Policy Number : P0027400008/4193/100065

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: IRDAN149RP0003V01201213

COMMERCIAL VEHICLE LIABILITY ONLY POLICY

Date : 02/09/2026

To,
Mr NARBESH KUMAR YADAV
JAMAKHARIJ DIGHA POLSON NEAR RAIL PARISAR, PATNA,
BR ,BIHAR
PATNA
BIHAR 800011
Mobile:7543066974

P0027400008/4193/100065800011

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. P0027400008/4193/100065, which has been issued based on the details furnished to us as below:

Insured & Vehicle Details	
Name of Insured	Mr NARBESH KUMAR YADAV
Period of Insurance	03/09/2026 TO 02/09/2027
Vehicle Make/Model	TATA / LPS 4018 BSIII
RTO	PATNA
Vehicle Registration No.	BR 01 GM 7515
Vehicle Registration Date	21/06/2007
Engine No.	70E62576131
Chassis No.	447207FSZ306694
Reason for not opting PA Cover of Owner Driver :	
1) Driver has existing PA cover of Rs 15 lakhs	

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@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 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 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

Policy Number : P0027400008/4193/100065

Authorised Signatory
Digitally Signed by Siju Nair
Date : 02-Sep-2026 13:57:16 IST

Policy Number : P0027400008/4193/100065

MAGMA General Insurance Limited

20018863982202609010668575O3/09/2026

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: IRDAN149RP0003V01201213

COMMERCIAL VEHICLE LIABILITY ONLY 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	P0027400008/4193/100065		
Insured	**Mr NARBESH KUMAR YADAV**		
Address	**JAMAKHARIJ DIGHA POLSON NEAR RAIL PARISAR, PATNA, BR ,BIHAR PATNA BIHAR 800011 Mobile:7543066974**	**Period Of Insurance**	00:00 Hrs of 03/09/2026 To Midnight of 02/09/2027
		Agent No.:	AGD0007600
		Agent Contact No.:	7011303402
		Email ID:	dhanesh534@gmail.com
Contact Number	7543066974		
Email ID:	DHANESH534@GMAIL.COM		
GST Number	Unregistered		

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
BR 01 GM 7515 / PATNA			2007	70E62576131	447207FSZ306694	TATA LPS 4018 BSIII/TRUCK	45500	A1 GCV Public Carriers other than 3 wheelers	2

LIABILITY

LIABILITY(B)	₹
Basic - TP	44,242.00
LL to Paid Driver IMT 28	100.00
Sub Total	44,342.00
GST on TP Premium	
CGST @ 2.5%	1,106.05
SGST @ 2.5%	1,106.05
GST on Other Liability Premium	
CGST @ 9%	9.00
SGST @ 9%	9.00

Premium Computation

Total Liability Premium	44,342.00
TOTAL CGST	1,115.05
TOTAL SGST	1,115.05
TOTAL	**46,572.00**

Disclaimer:The Exclusions in this policy are as specified in the pre inspection report ID :

LIMITATIONS AS TO USE - The Policy covers use only under a permit within the meaning of the Motor Vehicles Act, 1988 or such a carriage falling under Sub-section 3 of Section 66 of the Motor Vehicle's Act 1988.

The Policy does not cover use for a) Organised racing, b) Pace Making, c) Reliability Trials, d) Speed Testing, e) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled Mechanically propelled vehicle (only for Passenger Carrying Vehicles).

Persons or classes of persons entitled to drive:	Any person including Insured:
	Provided that the person driving holds an effective driving license at the time of the accident and is not

Goods carriage	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 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.

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/400008/27/100458556- 02/09/2026 , ₹ 46572

Premium Amount in Word's (₹) :- Forty-Six Thousand Five Hundred Seventy-Two Only

For Magma General Insurance Limited

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

Date of Issue : 02/09/2026
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 - POL1009270000063
GST Invoice Date - 02/09/2026
Accounting Code for Service - 997134, Motor vehicle insurance services

Place of Supply:BIHAR (10)

Authorised Signatory
Digitally Signed by Siju Nair
Date : 02-Sep-2026 13:57:16 IST

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.
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.

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**	COMMERCIAL VEHICLE LIABILITY ONLY POLICY	Refer policy schedule
2	**Policy Number**	**P0027400008/4193/100065**	Refer policy schedule
3	**Unique Identification Number (UIN) allotted by IRDA**	UIN: IRDAN149RP0003V01201213	Refer policy schedule
4	**Structure**	Indemnity	
5	**Interests Insured**	Vehicle Third Party liability Third party property Damage	Refer policy schedule
6	**Sum Insured / Motor Insured Declared Value Scope**	Vehicle Total IDV: *IDV illustration as shown in the CIS	Refer policy schedule
7	**Policy Coverage**	As mentioned in policy schedule LL to Paid Driver IMT 28 Basic - TP Damage to Third Party Property Rs. 750000	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**		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
		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	

11	**Special Conditions and Warranties (if any)**	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 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	

<table>
<tr>
<td>12</td>
<td>Admissibility of Claim</td>
<td>
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="3">Compulsory Policy Excess</td><td colspan="2">As per Policy</td><td>C</td></tr>
<tr><td colspan="3">Voluntary Policy Excess</td><td colspan="2">As opted by Insured</td><td>V</td></tr>
<tr><td colspan="3">Spot Repair / Towing Charge</td><td colspan="2">As per policy Section 1. Point 3, 4</td><td>T</td></tr>
<tr><td colspan="6"></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>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>
Office Address: To know your nearest branch visit
www.magmainsurance.com >> Contact Us >> Locate Us
https://www.magmainsurance.com/more/contact-us?f=b.
</td>
<td></td>
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<tr>
<td></td>
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For redressal of grievance you may contact:

Level 1: Grievance Redressal Officers at our branches available at
www.magmainsurance.com >> Contact Us >> Grievance Redressal
</td>
<td></td>
</tr>
</table>

14	**Grievances Redressal and Policyholders Protection**	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: 02/09/2026

(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 : P0027400008/4193/100065

MAGMA General Insurance Limited

No.LTP/202609010668575

Helpline No : 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 NARBESH KUMAR YADAV
2)	Address (where the Vehicle is normally kept) (In Capital Letters,with pin code)	S/O: LALLAN YADAV, KHAMPAR, DEORIA, S/O: UTTAR PRADESH - 274702 274702, BIHAR, DEORIA, UTTAR PRADESH 274702 Whatsapp Number:7543066974 ☑ Would you like to opt for Whatsapp notification
3)	Occupation/Business	Others
4)	Type of Cover	Liability Only Policy
5)	Period of Insurance	From: 00:00 Hrs on 03/09/2026 To: 23:59 Hrs on 02/09/2027
6)	Nationality	☑ Indian ☐ 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*?	☐ 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
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)	☐ Corporations ☐ Government ☐ Non-Government organizations ☐ Society ☐ Trust ☐ Partnership / LLP ☐ Private Limited Company ☐ Co-operatives ☐ Public Limited Company ☑ others, please specify: Individual

GST Number	Unregistered

A(ii) Vehicle Details

Vehicle Specification

9)	Registration Number of the Vehicle	BR 01 GM 7515
10)	Date of Registration of the Vehicle	21/06/2007
11)	Registration Authority & Location	PATNA
12)	Year of Manufacture	MAY - 2007
13)	Engine Number	70E62576131
14)	Chasis Number	447207FSZ306694
15)	Make of the Vehicle	TATA
16)	Model	LPS 4018BSIII
17)	Type Of Body	TRUCK
18)	Gross Vehicle Weight (GVW) & Cubic Capacity (C.C)	45500
19)	Max. licensed carrying capacity(No. of Passengers) in case of passenger Carrying Vehicles?	2
20)	Whether the Vehicle is driven by non-conventional source of power / CNG / LPG / Bi-Fuel? If 'YES', please give details	No
21)	Whether the use of vehicle is limited to own premises?	☐ Yes ☐ No

22)	Whether the commercial vehicle is also used for private purposes (excluding use for hire or reward)?	☐ Yes ☑ No
23)	Whether the vehicle is used for driving tuition? (GR -44)	☐ Yes ☐ No
24)	Details of Hire Purchase / Hypothecation / Lease a) Is the vehicle proposed for insurance is :	**(IMT-5)**
	(i) Under Hire Purchase?	☐ Yes ☐ No
	(ii)Under Lease Agreement ?	☐ Yes ☐ No
	(iii) under Hypothecation?	☐ Yes ☐ No
	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)	

A(iii) Liability Section: Coverage

Third Party Risks: Death/Bodily Injury

25)	Coverage for liability against Third Party Risks (Death or injury) required in respect of:	
	i)Owner Driver Only	☐ Yes ☑ No
	☐ Multiple Vehicles ☐ Not Having Valid Driving License ☑ Driver has existing PA cover of Rs 15 lakhs	☐ Yes ☐ No
	ii)Any Person Other than Paid Driver	
	If yes Give details Such other persons 1. 2. 3.	
	[**Note:** 1. Section 146 of Motor Vehicles Act-1988 makes it mandatory for the owner of the vehicle to ensure that he or any other person authorized by him to drive a vehicle in public place has insurance against third party risks. The explanation to Section 146 exempts the paid driver.) 2. As per Section 147 (2)(a) The liability is 'as incurred' in the case of death / bodily injury of a third party]	

Third Party Risks : TPPD (IMT - 20)

26) Do you wish to have the statutary Third Party Property Damage(TPPD)Liability of Rs. 6000/- only

☐ Yes ☑ No
[For additional TPPD Limits, please see **Q.No.25**]

Third Party Risks : Liability to Workmen under W.C.Act - 1923 (Compulsorily to be converted by M.V.Act - 1988)

27) Legal liability to persons employed in connection with operation of the vehicle who are 'workmen'. The liability of the Employer under the Workmen's Compensation Act-1923 is covered under the Motor Vehicles Act-1988.
1. Drivers (No. of persons: 2)
2. Employees(Workmen) (No. of persons :)

(**Note:** The Motor Vehicles Act-1988 under Sec.147(1)(ii)(I) covers liability to employees who are workmen within the meaning of the Workmen's Compensation Act-1923.)
[For additional coverage,please refer to **Q.No.26**]

B. Questions that provide additional covers as per IMT Endorsements

Addl. TPPD (GR-39)

28) 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?

☑ Yes ☐ No

[Refer to **Q.No.23**]

Additional Liability to Workmen (IMT-28)

29) 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.

☐ Yes ☑ No

(**Note:** The addition liability under Common Law and Fatal Accidents Act in respect of emproyees **who are workmen** is covered under this endorsement).

[Refer to **Q.No.24**]

Liability to Employees who are not Workmen (IMT-29)

30) Do you wish to cover wider legal liability to employees who are **NOT** 'workmen'?

☐ Yes ☐ No

(**Note:** The liability under Common Law and Fatal Accidents Act-1855 in respect of employees **who are not workmen** can be covered under this endorsement

Personal Accident Cover For Owner Driver

31) Personal Accident Cover For Owner Driver is compulsory in the Liability Only Cover. Please give details of nomination:
Nominee Name:
Date of birth(DD/MM/YYYY): Relationship:
Guardian / Appointee Name: Age: 0 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.

(**Note:**
1.Personal Accident cover for owner Driver is compulsory for Sum Insured of Rs.2,00,000/- for Commercial Vehicles.
2.Compulsory PA cover for owner-driver cannot be granted where a vehicle is owned by a company,a partnership firm or a similar body corporate or where the owner driver does not hold an effective driving license)

Personal Accident Cover For Named Occupants (IMT-15)

32) Do you wish to include Personal Accident cover for named persons?

☐ Yes ☐ No

If YES give name and Capital Sum Insured (CSI) opted for:

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

(**Note:** The maximum CSI available per person is Rs. 2 Lakhs in case of Commercial Vehicles)

Personal Accident Cover For un-named Occupants (IMT-16)

33) Do you wish to include Personal Accident cover for Un-named Passengers/hirer/pillion passengers(Two Wheelers)?

☐ Yes ☐ No

If YES give number of persons and Capital Sum Insured (CSI) Opted:
No. of Persons: _____ CSI(Per Person): _____

		(**Note:** The maximum CSI available per person is Rs. 2 Lakhs in case of commercial vehicles)
Geographical Extension (IMT-1)	34)	Whether extension of geographical area to the following countries required? 1) Bangladesh ☐ Yes ☑ No 2) Bhutan ☐ Yes ☑ No 3) Maldives ☐ Yes ☑ No 4) Nepal ☐ Yes ☑ No 5) Pakistan ☐ Yes ☑ No 6) Sri Lanka ☐ Yes ☑ No (**Note:** Presently the territory covered is geographical area of India. Extension of geographical area cover can be availed by use of this endorsement)

C. Questions that are elicited for information and data collection purposes

Previous History

35) Previous History:

a. Date of purchase of the vehicle by the Proposer. 21/06/2007

b.Whether the vehicle was new or second hand at the time of purchase? Second Hand

c. Will the vehicle be used exclusively for

(i) Private, Social, Domestic, Pleasure & Professional Purpose ? ☐ Yes ☐ No

(ii) Carriage of goods other than samples or personal luggage? ☐ Yes ☐ No

d. Is the vehicle in good condition? ☑ Yes ☐ No

e. Name and Address of the previous insurance company :

f. Previous policy number:

g. Period of Insurance: From: To:

h. Claims lodged during the preceding 3 Year

YEAR	NO. OF CLAIMS	CLAIM AMOUNT(Rs.)
_____	_____	_____
_____	_____	_____

Driver Details

36) Details of the Driver:

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

☑ 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):
- 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):

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): 01/09/2026 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: 01/09/2026 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: 01/09/2026 Signature:_____

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 thebasis 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 wish to get all policy related communications on My Whatsapp Number:7543066974 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: 01/09/2026

Signature of the Proposer/s.

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

1. No person shall allow or offer to allow, either directly or indirectly as an inducement to any person to take out or renew or continue an insurance in respect of any kind or risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate except such rebate as may be allowed in accordance with the prospectus or tables of the Insurer.

2. If any person fails to comply with sub-regulation (1) above, he shall be liable to payment of a fine which may extend to Ten Lakh Rupees.

Note: denial of "third party liability only cover" by insurer, for reasons other than fraud/misrepresentation by proposer, will entail regulatory action.

Name:	NARBESH KUMAR YADAV
Date & Time:	02/09/2026 1:52:17 PM
Place:	PATNA
IP Address:	

Digitally Verified through OTP