



No. Pvt./

Call Us : 1800 266 3202

General Insurance Company Ltd.

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

Proposal Form for POSP Private Car/POSP Two Wheeler Package

Customer ID..... Policy No.....

*Proposal For: New Policy Roll- Over Renewal Endorsement

*Type of Vehicle : Two Wheeler Private Car Three Wheeler *Vehicle Insured is : New Used

*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

POSP Code : _____ POSP Name : _____ POSP Aadhaar No : _____ POSP PAN No : _____

* 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 and subsequent to payment of premium)

1. *Proposer Details:

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

First Name Middle Name Last Name

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PAN No: _____ Aadhaar No..... *DOB: ____/____/____ *Gender: M F *Occupation: _____

*Marital Status: _____ Bank Name..... Branch Name.....

A/c Type- Saving 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: _____ GSTIN No. _____

Country: _____ Tele No. (Resi): _____ Mobile No: _____ E-Mail ID: _____ @ _____

3. *Communication Address (For policy dispatch)

Flat/Building: _____ Road/ Street/Sector _____ Area _____

Taluka/Village/District/City: _____ Pin Code: _____ State: _____ GSTIN No. _____

Country : _____

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

5. Have you been previously insured in respect of 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

6. About the Motor Vehicle to be Insured

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

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

*Vehicle Rate Under: Zone - A Zone - B

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

*Type of Permit: Express Way National/State Highways City/Town Road District Roads Private Road

* Average Monthly usage : Less Than 50 Kms Between 50 and 100 Kms Between 101 and 250 Above 251 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.....

Where will the vehicle be generally parked?

Roadside Public Parking Road Outside Parking lot open or covered Within compound of residence open
 Within compound of residence covered

7. Financier Details: Hypothecation Hire Purchase Lease Financier Name : _____

8. Nominee Details : Nominee Name: _____ DOB _____ Relationship _____

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	₹
Not exceeding 6 months	5%	Vehicle Body Value	₹
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

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 <input type="checkbox"/> Yes <input type="checkbox"/> No Vehicle will be used for Driving Tuitions <input type="checkbox"/> Yes <input type="checkbox"/> No Imported vehicle without payment of customs duty <input type="checkbox"/> Yes <input type="checkbox"/> No																				
Compulsory Personal Accident (If owner has a valid driving license) <input type="checkbox"/> Yes <input type="checkbox"/> No If selected "NO" incase of customer type is individual please tick any one of the below. 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.	Will the vehicle be let out on occasional Hire? <input type="checkbox"/> Yes <input type="checkbox"/> No																				
Is the vehicle Company Maintained? <input type="checkbox"/> Yes <input type="checkbox"/> No	Vehicle used for commercial purposes : <input type="checkbox"/> Yes <input type="checkbox"/> No																				
Whether the vehicle is certified as Vintage Car by Vintage and Classic Car Club of India ? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you wish to include Personal Accident cover for unnamed occupants of the vehicle in excess of the compulsory Personal Accident cover for the Owner/Driver? Sum Insured per person to be Rs...../- <input type="checkbox"/> Yes <input type="checkbox"/> No Nominee Details : Name..... Age..... Relationship..... If yes, please indicate the Sum-Insured per person (In multiples of Rs.10000/- for a maximum of Rs.1 lakh per person for Two Wheelers and Rs. 2 lakhs per person for Private Cars. The number of persons to be covered for the purpose of this Add-on will be equivalent to the registered carrying capacity of the vehicle)																				
Do you want to opt for wider legal liability to Paid Driver <input type="checkbox"/> Yes <input type="checkbox"/> No Other employees <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, No. of persons to be covered.....)	Do you wish to cover Hospital Cash for hospitalisation arising out of accident for Yourself/Your Driver/Unnamed occupants of the vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No																				
Do you want to cover loss of accessories due to burglary, housebreaking or theft? <input type="checkbox"/> Yes <input type="checkbox"/> No (Applicable only for Two-Wheelers)	Do you wish to include Personal Accident cover for named persons? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, give name and Capital Sum Insured (CSI) opted for :																				
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;">Name</th> <th style="width: 25%;">CSI Opted (Rs.)</th> <th style="width: 25%;">Nominee</th> <th style="width: 25%;">Nominee Age/DOB</th> <th style="width: 25%;">Relationship</th> </tr> </thead> <tbody> <tr> <td>1)</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>2)</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>3)</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		Name	CSI Opted (Rs.)	Nominee	Nominee Age/DOB	Relationship	1)					2)					3)				
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(Note : The maximum CSI available per person is Rs. 2 lakhs in case of Private Cars and Rs.1 Lakh in the case of motorized Two wheeler)

11. Add On Coverage at additional :

Add On Plan Type Opted: Amount in (INR)

Additional Add On covers Opted: 1..... 2..... 3..... 4.....

Amount in (INR).....

12. Restrictions of Cover/ Discounts:

Vehicle fitted with Anti-theft device approved by ARAI : <input type="checkbox"/> Yes <input type="checkbox"/> No Vehicle will be used within own premises : <input type="checkbox"/> Yes <input type="checkbox"/> No Third Party Property Damage cover restricted to ₹6000 <input type="checkbox"/> Yes <input type="checkbox"/> No (Third Party Property Damage cover of Rs 1 lakh for 2 wheelers and Rs 7.5 lakhs for Private cars)	Is the vehicle designed for use of Blind / Handicapped/Mentally challenged persons and duly endorsed as such by RTA ? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you a member of Automobile Association of India? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please state a. Name of Association b. Membership No. c. Date of expiry
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***Voluntary Deductible :**

Private Car : None 2,500/- 5,000/- 7,500/- 15,000/- Two Wheeler : None 500/- 750/- 1,000/- 1,500/- 3,000/-

13. Previous Insurance Details:

Previous Insurer Name: Policy/ Cover note number: 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	Type of cover: Period of Insurance: From To Claims reported in last 5 years <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 20%;">Year</th> <th style="width: 10%;">1</th> <th style="width: 10%;">2</th> <th style="width: 10%;">3</th> <th style="width: 10%;">4</th> <th style="width: 10%;">5</th> </tr> </thead> <tbody> <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> </tbody> </table>	Year	1	2	3	4	5	Type of Claims (OD/TP)						No. of Claims						Amount					
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Signature of Proposer

14. Driver Details: (Mention the details in below for any condition)

a. Age & Date of Birth of the Owner : Age _____ Yrs DOB : ____/____/____

b. Age & Date of Birth of the Driver : Age _____ Yrs DOB : ____/____/____

c. Dose 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) : ₹..... 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.magma-hdi.co.in 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.