

**PROPOSAL FORM MACHINERY BREAKDOWN INSURANCE**

(Acceptance of this proposal is subject to the rules & regulations of All India MB Tariff. The property is not covered until the proposal is accepted and premium paid.)

| Agent/Broker Name   |          |   |                                  |                    |             |
|---|----------|---|----------------------------------|--------------------|-------------|
| Agent/Broker Code   |          |   |                                  |                    |             |
| Agent Mobile Number   |          | Email Address   |                                  |                    |             |
| Name and address of the Proposer /Insured (in full)   |          |   |                                  |                    |             |
|   |          | City _____ State _____ Pin Code   |                                  |                    |             |
| Do you wish to cover the interest of any financial institution- if yes, give details  |          |   |                                  |                    |             |
| Are you at present Insured If so, with whom?  |          |   |                                  |                    | Yes/No      |
| Whether you have insured the same property for coverage under Fire Insurance. (Give details)  |          |   |                                  |                    | Yes/No      |
| Whether Insurance was declined by any other Company or imposed any Special Conditions (Give details)  |          |   |                                  |                    | Yes/No      |
| Location of the Equipment to be insured   |          |   |                                  |                    |             |
|   |          | City _____ State _____ Pin Code   |                                  |                    |             |
| Risk Occupancy  |          | (Describe the activities carried out in the premises)                                 |                                  |                    |             |
| Period of Insurance   |          | From ..... To.....  |                                  |                    |             |
| Do the Machineries listed represent the whole of the plant  |          |   |                                  |                    | Yes/No      |
| Are you aware of any defects / damages existing in the machinery? If so, give details thereof   |          |   |                                  |                    | Yes/No      |
| Are regular periodical inspections of the machinery carried out? If so, by whom and at what intervals?  |          |   |                                  |                    | Yes/No      |
| Sr. No  | Quantity | Description, Type, Model, Capacity of Machines / Serial Nos./ HP/ KVA Volts, AMPS,RPM | Maker's Name & Country of origin | Year of Make       | Sum Insured |
| (Please attach separate sheet, if necessary)  |          |   |                                  |                    |             |
| **Each Machinery should be entered separately with necessary specification as mentioned in Schedule Column No. 3  |          |   |                                  |                    |             |
| **The Sum insured must be calculated on the present day new replacement value of the Machinery, to be insured including provision for packing, freight and also value of erection costs customs duty, etc., to afford full protection under this policy |          |   |                                  |                    |             |
| **If any of the Machinery is a 'stand-by' this fact should be mentioned.  |          |   |                                  |                    |             |
| **All portable Machinery must be so designated. All items in the open must be so described separately   |          |   |                                  |                    |             |
| **Separate value for foundations masonry and brickwork or Oil in transformers and other electrical equipment's are to be specified if cover is required.  |          |   |                                  |                    |             |
| On payment of additional premium do you wish to cover   |          |   |                                  |                    |             |
| <b>Add-on Covers / Clauses Opted</b>  |          |   | <b>Required</b>                  | <b>Sum Insured</b> |             |
| Escalation Amount/ percentage   |          |   | Yes/No                           |                    |             |
| Express Freight (excluding Airfreight), overtime and Holiday rates of wages)  |          |   | Yes/No                           |                    |             |
| Air Freight   |          |   | Yes/No                           |                    |             |
| Owners surrounding property   |          |   | Yes/No                           |                    |             |
| Additional Customs duty   |          |   | Yes/No                           |                    |             |

|   |   |              |   |
|---|---|--------------|---|
| Third Party Liability –   |   | Yes/No       |   |
|   | AOA _____                                 |              | AOY _____                                 |
| <i>Note – Any additional add-ons (if any) to be separately attached as an annexure / additional sheet</i>                               |   |              |   |
| <b>Premium / Claim details for the past 5 years</b>   |   |              |   |
| Date of Loss  | Details of Loss                           | Claim Amount | Premium Paid                              |
|   |   |              |   |
|   |   |              |   |
|   |   |              |   |
|   |   |              |   |
| <b>Premium Payment Details:</b>   |   |              |   |
| Kindly select : <input type="checkbox"/> Cheque <input type="checkbox"/> DD <input type="checkbox"/> NEFT <input type="checkbox"/> Cash |   |              |   |
| Cheque /DD/ PO /UTR No. <input style="width: 100%;" type="text"/>   |   |              |   |
| Date  | <input style="width: 100%;" type="text"/> | IFSC         | <input style="width: 100%;" type="text"/> |
| Amount in Rs. <input style="width: 100%;" type="text"/>   |   |              |   |
| Bank Account No. <input style="width: 100%;" type="text"/>  |   |              |   |
| Bank Name   |   | Branch       |   |
| PAN Number <input style="width: 100%;" type="text"/>  |   |              |   |
| Aadhaar Number <input style="width: 100%;" type="text"/>  |   |              |   |
| <i>Documents to be attached as per requirement for fulfillment of KYC Norms.</i>  |   |              |   |
| GST Registered  |   |              | Yes/ No                                   |
| GSTIN Number  |   |              |   |
| GST State   |   |              |   |

**DECLARATION BY INSURED**

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 if any additions or alterations are carried out in the risk proposed after the submission of this proposal form then the same would be conveyed to the insurers immediately.

**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 five hundred rupees.