

Group Accident Suraksha Endorsement Schedule

Policy Issuing Office	99, 1ST FLOOR,, ABOVE HDFC BANK, PREM NAGAR, AMBALA CITY, AMBALA ,AMBALA -134001 ,HARYANA , PH: (1800) 2663202
Policy Number	P0024100001/9999/100026
Endorsement No	08
Name of Proposer	KRISUMI CORPORATION PVT LTD
Address of the Proposer	3RD FLOOR, CENTRAL PLAZA MALL, DLF GOLF COURSE ROAD, SECTOR 53, Gurugram, Haryana, 122001
GST Number	06AAECV0565A1ZR
Policy Period	Annual Period
Start Date & time	From 00:01hrs : 06/11/2023
End Date & time	midnight of : 05/11/2024
Endorsement effective date	04/07/2024

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	04/07/2024
Endorsement Type	Addition, Deletion & Name correction of Insured Employee(s)
Number of Lives – Added	04
Number of Lives – Deleted	01
Number of Lives – Modified	01

Premium

Net Premium (Rs.)	271.00/-
CGST @ 9% (Rs.)	24.50/-
SGST @ 9% (Rs.)	24.50/-
Total Premium (Rs.)	320.00/-

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. 123,400,000/- to Rs. 126,600,000/- by an amount equal to Rs. 3,200,000/- towards inclusion of 4 employees as per Annexure1. Further that the Sum Insured under the policy is decreased from Rs. 126,600,000/- to Rs. 125,800,000/- by an amount equal to Rs. 800,000/- towards deletion of 1 employee 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 MHDI 06AAGCM1685C1ZN
GST Invoice Number - END0607250000066
Accounting Code for Service - 997133, Accident and health insurance services
Previous GST Invoice No. -END0605250000065

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. 2250, dated 20.12.2023.

For and On Behalf of

MAGMA HDI GENERAL INSURANCE CO. LTD.



Duly Constituted Attorney

Head Office Address:

Magma HDI General Insurance Co Ltd
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, PINCODE – 700016
IRDA REG NO. 149 DATED 22nd MAY, 2012
CIN: U66000WB2009PLC136327

● 1800-266-3202 ● customercare@magma-hdi.co.in ● www.magma-hdi.com

Policy No : P0024100001/9999/100026

UIN: MAGPAGP19026V011819

Group Accident Suraksha

Annexure-1

Attached to and forming part of policy number: P0024100001/9999/100026							
Addition of employee							
SI No	Emp Code	Member Name	Sum Insured	Gender	DOB	Age	DOC
1	K1329	Anil Kumar	800,000	Male	01/01/1987	37	03/06/2024
2	K1330	Nikhil Thakur	800,000	Male	20/09/1985	39	03/06/2024
3	K1331	Aviral Chaudhary	800,000	Male	08/03/1988	36	03/06/2024
4	K1332	Abhinav Mandal	800,000	Male	29/06/1990	34	03/06/2024

Attached to and forming part of policy number: P0024100001/9999/100026				
Deletion of employee				
SI No	Emp Code	Member Name	Sum Insured	DOL
1	K1323	Shabreen Taj	800,000	25/05/2024

Attached to and forming part of policy number: P0024100001/9999/100026						
Name correction of employee						
S No.	Emp ID	Insured Name	Relationship	Current Details	Modified Details	Remarks
1	K1074	SISHPAL SINGH	Self	SHISHPAL SINGH	SISHPAL SINGH	name correction