tr>
<tr><td>Labour 2</td><td>a2</td><td>b2</td><td>d2</td><td>L2=a2+b2-d2</td></tr>
<tr><td>Labour 3</td><td>a3</td><td>b3</td><td>d3</td><td>L3=a3+b3-d3</td></tr>
<tr><td colspan="4">Total Labour Cost</td><td>L = L1+L2+L3</td></tr>
<tr><td colspan="5"></td></tr>
<tr><td colspan="2">Compulsory Policy Excess</td><td colspan="2">As per Policy</td><td>C</td></tr>
<tr><td colspan="2">Voluntary Policy Excess</td><td colspan="2">As opted by Insured</td><td>V</td></tr>
<tr><td colspan="2">Spot Repair / Towing Charge</td><td colspan="2">As per policy Section 1. Point 3, 4</td><td>T</td></tr>
<tr><td colspan="5"></td></tr>
<tr><td colspan="4">Total Insurer Liability</td><td>Total Liability = M+L+T-C-V</td></tr>
</table>

•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.</td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Admissibility of Claim</td>
<td></td>
<td>Refer policy wordings and policy schedule</td>
</tr>
<tr>
<td>13</td>
<td>Policy Servicing - Claim Intimation and Processing</td>
<td>
<table>
<tr><td>Here's how you can reach us: our helpline is available 24/7. Feel free to contact us whenever you need!</td><td>Toll Free No- 1800 266 3202</td></tr>
<tr><td>Website</td><td>https://www.magmainsurance.com/</td></tr>
<tr><td>Email</td><td>customercare@magmainsurance.com</td></tr>
<tr><td>
</td><td>Chat with us at
www.magmainsurance.com
Or
WhatsApp on 7208976789</td></tr>
<tr><td>For Senior Citizens</td><td>Namaskar@magmainsurance.com</td></tr>
<tr><td>Social media</td><td>Facebook and LinkedIn</td></tr>
</table>
</td>
<td></td>
</tr>
</table>

		Office Address: To know your nearest branch visit www.magmainsurance.com >> Contact Us >> Locate Us https://www.magmainsurance.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.magmainsurance.com >> Contact Us >> Grievance Redressal https://www.magmainsurance.com/documents/d/magmainsurance/branch-grievance-officer-list Level 2: gro@magmainsurance.com 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.magmainsurance.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@magmainsurance.com.	

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: PATNA

Date: 31/08/2026

(Signature of the Policyholder)

Digital Acknowledgement Received.

*For detailed policy terms and conditions please refer to the policy wordings available on www.magmainsurance.com or contact us on toll free number 1800 266 3202

*For detailed Customer Information Sheet (CIS), please refer to this link www.magmainsurance.com/es/downloads

Policy Number : P0127400008/4101/100983

We at Magma prefer receiving premium amount through cheque

MAGMA General Insurance Limited

No. Pvt./202608310497823

Call Us : 1800 266 3202

(Information for fields marked with asterisk [*] is mandatory)

Proposal Form for PRIVATE CAR PACKAGE POLICY

Customer ID 20019053455

*Proposal For: ☐ New Policy ☐ Roll- Over ☑ Renewal ☐ Endorsement

***Type of Vehicle :** ☐ Two Wheeler ☑ Private Car ☐ Three Wheeler ***Vehicle Insured is:** ☐ New ☑ Used

*Coverage Required:	☑ Comprehensive Package Cover	☐ Third Party Liability only Cover	☐ Third Party, fire & theft only Cover
	☐ Third Party and Fire only Cover	☐ Third Party and Theft only Cover	

Intermediary Code: AGD0007600 | Intermediary Name: RIYA SINHA

*** Period of Insurance:** 05/09/2026 **Time:** 00:00 **,To Midnight of** 04/09/2027

(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 HIMANSHU RANJAN

PAN No: CBLPR7237J *DOB: 06/04/1995 *Gender: ☑ M ☐ F *Occupation: Others *Marital Status: Married

Bank Name Branch Name A/c Type- ☐ Saving ☐ Current

Account No. MICR IFSC

Nationality ☑ Indian ☐ Non-Indian If, Non-Indian, please specify the Country:

Are you or any of the proposal applicants PEPs* or a close relative/associate of PEPs*? ☐ YES ☑ 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

Type of Organization: (Applicable where an organization is the proposer. In case of proposer being Individual, Sole Proprietor or HUF, please select 'others' option)

☐ Corporations ☐ Government ☐ Non-Government organizations ☐ Society

☐ Trust ☐ Partnership / LLP ☐ Private Limited Company ☐ Co-operatives

☐ Public Limited Company ☑ others, please specify: Individual

2. *Address where Vehicle Registered and Based

S/O: DHARMENDRA KUMAR SINGH, NEAR N.K.G.H. SCHOOL, ABHIYANTA NAGAR, MASAURHI, PATNA, MASHAURHI, BIHAR, 804452, BIHAR, PATNA, BIHAR 804452, 9472922489, DHANESH534@GMAIL.COM ,Mobile:9472922489 Whatsapp Number:9472922489 ☑ Would you like to opt for Whatsapp notification

GST Number Unregistered

3. *Communication Address (For policy dispatch)

S/O: DHARMENDRA KUMAR SINGH, NEAR N.K.G.H. SCHOOL, ABHIYANTA NAGAR, MASAURHI, PATNA, MASHAURHI, BIHAR, 804452, BIHAR, PATNA, BIHAR 804452

GST Number Unregistered

4. City where the vehicle will primarily be used: PATNA

5. Have you been previously insured in respect of this vehicle? ☑ Yes ☐ No Policy No. P0026400008/4101/100983

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 respectof Section1 of the Policy will stand forfeited.

Signature of Proposer

6. About the Motor Vehicle to be Insured

*Make	HONDA	*Chassis No	MAKDF55DGK4101588	Speedometer reading as on date	
*Model	AMAZE 1.2 E MT (I VTEC)	RTO where vehicle will be registered	PATNA	*Vehicle IDV	₹ 361000
*Year of Manufacture	JULY - 2019	Date of Registration /Purchase	30/09/2019	Trailer(s) Identification No.	1_____
*CC/GVW	1199	Licensed Carrying Capacity (No of Passengers Including driver)	5		2_____
*Registration No.	BR 01 EL 2211				3_____
Type of Body	SEDAN	Colour of the vehicle			4_____
*Engine No.	L12B47016778	Vehicle Make (Indigenous or Imported)	AMAZE 1.2 E MT (I VTEC)		

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? ☐ Yes ☐ No

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 : HDFC BANK LTD.**

8. Nominee Details : Nominee Name: DHARMENDRA KUMAR SINGH Date of birth(DD/MM/YYYY): 01/01/1972 Relationship: Father

Guardian / Appointee Name: Age: yrs.

Mobile No.: _____ Email ID: _____

Address: _____

Bank Account Details: _____

In case of more than one nominee, please attach a sheet mentioning the details for additional nominees along with the percentages of nomination.

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	₹ 361000
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

We at Magma prefer receiving premium amount through cheque

10. Extended Covers/ Extra Benefits at Additional Premium:

Extension of Geographical Area: ☐ Bangladesh ☐ Bhutan ☐ Nepal ☐ Maldives ☐ Pakistan ☐ Sri Lanka	Vehicle is fitted with Fibre Glass Fuel Tank ☐ Yes ☑ No Vehicle will be used for Driving Tuitions ☐ Yes ☑ No Imported vehicle without payment of customs duty ☐ Yes ☑ No
Compulsory Personal Accident (If owner has a valid driving license) ☑ Yes ☐ No	Is the vehicle Company Maintained? ☐ Yes ☑ No Will the vehicle be let out on occasional Hire? ☐ Yes ☑ No
Whether the vehicle is certified as Vintage Car by Vintage and Classic Car Club of India ? ☐ Yes ☑ No	Vehicle used for commercial purposes: ☐ Yes ☑ No
Do you want to opt for wider legal liability to Paid Driver ☐ Yes ☑ No Other employees (If Yes, No. of persons tobe covered.....) ☐ Yes ☐ 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? ☐ Yes ☑ No Sum Insured per person to be Rs 0 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? ☐ Yes ☐ No *(Applicable only for Two-Wheelers)*	
Do you wish to have an enhanced Personal accident cover for Yourself/ Your Driver/Unnamed occupants of the vehicle? ☐ Yes ☑ No If Yes, please provide the Sum Insured per person.....	Do you wish to cover Hospital Cash for hospitalisation arising out of accident for Yourself/Your Driver/Unnamed occupants of the vehicle? ☐ Yes ☑ No
Do you wish to include Personal Accident cover for named persons? ☐ Yes ☑ No If YES, give name and Capital Sum Insured (CSI) opted for : (Note : The maximum CSI available per person is Rs. 2 lakhs in case of Private Cars and Rs.1 Lakh in the case of motorized Two wheeler)	Do you want to opt for Pay As You Drive (PAYD) - ☐ Yes ☑ No KM slab opted: Odo meter reading: • In case the opted kilometers(KM) are exhausted we would request you to please reach out to us to get the kilometers reinstated by payment of additional premiums. • If Pay As You Drive(PAYD) is opted, for details please refer to the policy wordings available on our website.

Name	CSI Opted (Rs.)	Nominee	Nominee Age/DOB	Relationship
1)				
2)				
3)				

11. Add On Coverage at additional :

Extra Coverage: Consumables , Depreciation Re-imbursement

12. Restrictions of Cover/ Discounts:

Vehicle fitted with Anti-theft device approved by ARAI : ☐ Yes ☑ No Vehicle will be used within own premises : ☐ Yes ☑ No Third Party Property Damage cover restricted to 6000 ☐ Yes ☑ 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 ? ☐ Yes ☑ No Are you a member of Automobile Association of India? ☐ Yes ☑ No If yes, please state a. Name of Association b. Membership No. c. Date of expiry

***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	Type of cover: Package
Policy/ Cover note number: P0026400008/4101/100983	Period of Insurance: From 05/09/2025 To 04/09/2026
Has any Insurance Company ever: 1) Declined the proposal 2) Cancelled & Refused to renew 3) Required an increase in Premium 4) Imposed special conditions or excess	Claims reported in last 5 years

Year	1	2	3	4	5
Type of Claims (OD/TP)					
No. of Claims					
Amount					

14. Driver Details:

a. Age & Date of Birth of the Owner : Age:_____ Yrs DOB:_____/_____/_____
b. Age & Date of Birth of the Driver : Age:_____ Yrs DOB:_____/_____/_____
c. Does the driver suffer from defective vision or hearing or any physical infirmity? ☐ 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): ₹ 11,647.00 Payment Mode : Cash ☐ Cheque ☐ DD ☐

Cheque/DD, Cheque No Bank/Branch Date.

Source of Funds for premium payment: ☑ Business: ☐ Salaried: ☐ Others (please specify):

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): XXXXXXXXXX5325
- 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 :

VERNACULAR DECLARATION

I hereby declare that I have fully explained the contents of the proposal form and all other documents incidental to availing the insurance from **Magma General Insurance Limited** to the proposer in the language understood by him/her. The same has been fully understood by him/her and the replies have been recorded as per the information provided by the proposer. Replies have been read out to, fully understood and confirmed by the proposer.

Place:

Proposer's Signature:_____

Company stamp

Date(DD-MM-YYYY): 31/08/2026

Name:_____Designation_____

INTERMEDIARY DECLARATION

Aadhar Card no. of POSP _

PAN no. of POSP _

I, **RIYA SINHA** (Full Name) in my capacity as an Insurance Advisor/Specified Person of the Corporate Agent/Authorized employee of the Broker/Relationship Officer, do hereby declare that I have explained all the contents of this Proposal Form, including the nature of the questions contained in this Proposal Form to the proposer including statement (s), information and responses(s) submitted by him/her in this Proposal Form to questions contained herein or any details sought herein will form the basis of the Contract of Insurance between the Company and the Proposer, if this Proposal is accepted by the Company for issuance of the Policy. I have further explained that if any untrue statement(s)/information/response(s) is/are contained in this Proposal Form / including addendum(s), affidavits, statements, submissions, furnished/ to be furnished, or if there has been a non-disclosure of any material fact, the Policy issued to his/her favour pursuant to this Proposal may be treated by the Company as null and void and all premium paid under the Policy may be forfeited to the Company.

License No./ID (Advisor/Corporate Agent/Broker/Relationship Officer) **AGD0007600**

Date: 31/08/2026 Signature of the Insurance Advisor:_____

DISABILITY DECLARATION

I hereby declare that I have been duly authorized by the proposer to give this declaration and that I have fully explained the contents of the proposal form and all other documents incidental to availing of the Motor Insurance from Magma General Insurance Limited to the proposer. The same has been fully understood by me and the replies have been recorded as per the information provided by the proposer. Replies have also been explained, fully understood and confirmed by the proposer.

Name:

Date: 31/08/2026 Signature:_____

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 General Insurance Limited

I/We also declare that any additions or alterations carried out after the submission of this Proposal Form would be conveyed to Magma General Insurance Limited 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.magmainsurance.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 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:9472922489 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: Mumbai Date: 31/08/2026 Signature of Proposer

SECTION 41 INSURANCE LAWS (AMENDMENT) ACT, 2015 - PROHIBITION OF REBATES

1.No person shall allow or offer to allow, either directly or indirectly as an inducement to any person to take out or renew or continue an insurance in respect of any kind or risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate except such rebate as may be allowed in accordance with the prospectus or tables of the Insurer.
2.If any person fails to comply with sub-regulation (1) above, he shall be liable to payment of a fine which may extend to Ten Lakh Rupees.

Name: HIMANSHU RANJAN
Date & Time: 31/08/2026 9:07:56 PM
Place: PATNA
IP Address:

Digitally Verified through OTP