

PROPOSAL FORM - PRIVATE CAR & TWO WHEELER

Is the vehicle company maintained? Yes <input type="checkbox"/> No <input type="checkbox"/> Whether the vehicle is certified as Vintage Car by Vintage and Classic Car Club of India? Yes <input type="checkbox"/> No <input type="checkbox"/> Do you want to opt for wider legal liability to Paid Driver? Yes <input type="checkbox"/> No <input type="checkbox"/> Other employees (If Yes, No. of persons to be covered) Yes <input type="checkbox"/> No <input type="checkbox"/> Do you want to cover loss of accessories due to burglary, housebreaking or theft? (Applicable only for Two-Wheelers) Yes <input type="checkbox"/> No <input type="checkbox"/> Do you wish to have an enhanced Personal Accident cover for Yourself/ Your Driver/Unnamed occupants of the vehicle? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, please provide the Sum Insured per person _____ Do you wish to include Personal Accident cover for named persons? Yes <input type="checkbox"/> No <input type="checkbox"/>	Will the vehicle be let out on occasional hire? Yes <input type="checkbox"/> No <input type="checkbox"/> Vehicle used for commercial purposes : Yes <input type="checkbox"/> No <input type="checkbox"/> Do you wish to include Personal Accident cover for unnamed occupants of the vehicle in excess of the compuls Personal Accident cover for the Owner/Driver? Yes <input type="checkbox"/> No <input type="checkbox"/> Sum Insured per person to be ₹ _____ Nominee Details : Name _____ Age _____ Relationship _____ If yes, please indicate the Sum-Insured per person (In multiples of ₹ 10000/- for a maximum of ₹ 1 lakh per person for Two Wheelers and ₹ 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 wish to cover Hospital Cash for hospitalisation arising out of accident for Yourself/Your Driver/Unnamed occupants of the vehicle? Yes <input type="checkbox"/> No <input type="checkbox"/>
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If YES, give name and Capital Sum Insured (CSI) opted for :

Name	CSI Opted (₹)	Nominee	Nominee Age/DOB	Relationship
1) _____	_____	_____	_____	_____
2) _____	_____	_____	_____	_____
3) _____	_____	_____	_____	_____

(Note : The maximum CSI available per person is ₹ 2 lakhs in case of Private Cars and ₹ 1 Lakh in the case of motorized Two wheeler)

11. ADD-ON COVERAGE AT ADDITIONAL PREMIUM:

Add On Plan Type Opted: 1) _____ 2) _____ 3) _____ 4) _____
5) _____ 6) _____ 7) _____ 8) _____
9) _____ 10) _____ 11) _____ Amount in (INR) _____

12. RESTRICTIONS OF COVER/ DISCOUNTS:

Vehicle fitted with Anti-theft device approved by ARAI : Yes <input type="checkbox"/> No <input type="checkbox"/> Vehicle will be used within own premises : Yes <input type="checkbox"/> No <input type="checkbox"/> Third Party Property Damage cover restricted to 6000 Yes <input type="checkbox"/> No <input type="checkbox"/> (Third Party Property Damage cover of ₹ 1 lakh for 2 wheelers and ₹ 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? Yes <input type="checkbox"/> No <input type="checkbox"/> Are you a member of Automobile Association of India? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please state a. Name of Association _____ b. Membership No. _____ c. Date of expiry <input type="text" value="DDMMYYYY"/>	*Voluntary Deductible : Private Car : <input type="checkbox"/> None <input type="checkbox"/> 2,500/- <input type="checkbox"/> 5,000/- <input type="checkbox"/> 7,500/- <input type="checkbox"/> 15,000/- Two Wheeler : <input type="checkbox"/> None <input type="checkbox"/> 500/- <input type="checkbox"/> 750/- <input type="checkbox"/> 1,000/- <input type="checkbox"/> 1,500/- <input type="checkbox"/> 3,000/- _____ Signature of Proposer
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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 <input type="text" value="DDMMYYYY"/> To <input type="text" value="DDMMYYYY"/> Claims reported in last 5 years <table border="1" style="width:100%; border-collapse: collapse;"> <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. Third Party Insurance Details (Applicable only for Standalone OD policy):

Name of the Insurer: _____ Policy Number: _____ Period Of Insurance: _____

15. DRIVER DETAILS: (Mention the details in below for any condition)

a. Age & Date of Birth of the Owner: Age <input type="text" value="00"/> Yrs DOB: <input type="text" value="DDMMYYYY"/>	b. Age & Date of Birth of the Driver: Age <input type="text" value="00"/> Yrs DOB: <input type="text" value="DDMMYYYY"/>
c. Does the driver suffer from defective vision or hearing or any physical infirmity? Yes <input type="checkbox"/> No <input type="checkbox"/> If YES, please give details of such infirmity _____	
d. Has the driver ever been involved / convicted for causing any accident of loss? Yes <input type="checkbox"/> No <input type="checkbox"/> If YES, give details as under including the pending prosecutions : - Driver's Name : _____ - Date of Accident: <input type="text" value="DDMMYYYY"/> - Loss / Cost (₹): _____ - Circumstances of Accident / Loss: _____	

16. ELECTRONIC INSURANCE DETAILS:

Do you wish to have this Policy credited to an eIA? Yes No If yes, please refer the Annexure 1, at the end of Proposal Form and request you to provide the details accordingly.

17. PAYMENT DETAILS:

Direct fund transfer / EFT mandate form: (please enclose an original blank cancelled cheque along with the proposal form)	
Payee Name (as per bank records) _____	Payee Account Number <input type="text"/>
Name of the Bank Name _____	Type of account: Savings <input type="checkbox"/> Current <input type="checkbox"/>
IFSC Code <input type="text"/>	Cheque/NEFT/DD Number <input type="text"/>
Bank Name _____	Amount in ₹ _____
Deposit Slip No. <input type="text"/>	Credit Card No. <input type="text"/>
Issuing Bank _____	Cheque/NEFT/DD Date <input type="text" value="DDMMYYYY"/>
	Expiry Date <input type="text" value="DDMMYYYY"/>
	Total Premium (Including GST) ₹ _____

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.magmahdi.com 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. I hold a valid and effective PUC and/or fitness certificate, as applicable, for the vehicle mentioned herein and undertake to renew the same during the policy period. I wish to get all policy related communications on My Whatsapp Number: _____ and allow to make welcome calls, Service calls or any other communication (electronic or otherwise), subject to the provision of applicable law.

The salient features of the policy, terms and conditions of this proposal have been explained to me/us in _____ language, and I/we agree to the same.
Place _____ Date Signature of Proposer _____

SECTION 41 INSURANCE Laws (Amendment) Act, 2015 - 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. If any person fails to comply with sub-regulation (1) above, he shall be liable to payment of a fine which may extend to Ten Lakh Rupees.

