Policy Number : P0026200006/4103/104577

DEVELOPMENT HOUSE, 24 Park Street , Kolkata -700016
(www.magmainsurance.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: IRDAN149RP0006V02201213
COMMERCIAL VEHICLE CLASS (GCV) PACKAGE POLICY

Date : 01/10/2025

To,
Mr ANIL SHANKAR SHELKE
RANJANGAON GANPATI PUNE
PUNE
MAHARASHTRA 412209
Mobile:7719882020

P0026200006/4103/104577412209

Agent/ Intermediary Name and Code:SPARKSHIELD INSURANCE BROKER PRIVATE LIMITED BRC0000840

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. P0026200006/4103/104577, which has been issued based on the details furnished to us as below:

Insured & Vehicle Details	
Name of Insured	Mr ANIL SHANKAR SHELKE
Period of Insurance	04/10/2025 TO 03/10/2026
Vehicle Make/Model	ASHOK LEYLAND / NA5525 TT BS VI 6*4
RTO	PUNE
Vehicle Registration No.	MH - 12 - WX - 8190
Vehicle Registration Date	16/10/2024
Engine No.	RJPZ123941
Chassis No.	MB1T2VHDXRPJB7394
Partial PA cover opted **Existing cover of Rs 0**	
Previous Policy Details	
Previous Policy No	3003/362627338/00/000
Previous Policy Period	04/10/2024 TO 03/10/2025
Previous Year NCB%	0
Previous Insurer Name	ICICI LOMBARD GENERAL INSURANCE CO. LTD.
Previous Policy Type	Package
Add-On cover in previous policy	Yes

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.

Policy Number : P0026200006/4103/104577

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

Policy Number : P0026200006/4103/104577

MAGMA General Insurance Limited

200191758082025100104732870 4/10/2025

DEVELOPMENT HOUSE, 24 Park Street , Kolkata -700016
In case of any query, assistance or claims, please contact us at 1800 266 3202
UIN: IRDAN149RP0006V02201213

COMMERCIAL VEHICLE CLASS (GCV) PACKAGE POLICY
CERTIFICATE OF INSURANCE CUM SCHEDULE /TAX INVOICE

Policy Servicing Office	KHODAL CHAMBERS, 2ND FLOOR, UNIT 203 & 204 R B MEHTA MARG ,NR. DHANJI DEVSHI MUNICIPAL SCHOOL, GHATKOPAR (E) ,MUMBAI -400077 ,MAHARASHTRA , PH: (1800) 2663202

Policy No	P0026200006/4103/104577	**Period Of Insurance**	00:00 Hrs of 04/10/2025 To Midnight of 03/10/2026
Insured	**Mr ANIL SHANKAR SHELKE**		
Address	**RANJANGAON GANPATI PUNE PUNE MAHARASHTRA 412209**	**Agent No.:**	BRC0000840
	Mobile:7719882020	**Agent Contact No.:**	8421887858
Contact Number	7719882020	**Email ID:**	amjad@sparkshield.in
Email ID:	JADHAVMANOJ585@GMAIL.COM	**Hypothecation with**	ICICI BANK LTD
GST Number	27ACVPS7587H1ZG		

INSURED MOTOR VEHICLE DETAILS AND PREMIUM COMPUTATION

Registration Mark & No. & RTA Location	Trolley Serial ID	Trolley Chassis No.	Year of Manufacture	Engine No.	Chassis No.	Make/Model/Type of Body	GVW	POLICY CLASS	SEATING CAPACITY
MH 12 WX 8190 / PUNE			2024	RJPZ123941	MB1T2VHDXRPJB7394	ASHOK LEYLAND NA5525 TT BS VI 6*4/TRAILER	54000	A1 GCV Public Carriers other than 3 wheelers	2

IDV (INSURED'S DECLARED VALUE)

IDV of Chassis ₹	IDV of Body ₹	Trailers ₹	Non Electrical Accessories ₹	Electrical/electronic Accessories ₹	Bi-Fuel kit(LPG/CNG) ₹	Other accessories ₹	Total Value ₹
4086000	684000	0	0	0	0 / 0	0	4770000

OWN DAMAGE(A)	₹	LIABILITY(B)	₹
Basic - OD	9,367.02	Basic - TP	44,242.00
Loss/damage to lamps/tyres/mud guards etc. - IMT-23	1,405.05	PA Owner Driver -SI Rs.1500000 Tenure 1 Year(s)	550.00
Zero Depreciation	21,465.00	Under WC act-Driver/cleaner/employees-IMT 28	100.00
Sub Total	32,237.07	**Sub Total**	44,892.00
Less:			
No claim bonus 20%	2,154.41		
Sub-Total Deductions	2,154.41		
Total Own Damage Premium(A)	30,083.00		
CGST @ 9%	2,707.47		
SGST @ 9%	2,707.47		
		Total Liability Premium(B)	44,892.00
		GST on TP Premium	
		CGST @ 2.50%	1,106.05
		SGST @ 2.50%	1,106.05
		GST on Other Liability Premium	
		CGST @ 9%	58.50
		SGST @ 9%	58.50

Premium Computation

Total Package Premium(A+B)	74,975.00
TOTAL CGST	3,872.02
TOTAL SGST	3,872.02
TOTAL	**82,719.00**

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

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

Persons or classes of persons entitled to drive:	Any person including Insured:
Goods carriage	Provided that the person driving holds an effective driving license at the time of the accident and is not disqualified from holding or obtaining such a license.Provided also that the person holding an effective learner's license may also drive the vehicle when not used for the transport of passengers at the time of the accident and that such a person satisfies the requirements of Rule 3 of The Central Motor Vehicles Rules, 1989.
Non-transport Vehicles	Provided that the person driving holds an effective driving license at the time of the accident and is not disqualified from holding or obtaining such a license.Provided also that the person holding an effective learner's license may also drive the vehicle when not used for the transport of passengers at the time of the accident and that such a person satisfies the requirements of Rule 3 of The Central Motor Vehicles Rules, 1989.

LIMITS OF LIABILITY

Under Section I	Excess in respect of each and every claim under Sec I of motor policy Compulsory : Rs. 1500/- Voluntary : Rs. 0/- Imposed : Rs. 0/- Total : Rs. 1500/-	**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 21,IMT 23,IMT 28

Pollution Under Control(PUC)

Warranted that the insured named herein/owner of the vehicle holds a valid Pollution Under Control (PUC) Certificate and/or valid fitness certificate, as applicable, on the date of commencement of the Policy and undertakes to renew and maintain a valid and effective PUC and/or fitness Certificate, as applicable, during the subsistence of the Policy. Further, the Company reserves the right to take appropriate action in case of any discrepancy in the PUC or fitness certificate at the time of issuance of policy.

NOMINATION DETAILS

Name Of the Nominee	Date of Birth of Nominee	Age of Nominee	Relationship	Percentage
SHANKAR SHELKE	01/10/1965	60	Father	100

I/We hereby certify that the Policy to which this Certificate relates as well as this Certificate of Insurance are issued in accordance with the provisions of chapter X and chapter XI of M.V. Act, 1988.

Premium Collection Details :- [Collection No - ReceiptDate - Amount] : P/200006/26/100497648- 01/10/2025 , ₹ 82719
Premium Amount in Word's (₹) :- Eighty-Two Thousand Seven Hundred Nineteen Only

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

Magma General Insurance Limited

Mayank Tanha

Date of Issue : 01/10/2025
Place : Kolkata
Consolidated Stamp Duty on the issue of General Insurance Policies Paid vide G.O No. 800, dated 23.05.2025

GST Number of Magma - 27AAGCM1685C1ZJ
GST Invoice Number - POL2710260000212
GST Invoice Date - 01/10/2025
Accounting Code for Service - 997134, Motor vehicle insurance services

Place of Supply:MAHARASHTRA (27)

Authorised Signatory

Whether Tax is payable on Reverse Charge - No
UIN : IRDAN149RP0006V02201213
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.

<table>
<tr><th>Sr No</th><th>Title</th><th>Description
(Please refer to the Policy Clause Number in next column)</th><th>Clause Number</th></tr>
<tr><td>1</td><td>Product Name</td><td>{lblHeadingMotor1}</td><td>Refer policy schedule</td></tr>
<tr><td>2</td><td>Policy Number</td><td>P0026200006/4103/104577</td><td>Refer policy schedule</td></tr>
<tr><td>3</td><td>Unique Identification Number (UIN) allotted by IRDA</td><td>UIN: IRDAN149RP0006V02201213</td><td>Refer policy schedule</td></tr>
<tr><td>4</td><td>Structure</td><td>Indemnity</td><td></td></tr>
<tr><td>5</td><td>Interests Insured</td><td>Vehicle
Third Party liability
Third party property Damage
Personal Accident cover - Driver</td><td>Refer policy schedule</td></tr>
<tr><td>6</td><td>Sum Insured / Motor Insured Declared Value Scope</td><td>Vehicle Total IDV: 4770000
*IDV illustration as shown in the CIS</td><td>Refer policy schedule</td></tr>
<tr><td>7</td><td>Policy Coverage</td><td>As mentioned in policy schedule
Cover for Lamps Tyres and Tubes etc - IMT23
PA Owner Driver -SI Rs. 1500000 Tenure 1 Year(s)
LL to Paid Driver IMT 28
Basic - OD
Basic - TP
Damage to Third Party Property Rs. 750000</td><td>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.</td></tr>
<tr><td>8</td><td>Add-on Cover</td><td>Zero Depreciation (IRDAN149RP0006V02201213/A0020V02201314) - If your parts are damaged, we will pay you their full value without any depreciation.</td><td>Refer policy wordings</td></tr>
<tr><td>9</td><td>Loss Participation</td><td>We will not pay the amount mentioned as deductible in the policy.</td><td>Refer policy wordings and policy schedule</td></tr>
<tr><td>10</td><td>Exclusions</td><td>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.</td><td>Refer policy wordings and policy schedule</td></tr>
<tr><td>11</td><td>Special Conditions and Warranties (if any)</td><td>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</td><td>Refer policy wordings and policy schedule</td></tr>
<tr><td>12</td><td>Admissibility of Claim</td><td>•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 (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>As per Policy</td><td>C</td></tr>
<tr><td colspan="3">Voluntary Policy Excess</td><td>As opted by Insured</td><td>V</td></tr>
</table>
</td><td>Refer policy wordings and policy schedule</td></tr>
</table>

		<table><tr><td>Spot Repair / Towing Charge</td><td>As per policy Section 1. Point 3, 4</td><td>T</td></tr><tr><td colspan="3"></td></tr><tr><td colspan="2">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.	
13	**Policy Servicing - Claim Intimation and Processing**	<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.	
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: PUNE

Date: 01/10/2025

(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

Policy Number : P0026200006/4103/104577

Magma General Insurance Limited
Toll Free Number 1800-266-3202
Website - www.magmainsurance.com

Policy Issuing Office	5TH FLOOR, BUILDING AMAR AVINASH CORPORATE CITY, BUND GARDEN ROAD, ABOVE HSBC BANK,PUNE, MAHARASHTRA, 411001	Policy Servicing Office	KHODAL CHAMBERS, 2ND FLOOR, UNIT 203 & 204 R B MEHTA MARG ,NR. DHANJI DEVSHI MUNICIPAL SCHOOL, GHATKOPAR (E) ,MUMBAI -400077 ,MAHARASHTRA , PH: (1800) 2663202
Policy Number	P0026200006/4103/104577	Product Name	CommercialVehicleComprehensivePackagePolicy
Start Date & Time	04/10/2025 00:00	Expiry Date & Time	03/10/2026 23:59
Agent Name	SPARKSHIELD INSURANCE BROKER PRIVATE LIMITED	Agent Contact Number	8421887858
Policy Holder Name	ANIL SHANKAR SHELKE	Hypothecation	ICICI BANK LTD
Address of Insured Person	RANJANGAON GANPATI PUNE PUNE MAHARASHTRA 412209 Mobile:7719882020		

Vehicle Detail

Vehicle RTO Location	Manufacturer	Model	Variant	Registration No	Engine Number	Chassis Number	Insured Declare Value
PUNE	ASHOK LEYLAND	NA5525	TT BS VI 6*4	MH - 12 - WX - 8190	RJPZ123941	MB1T2VHDXRPJB7394	4770000

Add on Cover: ,,Zero Depreciation

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**
SHANKAR SHELKE	60	01/10/1965	Father				

Premium Details

Net Premium (Rs.)	74975
GST @ 9% (Rs.)	3872.02
GST @ 9% (Rs.)	3872.02
Total Premium (Rs.)	82719

Renew Your Policy on 04/10/2026 through
Our website:www.magmainsurance.com
Email: customercare@magmainsurance.com
Call us at: 1800 266 3202

How do you intimate an intimate claim?
Call us at: 1800 266 3202

Policy Number : P0026200006/4103/104577

We at Magma prefer receiving premium amount through cheque

MAGMA General Insurance Limited

No. CV/202510010473287

Helpline No : 1800 266 3202

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

Proposal Form for Commercial Vehicles

Customer ID 20019175808

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

*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	

*** Period of Insurance:** 04/10/2025 **Time:** 00:00 **,To** 03/10/2026

(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)

Intermediary Code: BRC0000840	Intermediary Name: SPARKSHIELD INSURANCE BROKER PRIVATE LIMITED

1. *Proposer Details:

1. Name (Registered Owner of the Vehicle): Mr ANIL SHANKAR SHELKE

PAN No: ACVPS7587H *DOB: 13/05/1964 *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

RANJANGAON GANPATI PUNE, PUNE, MAHARASHTRA 412209, 7719882020, JADHAVMANOJ585@GMAIL.COM ,Mobile:7719882020 Whatsapp Number:7719882020 ☑ Would you like to opt for Whatsapp notification

GST Number 27ACVPS7587H1ZG

3. *Communication Address (For policy dispatch)

RANJANGAON GANPATI PUNE, PUNE, MAHARASHTRA 412209

GST Number 27ACVPS7587H1ZG

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

5. Have you previously insured this vehicle? ☑ Yes ☐ No Policy No. 3003/362627338/00/000

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

*Vehicle Type: ☐ 2 Wheeler ☐ 3 Wheeler ☐ 4 Wheeler ☑ More than four wheels *Vehicle Insured is: ☐ New ☑ Used

*Make	ASHOK LEYLAND	*Chassis No	MB1T2VHDXRPJB7394	Speedometer reading as on date	
*Model	NA5525 TT BS VI 6*4	RTO where vehicle will be registered	PUNE	*Vehicle IDV	₹ 684000
*Year of Manufacture	JUNE - 2024	Date of Registration /Purchase	16/10/2024	Trailer(s) Identification No.	1_____
*CC/GVW	5300	Licensed Carrying Capacity (No of Passengers Including driver)	2		2_____
*Registration No.	MH - 12 - WX - 8190 Â				3_____
Type of Body	TRAILER	Colour of the vehicle			4_____
*Engine No.	RJPZ123941	Vehicle Make (Indigenous or Imported)	NA5525 TT BS VI 6*4		

Note: Either Registration no or Engine and Chassis Number is mandatory

*Vehicle Rate Under: ☐ Zone -A ☐ Zone -B ☑ Zone -C

*Fuel Used: ☐ Petrol ☑ Diesel ☐ Bi Fuel ☐ LPG/CNG ☐ Electric ☐ Hybrid ☐ Others (please specify)

*Purpose of Use: ☐ Good Carrying (Private Carrier) ☐ Passenger Carrying (Private carrier) ☑ Good Carrying (Public Carrier) ☐ Passenger Carrying (Public Carrier) ☐ Others (Please specify)

Proposed usage of the vehicle? *(Applicable only to passenger carrying vehicles with seating capacity not exceeding 6)*

☐ Driven by the owner(s) only, ☐ Driven by the owner(s) only along with other drivers, ☐ Driven by other drivers, ☐ For rent to tourists, ☐ For rent to individuals for personal use,

☐ Business purposes by Hotels, ☐ Business purposes by Corporates, Official purposes by foreign embassy/ consulate

*Type of Permit: ☐ Hilly ☐ National/State Highways ☐ City/Town Road ☐ District Roads ☐ Others

* Average Monthly usage : ☐ Less Than 500 Kms; ☐ Between 501 and 2500 Kms; ☐ Between 2501 to 5000 Kms ; ☐ Above 5001 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 .....

Nature of Goods carried by vehicle ☐ Hazardous ☐ Non-Hazardous

7. Financier Details: ☑ Hypothecation ☐ Hire Purchase ☐ Lease **Financier Name : ICICI BANK LTD**

8. Nominee Details : Nominee Name: SHANKAR SHELKE DOB 01/10/1965 Relationship Father

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	₹ 4086000
Not exceeding 6 months	5%	Vehicle Body Value	₹ 684000
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

Policy Number : P0026200006/4103/104577

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 Legal liability to paid driver/ conductor/ cleaner employed in operations of vehicle No of Persons 2	Personal Accident Cover (Max Rs 1 lakh for two-wheelers and Rs 2 Lakh for other class of vehicles each in multiples of Rs. 10000/-) for paid driver / cleaner / conductors No. of Persons. 0 CSI per person ₹ 0
Legal liability to employees travelling in/driving the vehicle other than paid driver. No. of Persons	Legal liability non-fare paying passengers No. of Persons. _____ CSI per person ₹ _____
Additional Towing charges: Amount:₹	Vehicle used for Private and commercial purposes : ☐ Yes ☑ No
Cover for overturning of Mobile Cranes, Mechanical Navies, Shovels, Grabs, Rippers and Excavators, Dragline Excavators, Mobile Drilling Rigs and Mobile Plants? ☐ Yes ☑ No	Do you wish to cover for loss or damage to lamps, tyres, tubes, mudguard, bonnet side parts, bumper and paint work? (Not applicable for taxis) ☑ Yes ☐ No
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

11. Add On Coverage at additional :

Extra Coverage: Zero Depreciation
Whether Zero Depreciation cover is present in previous expiry policy: ☑ Yes ☐ No

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	Is the vehicle specially designed for the use by a handicapped person and/ or owned by an institution exclusively engaged in service of the blind, handicapped and mentally regarded children or adults? ☐ Yes ☑ No

***Voluntary Deductible :** ☐ **Yes** ☑ **No**
Amount: ₹ .....

☑ 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: ICLB	Type of cover: Package
Policy/ Cover note number: 3003/362627338/00/000	Period of Insurance: From 04/10/2024 To 03/10/2025
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): ₹ 82,719.00 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):
- 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 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:7719882020 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: 01/10/2025 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:	ANIL SHANKAR SHELKE
Date & Time:	01/10/2025 5:44:43 PM
Place:	PUNE
IP Address:	103.53.62.4, 52.66.104.3