

# PROPOSAL FORM - INDIVIDUAL PERSONAL ACCIDENT INSURANCE

**Please submit separate forms for each individual.  
The proposal in case of dependent children may please be filled in by the proposer.**

(The person(s) proposed for insurance is not covered until the proposal is accepted and premium paid)

1. Intermediary Name

2. Intermediary Code

3. Sales channel Type

4. If POSP then please provide the below

a) PAN Card Number of POSP

b) AADHAR Card Number of POSP

5. Name of the Insured   
(Policy to be issued in favor of)

6. Address of the Insured:

Flat/Building:

Road/Street/Sector  Area

Taluka/Village/District/City:  Pin Code:

State:  Country:

7. Phone Number

8. Email id

9. Bank Account No.

10. (a)	Profession; Occupation, Trade or Business: (Please describe fully with nature of duties)	<input type="text"/>
(b)	Are you primarily engaged in Administrative function.	<input type="checkbox"/> Yes <input type="checkbox"/> No
(c)	Does your occupation requires you to engage in manual labour.	<input type="checkbox"/> Yes <input type="checkbox"/> No
(d)	Do you engage in:	
i)	Racing on wheels or Horseback	<input type="checkbox"/> Yes <input type="checkbox"/> No
ii)	Big game hunting	<input type="checkbox"/> Yes <input type="checkbox"/> No
iii)	Mountaineering	<input type="checkbox"/> Yes <input type="checkbox"/> No
iv)	Winter sports, skiing or ice hockey	<input type="checkbox"/> Yes <input type="checkbox"/> No
v)	Balloonning or polo or Sports of similar nature	<input type="checkbox"/> Yes <input type="checkbox"/> No
vi)	Any other adventurous sports	<input type="checkbox"/> Yes <input type="checkbox"/> No
(e)	What is your average monthly income from	
i)	Gainful Employment	Rs. <input type="text"/>
ii)	Other sources	Rs. <input type="text"/>
iii)	Total	Rs. <input type="text"/>
11.	Date of Birth	<input type="text"/>
12.	Height (in cms)	<input type="text"/>
13.	Weight (in kgs)	<input type="text"/>
14.	Have you suffered or do you suffer from: (Full particulars must be given in case the answer is 'Yes' to any of the following queries)	
a)	Any physical defect or infirmity	<input type="checkbox"/> Yes <input type="checkbox"/> No
b)	Gout or Arthritis or Diabetes, Paralysis	<input type="checkbox"/> Yes <input type="checkbox"/> No
c)	Fits or any kind or any other chronic disease	<input type="checkbox"/> Yes <input type="checkbox"/> No
d)	Any other disability	<input type="checkbox"/> Yes <input type="checkbox"/> No

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15.	Is this proposal for insurance in addition to:	
(a)	Any other Accident Policy? [Including if covered under any Group Personal Accident Policy/Credit card schemes] (If so, give name of each Company and Amount of Insurance.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
(b)	Any other Employee Scheme (If so, give name of each Company and Amount of Insurance.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
16.	Has any Company	
i)	Declined to issue a policy to you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
ii)	Declined to continue your Insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
iii)	Not invited the renewal of your Policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
iv)	Imposed any restriction or special conditions? (If yes, please furnish the details)	<input type="checkbox"/> Yes <input type="checkbox"/> No
17.	Have you ever claimed / received compensation under any Accident Policy? (If yes, please furnish the details)	<input type="checkbox"/> Yes <input type="checkbox"/> No
18.	Details of coverage opted by you:	
(i)	Capital Sum Insured (maximum liability)	Rs. _____
(ii)	Nature of Policy Proposed	<input type="checkbox"/> **Basic <input type="checkbox"/> Wider <input type="checkbox"/> Comprehensive
(iii)	Do you like to avail additional cover against Medical Expenses? (applicable to Comprehensive cover only)	<input type="checkbox"/> Yes <input type="checkbox"/> No
(iv)	Do you like to avail Hospital Confinement Allowance Extension? (applicable to Comprehensive cover only)	<input type="checkbox"/> Yes <input type="checkbox"/> No
**a) Basic Cover-covers against Death only b) Wider Cover-covers against Death, Permanent Total Disablement & Permanent Partial Disablement. c) Comprehensive Cover-covers against Death, Permanent Total Disablement, Permanent Partial Disablement & Temporary Total Disablement		
19.	Do you wish to cover your family members (spouse, children and dependent parents only)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
20.	Period of Insurance	From <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"/>

If answer to item 19 is "yes" please furnish the following details and use separate proposal form for each adult person to be insured.

Name of family members	Relationship with Insured & Age	Profession or occupation	Annual Income	Type of cover & Capital Sum Insured		Additional Extension (applicable to comprehensive cover only)	
				Type of Cover	CSI	Medical Expenses	Medical confinement Allowance

## NOMINATION:

Policyholder is the nominee for all Insured members. Below details are for nominee to Policyholder

Name of Nominee

Relationship with Proposer  Date of Birth

Contact Number of Nominee

If the Nominee is minor, Name and Address of Appointee and Relationship with Minor:

Appointee Name	Relationship with Nominee	Contact Number of Appointee

**AML Details: Submission of PAN card is mandatory for cash premium exceeding Rs 50,000/- and cheque**

### Auto Renewal:

Policy will be renewed on payment of renewal premium by You. However, We may exercise our option not to renew the policy on the ground of fraud, misrepresentation or suppression of any material fact either at the time of taking policy or any time during the currency of the earlier policies or bad moral hazard.

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## PAYMENT DETAILS

1. **Payment Details:** Please tick (✓) payment option Total Premium amount including GST (Rs) \_\_\_\_\_
- Cash  Cheque/NEFT/DD Payment Option  Digital Payment
- Cheque/NEFT/DD Number
- Cheque/NEFT/DD Date  Bank
2. For payment of claims/refund through direct bank transfer, please provide the following details: (please enclose a cancelled cheque along with the proposal form)
- Name of the Account Holder
- Name of the Bank
- Branch  City
- IFSC Code
- Account Number  Account Type

"I/We hereby declare and undertake that the amount paid by me/us as premium for aforementioned policy is out of my/our lawful and declared source of income."

## ELECTRONIC INSURANCE DETAILS

Do you wish to have this Policy credited to an eIA? (Please select anyone)

- 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 Protean Egov Technologies Ltd  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)

Name

Mr./Ms./M/s.

First Name

Middle Name

Last Name

\*DOB:  \*Gender:  M  F PAN No.

Flat/Building:

Road/Street/Sector  Area

Taluka/Village/District/City:  Pin Code:

State:  City

Country:  Tele No. (R):

Relationship:  Other Relationship

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

UID:

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## DECLARATIONS:

### 1. Declaration

- I hereby declare, on my behalf and on behalf of all persons proposed to be insured, that the above statements, answers and/or particulars given by me are true and complete in all respects to the best of my knowledge and that I am authorized to propose on behalf of these other persons.
- I understand that the information provided by me will form the basis of the insurance policy, is subject to the Board approved underwriting policy of the insurer and that the policy will come into force only after full payment of the premium chargeable.
- I further declare that I will notify in writing any change occurring in the occupation or general health of the life to be insured/proposer after the proposal has been submitted but before communication of the risk acceptance by the company
- I declare that I consent to the company seeking medical information from any doctor or hospital who/which at any time has attended on the person to be insured/proposer or from any past or present employer concerning anything which affects the physical or mental health of the person to be insured/proposer and seeking information from any insurer to whom an application for insurance on the person to be insured/proposer has been made for the purpose of underwriting the proposal and/or claim settlement.
- I authorize the company to share information pertaining to my proposal including the medical records of the insured/proposer for the sole purpose of underwriting the proposal and/or claims settlement and with any Governmental and/or Regulatory authority.

Date:

Place: \_\_\_\_\_

Name of Proposer: \_\_\_\_\_

Signature of the Proposer

### 2. Authorization for electronic policy fulfillment and service communications (Please read carefully and put a check mark against each before signing)

I hereby consent that the policy documents may be sent to me by email at \_\_\_\_\_  
(Please provide us your e-mail id) or via sms at my mobile no. provided above" can be added to all proposal forms.

I hereby consent to and authorize Magma HDI General Insurance Company Limited (" Company") to make welcome calls, service calls or any other communication (electronic or otherwise) with respect to the proposed or existing policy of Company from time to time and subject to the provisions of applicable law.

I wish to get all policy related communications on My WhatsApp number

Whatsapp Number: \_\_\_\_\_

Date:

Place: \_\_\_\_\_

Name of Proposer: \_\_\_\_\_

Signature of the Proposer

### 3. Vernacular Declaration

I hereby declare that I have fully explained the contents of the proposal form and all other documents incidental to availing the health insurance from Magma HDI General Insurance Company Limited to the proposer in the language understood by him/her. The same have 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.

Declarants Name \_\_\_\_\_ Relationship with proposer \_\_\_\_\_

Date:

Place: \_\_\_\_\_

Signature of declarant

Signature of applicant in vernacular

### 4. Intermediary Declaration

I, \_\_\_\_\_ (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) \_\_\_\_\_

Date:

Place: \_\_\_\_\_

Signature of the Insurance Advisor

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[name of proposer]

I \_\_\_\_\_  
confirm that I have understood all the features/benefits available under this Policy.

Date:

Place: \_\_\_\_\_

Signature of the Proposer

## 5. Proposer Declaration

(Certification where for any reason, the proposal and other connected papers are not filled in by the Proposer). The contents of the proposal form and connected documents have been fully explained to me and I have fully understood the significance of the proposed contract. The Proposal Form is filled by \_\_\_\_\_ under my instruction and I found it to be correct.

Date:

Place: \_\_\_\_\_

Signature of the Proposer

## GENERAL INFORMATION:

### 1. Caution

You are obliged to make a full and frank disclosure of all facts material to the assumption of risk in relation to you and every person proposed to be insured that would influence Our decision to issue the policy or the terms on which it is issued and you must not misrepresent any information to Us. The obligation continues until the policy is issued and does not end with the submission of this proposal form. If, therefore, there is any change in the information given herein or new information comes to light before the policy is issued, then you must inform Us of the same in writing without delay. If there is insufficient space to provide additional information, whether as requested or otherwise, then please attach an extra sheet duly signed. If the disclosure obligations are breached then such breach may render any policy issued void.

## Prohibition of Rebates Under Section 41 of Insurance Law (Amendment) Act, 2015

- 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 of 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 continuing the policy accept any rebate except such rebate as may be allowed in accordance with the published prospectus or tables of the Insurer.
- 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.

## Acknowledgment

Proposal No. Date DD MM YYYY

We acknowledge with thanks the receipt of your proposal and amount by Cash/Cheque/NEFT/Demand Draft/

Others \_\_\_\_\_ of amount of Rs. \_\_\_\_\_

Dated \_\_\_\_\_ Drawn on \_\_\_\_\_

Neither the submission to Us of a completed proposal for Insurance nor any payment for any policy sought obliges Us to agree to issue a policy, which decision is and always shall be in Our sole and absolute discretion. If We accept a proposal for Insurance, it shall be subject to the policy terms and conditions and We shall have no liability whatsoever if premium is not received by Us in full and in time or is not realized. If We do not accept the proposal, We will inform you and refund the payment, if any, received from you without interest.

Signature of the receiver and office seal

## Terms and Conditions:

- The liability of the Company does not commence until this Proposal has been accepted by the Company and premium is realized.