

Proposal Form for POSP Commercial Vehicles

Customer ID.....	Policy No.....
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*Proposal For: New Policy Roll- Over Renewal Endorsement

*Coverage Required:	<input type="checkbox"/> Comprehensive Package Cover	<input type="checkbox"/> Third Party Liability only Cover	<input type="checkbox"/> Third Party, fire & theft only Cover
	<input type="checkbox"/> Third Party and Fire only Cover	<input type="checkbox"/> Third Party and Theft only Cover	

* Period of Insurance: ____/____/____ Time: ____/____, To ____/____/____

(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)

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

6. About the Motor Vehicle to be Insured

Signature of Proposer

*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 _____	*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 Zone -C

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

*Purpose of Use: Good Carrying (Private Carrier) Passenger Carrying (Private carrier) Good 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: _____ 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) If selected "NO" in case of customer type is individual please tick any one of the below. <input type="checkbox"/> Yes <input type="checkbox"/> No 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 Rs 1 lakh for two-wheelers and Rs 2 Lakh for other class of vehicles each in multiples of Rs. 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 : <input type="checkbox"/> Yes <input type="checkbox"/> No
Cover for overturning of Mobile Cranes, Mechanical Navies, Shovels, Grabs, Rippers and Excavators, Dragline Excavators, Mobile Drilling Rigs and Mobile Plants? <input type="checkbox"/> Yes <input type="checkbox"/> No	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) <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you wish to have an enhanced Personal accident cover for Yourself/ Your Driver / unnamed occupants of the vehicle ? <input type="checkbox"/> Yes <input type="checkbox"/> No 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? <input type="checkbox"/> Yes <input type="checkbox"/> No

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	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 : <input type="checkbox"/> Yes <input type="checkbox"/> No Amount ₹ _____	Signature of Proposer _____ _____

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"> <thead> <tr> <th>Year</th> <th>1</th> <th>2</th> <th>3</th> <th>4</th> <th>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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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? If YES, please give details of such infirmity	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. Has the driver ever been involved / convicted for causing any accident of loss?	<input type="checkbox"/> Yes <input type="checkbox"/> 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.