

Toll Free No. 1800 266 3202

PROPOSAL FORM FOR 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) Agent/Broker Name	
2) Agent/Broker Code	
3) Name of the Insured (Policy to be issued in favor of)	
4) Address of the Insured	
5) Phone Number	
6) Email id	
7) Bank Account No. [Optional if desired by the proposer]	
8 (a) Profession; Occupation, Trade or Business:(Please describe fully with nature of duties) (b) Are you primarily engaged in Administrative function. (c) Does your occupation requires you to engage in manual labour. (d) Do you engage in: i) Racing on wheels or Horseback ii) Big game hunting iii) Mountaineering iv) Winter sports, skiing or ice hockey v) Ballooning or polo or Sports of similar nature vi) Any other adventurous sports (e) What is your average monthly income from i) Gainful Employment ii) Other sources iii) Total	Yes / No Yes / No Yes / No Rs..... Rs..... Rs.....
9) Date of Birth (dd/mm/yyyy)	
10) Height (in cms)	
11) Weight (in kgs)	
12) 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 b) Gout or Arthritis or Diabetes, Paralysis c) Fits or any kind or any other chronic disease. d) Any other disability	Yes/ No Yes / No Yes / No Yes / No
13) Is this proposal for insurance in addition to: (a) Any other Accident Policy? [Including if covered under any GPA Policy/Credit card schemes] (If so, give name of each Company and Amount of Insurance.) (b) Any other Employee Scheme (If so, share name of each Company and Amount of Insurance.)	Yes / No Yes / No
14) Has any Company i) Declined to issue a policy to you? ii) Declined to continue your Insurance? iii) Not invited the renewal of your Policy? iv) Imposed any restriction or special conditions? (If yes, please furnish the details)	Yes / No Yes / No Yes / No Yes / No
15) Have you ever claimed / received compensation under any Accident Policy? (If yes, please furnish the details)	Yes / No

16) Details of coverage opted by you: (i) Capital Sum Insured (maximum liability) (ii) Nature of Policy Proposed (iii) Do you like to avail additional cover against Medical Expenses? (applicable to Comprehensive cover only) (iv) Do you like to avail Hospital Confinement Allowance Extension? (applicable to Comprehensive cover only) ** 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	Rs..... **Basic/Wider/Comprehensive Yes / No Yes / No
17) Period of Insurance	From..... To.....
18) Do you wish to cover your family members (spouse, children and dependent parents only)?	Yes / No

If answer to item 18 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)	
				CSI		Medical Expenses	Medical confinement Allowance

AML Details: Submission of PAN card is mandatory for cash premium exceeding Rs 50,000/- and cheque premium exceeding Rs 1, 00,000/-

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.

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 changes in the nature of profession or any such material changes after the submission of this proposal form would be conveyed to you immediately.

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

Place

Date

Signature of Proposer

NOMINATION:

I/We, DO HEREBY Nominate Shri / Smt / Kum (Name & Relationship to the Insured) to receive Money payable by **Magma HDI General Insurance Co. Ltd.** in the event of my death and I further declare that his/her/their receipt shall be sufficient discharge to the Company.

B. Dated this.....day of.....at.....

Witness: 1.Name & Address:

Witness’s Signature: _____

Signature of the Proposer

SECTION 41 OF INSURANCE ACT, 1938 (PROHIBITION OF REBATES)

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 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 published prospectuses or tables of the Insurer.

Any person making default in complying with the provisions of this section shall be punishable with fine, which may extend to Ten Lakhs Rupees.
