



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

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? (Applicable only for Two-Wheelers) <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you wish to include Personal Accident cover for named persons? 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: 20%;">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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2)																					
3)																					
(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: 10%;">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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**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  Yes  No

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: \_\_\_\_\_

**INSURANCE ACT 1938, SECTION 41 – PROHIBITION OF REBATES**

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

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.