

PROPOSAL FORM
SARAL SURAKSHA BIMA, Magma HDI
General Insurance Company Ltd.

PROPOSAL FORM FOR SARAL SURAKSHA BIMA, Magma HDI

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.	Yes/No
(c) Does your occupation requires you to engage in manual labour.	Yes/No
(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	Yes/No
(e) What is your average monthly income from i) Gainful Employment ii) Other sources iii) Total	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 Group Personal Accident Policy/Credit card schemes] (If so, give name of each Company and Amount of Insurance.) (b) Any other Employee Scheme (If so, give 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) *Basic Cover Sum Insured (maximum liability) (*Accidental Death, Permanent Total Disablement & Permanent Partial Disablement) (ii) Optional Covers a) Temporary Total Disablement** b) Hospitalization due to Accident*** c) Education Grant**** (** 0.2% of base sum Insured, *** 10% of base sum insured or actual expenses whichever is less, **** 10% of base sum insured per child for all dependent children up to age 25 years)	Rs.....
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	Basic Cover Sum Insured	Optional Cover		
					Total Temporary Disablement	Hospitalization due to Accident	Education Grant

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:

1. Vernacular Declaration

I hereby declare that I have fully explained the contents of the proposal form and all other documents incidental to availing the personal Accident insurance from MAGMA HDI Health Insurance Company Limited to the proposer in the language understood by him/her. The same have been fully understood by him/her and the replies have been recorded as per the information provided by the proposer. Replies have been read out to, fully understood and confirmed by the proposer.

Declarant Name _____
Relationship with Proposer _____
Signature of declarant: _____
Signature of applicant in vernacular: _____
Date: _____

2. Intermediary Declaration

I, _____
(Full Name) in my capacity as an Insurance Advisor/Specified Person of the Corporate Agent/Authorized employee of the Broker/Relationship Officer, do hereby declare that I have explained all the contents of this Proposal Form, including the nature of the questions contained in this Proposal Form to the proposer including statement (s), information and responses(s) submitted by him/her in this Proposal Form to questions contained herein or any details sought herein will form the basis of the Contract of Insurance between the Company and the Proposer, if this Proposal is accepted by the Company for issuance of the Policy.

I have further explained that if any untrue statement(s)/information/response(s) is/are contained in this Proposal Form / including addendum(s), affidavits, statements, submissions, furnished/ to be furnished, or if there has been a non-disclosure of any material fact, the Policy issued to his/her favour pursuant to this Proposal may be treated by the Company as null and void and all premium paid under the Policy may be forfeited to the Company.

License No./ID (Advisor/Corporate Agent/Broker/Relationship Officer)

Date: DD MM YYYY

Signature of the Insurance Advisor: _____

3. Proposer 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.

Place
Date

 **MAGMA HDI**

Signature of Proposer

General Insurance Company Ltd.

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:

Signature/s

Signature of the Proposer



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 Lakh Rupees.
