

## Group Accident Suraksha Endorsement Schedule

Policy Issuing Office	SCO-386, 1ST FLOOR, SECTOR-29, OPP. IFFCO CHOWK, METRO STATION, ,GURGAON -122001 ,HARYANA , PH: (1800) 2663202
Policy Number	P0125100001/9999/100026
Endorsement No	07
Name of Proposer	KRISUMI CORPORATION PVT LTD
Address of the Proposer	11TH FLOOR, UNIT-02, EMAAR CAPITAL TOWER-2, SECTOR 26, MG ROAD, GURUGRAM, Haryana, 122002
GST Number	06AAECV0565A1ZR
Policy Period	Annual Period
Start Date & time	From 00:01hrs : 06/11/2024
End Date & time	midnight of : 05/11/2025
Endorsement effective date	03/06/2025

### Intermediary Details

Intermediary Name	Intermediary Code	Contact Number	Mail ID
POLICYBAZAAR INSURANCE BROKERS PRIVATE LIMITED	BRC0000434	-	care@policybazaar.com

### Other Basic Details

Endorsement Request Date	06/06/2025
Endorsement Type	Addition & Deletion of Insured Employee(s)
Number of Lives – Added	13
Number of Lives – Deleted	07
Number of Lives – Modified	00

### Premium

Net Premium (Rs.)	1,229.00/-
CGST @ 9% (Rs.)	110.61/-
SGST @ 9% (Rs.)	110.61/-
<b>Total Premium (Rs.)</b>	<b>1,450.00/-</b>

At the request of the insured, it is hereby declared and agreed that the following items under the, within mentioned policy, has been changed / allotted.

### REASON FOR ENDORSEMENT:

Notwithstanding anything to the contrary as mentioned in the Policy and Endorsement (if any) therein, it is hereby declared and agreed at the request of the insured, that the Sum Insured under the policy is increased from Rs.388000000/- to Rs.414000000/- by an amount equal to Rs.26000000/- towards inclusion of 13 employees as per Annexure1. Further that the Sum Insured under the policy is decreased from Rs.414000000/- to Rs.400000000/- by an amount equal to Rs.14000000/- towards deletion of 7 employees as per Annexure1. In consideration thereof, premium as shown in premium details of this endorsement schedule is collected from the insured. All other terms, conditions, limitations of the policy and the endorsements thereon, remains unaltered.

TAX INVOICE

GST Number of Magma 06AAGCM1685C1ZN  
GST Invoice Number - END0606260000259  
GST Invoice Date - 24/06/2025  
Accounting Code for Service - 997133, Accident and health insurance services

Previous GST Invoice No. - END0605260000051

Place of Supply: HARYANA ( 06 )

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.

Whether Tax is payable on Reverse Charge - No

Consolidated Stamp Duty on the issue of General Insurance Policies Paid vide G.O No. 378, dated 06.03.2025

For and On Behalf of

**Magma General Insurance Limited.**



**Duly Constituted Attorney**

**Head Office Address:**

Magma General Insurance Limited  
UNIT NO. 1B & 2B, 2ND FLOOR, EQUINOX BUSINESS PARK, TOWER – 3,  
LBS MARG, KURLA (WEST), MUMBAI – 400070

**Registered Office address:**

DEVELOPMENT HOUSE, 24, PARK STREET, KOLKATA, PIN – 700016  
IRDA REG NO. 149 DATED 22nd MAY, 2012  
CIN: U66000WB2009PLC136327

● 1800-266-3202 ● [customercare@magmainsurance.com](mailto:customercare@magmainsurance.com) ● [www.magmainsurance.com](http://www.magmainsurance.com)

**Policy Number: P0125100001/9999/100026**

**UIN: MAGPAGP19026V011819**

**Group Accident Suraksha**

**Annexure-1**

Attached to and forming part of policy number: P0125100001/9999/100026							
Addition of employees							
S No	Emp No	Name	Gender	DOB	Age	Sum Insured	DOC
241	K1424	KALANGI NAVANEETH	Male	07/10/1982	42	2000000	26/05/2025
242	K1415	SANJAY SHARMA	Male	19/06/1994	30	2000000	07/05/2025
243	K1416	AKANKSHA MEHTA	Female	19/11/1989	35	2000000	12/05/2025
244	K1417	SHIV SHANKAR GOR	Male	14/09/1982	42	2000000	12/05/2025
245	K1418	MANJEET KAUR	Female	10/03/1995	30	2000000	12/05/2025
246	K1419	RAJEEV RANJAN SINGH	Male	01/06/1983	41	2000000	12/05/2025
247	K1420	NITESH ANAND	Male	15/07/1989	35	2000000	12/05/2025
248	K1421	AMIT KAUSHIK	Male	11/06/1985	39	2000000	12/05/2025
249	K1422	AADITI ROY	Female	26/07/2000	24	2000000	19/05/2025
250	K1423	JITENDER	Male	31/12/1984	40	2000000	20/05/2025
251	K1425	NAINA SINGH	Female	22/05/2001	24	2000000	02/06/2025
252	K1426	ABHISHEK PAREEK	Male	04/12/1989	35	2000000	02/06/2025
253	K1427	VANDANA	Female	17/08/1987	37	2000000	02/06/2025

Attached to and forming part of policy number: P0125100001/9999/100026							
Deletion of employees							
S No	Emp No	Name	Gender	DOB	Age	Sum Insured	DOL
33	K1132	KAMAL BHALLA	Male	20/03/1975	49	2000000	06/05/2025
75	K1226	DHVANI HANDA	Female	16/02/1992	32	2000000	31/05/2025
125	K1288	KARTIK KUMAR	Male	20/07/2001	23	2000000	31/05/2025
193	K1370	MAHIMA MAKIN	Female	25/03/1997	27	2000000	15/05/2025
203	K1380	AMIT KUMAR	Male	01/04/1976	48	2000000	17/05/2025
233	K1410	ANJALI	Female	06/09/1994	30	2000000	30/04/2025
234	K1411	ANSHUL	Male	05/08/2001	23	2000000	14/05/2025