

# PROPOSAL FORM - COMMERCIAL VEHICLE INSURANCE

Information for fields marked with an asterisk (\*) is mandatory.

Customer ID \_\_\_\_\_

Policy No. \_\_\_\_\_

\*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:         Time  /  To midnight of

(Note: Cover shall not commence earlier than the date and time of acceptance of risk and/or issuance of cover note & subsequent to payment of premium)

Intermediary Code : \_\_\_\_\_ Intermediary Name : \_\_\_\_\_

## 1. \*PROPOSER DETAILS

Name (Registered Owner of the Vehicle):     
Mr. / Ms. / M/s. First Name Middle Name Last Name

PAN No.         Aadhaar No.

\*DOB:         \*Gender:  M  F \*Occupation: \_\_\_\_\_

Marital Status:  Single  Married

Bank Name \_\_\_\_\_ Branch Name \_\_\_\_\_

A/c Type-  Savings  Current

Account No.           MICR \_\_\_\_\_ IFSC \_\_\_\_\_

## 2. \*ADDRESS WHERE VEHICLE REGISTERED AND BASED

Flat/Building:

Road/Street/Sector           Area

Taluka/Village/District/City:                      Pin Code:

State:       Country:

GSTIN No.                      Tele No. (R):

Mobile No:           E-Mail ID: \_\_\_\_\_

## 3. \*COMMUNICATION ADDRESS (FOR POLICY DISPATCH)

Flat/Building:

Road/Street/Sector           Area

Taluka/Village/District/City:                      Pin Code:

State:       Country:

GSTIN No.

## 4. CITY WHERE THE VEHICLE WILL PRIMARILY BE USED:

## 5. HAVE YOU PREVIOUSLY INSURED THIS VEHICLE?

Yes  No  Policy No. \_\_\_\_\_

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%

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 respect of Section 1 of the Policy will stand forfeited.

\_\_\_\_\_  
Signature of Proposer

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## 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 _____	*Chassis No. _____	Speedometer reading as on date _____
*Model _____	RTO where vehicle will be registered _____	_____
*Year of Manufacture _____	Date of Registration /Purchase _____	*Vehicle IDV ₹ _____
*CC/GVW _____	Licensed Carrying Capacity (No of Passengers Including driver) _____	Trailer(s) Identification No. 1 _____
*Registration No. _____	Colour of the vehicle _____	2 _____
Type of Bod _____	Vehicle Make (Indigenous or Imported) _____	3 _____
*Engine No. _____		4 _____

(Note: Either Registration Number or Engine and Chassis Number is mandatory)

\*Vehicle Rate Under:  Zone -A  Zone - B  Zone -C

\*Fuel Used:  Petrol  Diesel  Bi Fuel  CNG  LPG  Electric  Hybrid  
 Others (please specify) \_\_\_\_\_

\*Purpose of Use:  Goods Carrying (Private Carrier)  Passenger Carrying (Private carrier)  Goods 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 : \_\_\_\_\_

## 8. NOMINEE DETAILS:

Nominee Name : \_\_\_\_\_

Date of birth:  Relationship \_\_\_\_\_

Appointee Name : \_\_\_\_\_ Age  yrs

\*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	₹
Not exceeding 6 months	5%	Vehicle Body Value	₹
		Non- Electrical Accessories (Other than factory fitted): Details	₹
Exceeding 6 months but not exceeding 1 year	15%	Electrical Accessories (Other than factory fitted) Details	₹
Exceeding 1 year but not exceeding 2 years	20%	Bi- Fuel/ CNG/LPG Kit	₹
Exceeding 2 years but not exceeding 3 years	30%	Trailer(s)/ Side Car Value (only for 2 wheelers):	₹
Exceeding 3 years but not exceeding 4 years	40%	Total IDV:	₹
Exceeding 4 years but not exceeding 5 years	50%		

Note - For vehicles more than 5 years old, please contact the Company for fixing the IDV

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## 10. EXTENDED COVERS/ EXTRA BENEFITS AT ADDITIONAL PREMIUM:

Extension of Geographical Area: <input type="checkbox"/> Bangladesh <input type="checkbox"/> Bhutan <input type="checkbox"/> Nepal <input type="checkbox"/> Maldives <input type="checkbox"/> Pakistan <input type="checkbox"/> Sri Lanka	Vehicle is fitted with Fibre Glass Fuel Tank Yes <input type="checkbox"/> No <input type="checkbox"/> Vehicle will be used for Driving Tutorials Yes <input type="checkbox"/> No <input type="checkbox"/> Imported vehicle without payment of customs duty Yes <input type="checkbox"/> No <input type="checkbox"/>
Compulsory Personal Accident (If owner has a valid driving license) If selected "NO" incase of customer type is individual please tick any one of the below. Yes <input type="checkbox"/> No <input type="checkbox"/> I hereby declare that: <input type="checkbox"/> I do not hold a valid driving license. <input type="checkbox"/> I own more than 1 vehicle and have opted for PA to Owner Driver cover in the other vehicle insurance policy. Legal liability to paid driver/ conductor/ cleaner employed in operations of vehicle No. of Persons _____	Personal Accident Cover ( Max ₹ 1 lakh for two-wheelers and ₹ 2 Lakh for other class of vehicles each in multiples of ₹ 10000/- ) for paid driver / cleaner / conductors.  No. of Persons _____ CSI per person ₹ _____
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 <input type="checkbox"/> No <input type="checkbox"/>
Cover for overturning of Mobile Cranes, Mechanical Navies, Shovels, Grabs, Rippers and Excavators, Dragline Excavators, Mobile Drilling Rigs and Mobile Plants? Yes <input type="checkbox"/> No <input type="checkbox"/>	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 <input type="checkbox"/> No <input type="checkbox"/>
Do you wish to have an enhanced Personal accident cover for Yourself/ Your Driver / unnamed occupants of the vehicle ? Yes <input type="checkbox"/> No <input type="checkbox"/> 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 <input type="checkbox"/> No <input type="checkbox"/>

## 11. ADD-ON COVERAGE AT ADDITIONAL PREMIUM

Add On Plan Type Opted: _____ Amount in (INR) _____ Additional Add On covers Opted: 1 _____ 2 _____ 3 _____ 4 _____ Amount in (INR) _____
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## 12. RESTRICTIONS OF COVER / DISCOUNTS:

Vehicle fitted with Anti-theft device approved by ARAI : Yes <input type="checkbox"/> No <input type="checkbox"/> Vehicle will be used within own premises : Yes <input type="checkbox"/> No <input type="checkbox"/> Third Party Property Damage cover restricted to 6000 Yes <input type="checkbox"/> No <input type="checkbox"/>	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?
*Voluntary Deductible : Amount ₹ _____	
_____ Signature of Proposer	

## 13. PREVIOUS INSURANCE DETAILS:

Previous Insurer Name: _____	Type of cover: _____																								
Policy/ Cover note number: _____	Period of Insurance: From <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> To <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>																								
Has any Insurance Company ever:	Claims reported in last 5 years																								
1) Declined the proposal Yes <input type="checkbox"/> No <input type="checkbox"/>	<table border="1"> <tr> <td>Year</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> </tr> <tr> <td>Type of Claims (OD/TP)</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>No. of Claims</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Amount</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>	Year	1	2	3	4	5	Type of Claims (OD/TP)						No. of Claims						Amount					
Year	1	2	3	4	5																				
Type of Claims (OD/TP)																									
No. of Claims																									
Amount																									
2) Cancelled & Refused to renew Yes <input type="checkbox"/> No <input type="checkbox"/>																									
3) Required an increase in Premium Yes <input type="checkbox"/> No <input type="checkbox"/>																									
4) Imposed special conditions or excess Yes <input type="checkbox"/> No <input type="checkbox"/>																									

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## 14. DRIVER DETAILS: (Mention the details below for any condition)

a. Age & Date of Birth of the Owner:	Age <input type="text"/> <input type="text"/> Yrs	DOB: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
b. Age & Date of Birth of the Driver:	Age <input type="text"/> <input type="text"/> Yrs	DOB: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
c. Does the driver suffer from defective vision or hearing or any physical infirmity? If YES, please give details of such infirmity _____		Yes <input type="checkbox"/> No <input type="checkbox"/>
d. Has the driver ever been involved / convicted for causing any accident of loss? If YES, give details as under including the pending prosecutions :		Yes <input type="checkbox"/> No <input type="checkbox"/>
- Driver's Name : _____		
- Date of Accident: _____		
- Loss / Cost (₹): _____		
- Circumstances of Accident / Loss _____		

## 15. PREMIUM DETAILS

Total Premium (Including GST) : ₹.....

Payment mode: Cash  Cheque  DD

Cheque/DD, Cheque No. .... Bank/Branch ..... Date

## 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 HDI General Insurance Co. Ltd.

I/We also declare that any additions or alterations carried out after the submission of this Proposal Form would be conveyed to Magma HDI General Insurance Co. Ltd 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.magmahdi.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 declare and undertake that the amount paid by me/us as premium for the aforementioned vehicle is out of my/our lawful and declared source of Income.

Place \_\_\_\_\_

Date

\_\_\_\_\_  
Signature of Proposer

## INSURANCE ACT 1938, SECTION 41 - 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. Any person making default in complying with the provisions of this section shall be punishable with fine, which may extend to ten lacs rupees.