PROPOSAL FORM - PRIVATE CAR & TWO WHEELER



		ation for fields marked with an asterisk (*) is mandatory.									
		mer ID Policy No osal For: New Policy Roll-Over Renewal Endorsement *Type of Vehicle: Two Wheeler Private Car *Vehicle Insured Is: New Used									
		verage Required: Package Cover Third Party Liability only Cover Third Party and Fire Only Cover Third Party and Theft only Cover Standalone OD only									
		oduct Name: Private Car Package Policy Private Car Policy - Bundled - 3 Year Act only and 1 Year Own Damage Two Wheeler Package Policy Two Wheeler Cy - Bundled - 5 Year Act only and 1 Year Own Damage Act only Policy Private Car - 3 Year Act only Two wheeler - 5 Year Motor Act Policy Third Party Long Term									
	Two	Wheeler Insurance Policy Long Term Two Wheeler Package Policy Stand Alone Own Damage Policy for Private Car Stand Alone Own Damage Policy for Two Wheeler									
m	Poli	cy Tenure for Long Term Two Wheeler Package Policy:	2 Years 3 Years								
0121	Inte	rmediary Code :		Intermediary Name :							
0			No :	* Period of Insurance:		DMMYYYY					
0		e: Cover shall not commence earlier than the date and time of acc PROPOSER DETAILS:	·		,	ast Name					
2	This reduce the second of the										
y Policy- IRDAN149		PAN No. Aadhaar No. *DOB: DDMMYYYYY *Gender: M F *Occupation:									
- IRD		Marital Status: Single Married Bank Name Branch Name									
Policy		A/c Type: Savings Current Account No.		MICR	IFSC						
	2. *.	ADDRESS WHERE VEHICLE REGISTERED AND BASED:									
		Flat/Building:	Road/Stre	et/Sector	Area						
Motor Act		Taluka/Village/District/City:	State:	Country:	Pin Code:						
1213/N			No. (R):	Mobile No:							
0		E-Mail ID:									
V022	3. *COMMUNICATION ADDRESS (FOR POLICY DISPATCH):										
149RP0002V0		Flat/Building:	Road/Stre		Area —						
49RP		Taluka/Village/District/City: GSTIN No.	State:	Country:	Pin Code:						
AN 1		CITY WHERE THE VEHICLE WILL PRIMARILY BE USED:									
B.	+. 、	CITT WHERE THE VEHICLE WILL I RIMARIEI BE USED.									
Policy	5. ł	HAVE YOU PREVIOUSLY INSURED THIS VEHICLE? Ye	s No	Policy No.							
age		f so, are you entitled to No Claim Bonus from your previ		40 🗌							
Folicy No. Fol											
eeler		/We hereby declare that the rate of NCB claimed by me/u policy period (Copy of Policy enclosed). I/We further under	is is correct and that NO (take that if this declaration	CLAIM has arisen in the expiring on is found incorrect, all benefits							
× ×	ı	under the Policy in respectof Section 1 of the Policy will stand	forfeited.	,	Signature of Pro	Signature of Proposer					
<u>Ž</u> (Г	ABOUT THE MOTOR VEHICLE TO BE INSURED:			T						
213			Chassis No.	•	Speedometer reading as on date	е					
2201		***************************************	TO where vehicle will be		*Vehicle IDV ₹ Trailer(s) Identification No.						
01.00		*** *** ***	Date of Registration / Foreitase								
3P00			lo of Passengers Including d	, river)	1						
1149			olour of the vehicle ehicle Make (Indigenous o		3						
IRDAN149RP0001V02201213		Ve Note: Either Registration Number or Engine and Chassis	4								
icy-		· · · · · · · · · · · · · · · · · · ·	• • • • • • • • • • • • • • • • • • • •	Different CONC CLDC CELEBRATE	District District L	:()					
		*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									
ckag		Average Monthly Usage: Less Than 50 Kms Between									
415/ Private Car Package Po		Whether any modification or conversion has been done in									
ate O		If Yes, please give details of such modifications/conversions									
/ Priv			If No, please furnis								
415,	\	Where will the vehicle be generally parked?	-								
1201	7. F	FINANCIER DETAILS:	ompound of residence of	pen Within compound of residence cover	ed						
0200		Hypothecation Hire Purchase Lease Financier Name :									
		NOMINEE DETAILS: (If Nominee is minor (below 18 yrs) Appointee Name is mandatory.)									
1149		Nominee Name : Date of birth: DDMMYYYYY									
RDA!		Relationship: Appointee Name: Age yrs INSURED DECLARED VALUE OF THE VEHICLE:									
Term Two Wheeler insurance Policy -IRDAN 149R	Т	The IDV of the vehicle will be deemed to be the Sum-Insured as the vehicle proposed for insurance at the time of commer		brand and model							
Iranc		Age of the Vehicle	% of Depreciation	*Vehicle Chassis Value		₹					
rinsu		Not exceeding 6 months	5%	Vehicle Body Value		₹					
eele		Exceeding 6 months but not exceeding 1 year Exceeding 1 year but not exceeding 2 years	15%	Non- Electrical Accessories (Other than fact	· · ·	₹					
× o		Exceeding 2 years but not exceeding 3 years	30%	Electrical Accessories (Other than factory fit Bi- Fuel/ CNG/LPG Kit	ieuj Deiulis	₹					
.ĕ		Exceeding 3 years but not exceeding 4 years	40%	Trailer(s)/ Side Car Value (only for 2 wheele	ers):	₹					
ig Ter		Exceeding 4 years but not exceeding 5 years	50%	Total IDV:							
Long		Note – For vehicles more than 5 years old, please contac									
	Г	O. EXTENDED COVERS/ EXTRA BENEFITS AT ADDITIONAL PREMIUM: Extension of Geographical Area: Bangladesh Bhutan Nepal Maldives Pakistan Sri Lanka Vehicle is fitted with Fibre Glass Fuel Tank: Yes No Vehicle will be used for Driving Tuitions: Yes No									
)		nported vehicle without payment of customs duty: Yes No									
		Compulsory Personal Accident (If owner has a valid driving license) If selected "NO" incase of customer type is individual please tick any one of the below. Yes No Liberaby declare that: I do not hold a valid driving license. I lown more than 1 vehicle and have opted for PA to Owner Driver cover in the other vehicle insurance policy.									

UIN: Private Car Policy - Bundled - 3 year Act Only and 1 year Own Damage - IRDAN149RP0003V01201819/ Act only Policy Private Car - 3 year - IRDAN149RP0004V01201819/ Two Wheeler Policy - Bundled - 5 year Act only and 1 year Own Damage - IRDAN149RP0000V01201819/ Act only Policy Frivate Car - BDAN149RP0001V01201819/ Third Policy Frivate Car - IRDAN149RP0001V01201819/ Third Policy Frivate Car - IRDAN149RP00001V012018/ Third Policy Frivate Car - IRDAN149RP00001V012018/ Third Policy Friv

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UIN: Private Car Policy -Bundled - 3 year Ad Only and 1 year Own Damage -IRDAN149R0003V01201819/ Act only Policy Private Car - 3 year- III Wheeler- 5 Year- IRDAN149R0007V01201819/ Stand-Alone Own Damage Policy Frivate Car- IRDAN149R0001V01201920/ Stand-Alone Long Term Two Wheeler insurance Policy-IRDAN149R0000170115/ Private Car Package Policy-IRDAN149R00011 1 9 9 1

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Is the vehicle company maintained?	Yes No					Yes	No 🗌
Whether the vehicle is certified as Vintage Car by Vintage and Classic Car Club of India?	Yes No						
Do you want to opt for wider legal liability to Paid Driver	Yes No	excess of the compu	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 No				
Other employees (If Yes, No. of persons to be covered)	Yes No	oom moored per pe	Sum Insured per person to be ₹				
Do you want to cover loss of accessories due to burglary,	Yes No		Nominee Details : Name				
housebreaking or theft? (Applicable only for Two-Wheelers)			Age te the Sum-Insured :	Relation		0000/- for	a maximum
Do you wish to have an enhanced Personal accident cover fo Yourself/ Your Driver/Unnamed occupants of the vehicle?	Yes No	of ₹1 lakh per per	rson for Two Wheel	lers and ₹ 2 l	akhs per perso	n for Privat	e Cars. The
If Yes, please provide the Sum Insured per person		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 include Personal Accident cover for named persons?	Yes No	Do you wish to o				_	accident for No
If YES, give name and Capital Sum Insured (CSI) opted for :		10013011/1001 21110	17 Official Treat Occope		TCIO .		
Name CSI Opted	(₹) Nominee	Nominee Age/DOB	Relationship	(Note : T	he maximum C	المانية الأ	o nor norcon
1)				is ₹ 2 lakh	ns in case of Pri	vate Cars c	ınd ₹ 1 Lakh
3)				in the case	e of motorized	Two wheele	er)
. ADD-ON COVERAGE AT ADDITIONAL PREMIUM:							
Add On Plan Type Opted: 1)	2) 6)	3)		4)			_
9)	10)	11)		Amo	ount in (INR)		
. RESTRICTIONS OF COVER/ DISCOUNTS:							
Vehicle fitted with Anti-theft device approved by ARAI:	Yes		untary Deductible	:			
Vehicle will be used within own premises: Third Party Property Damage cover restricted to 6000	Yes _ Yes _	= =	te Car : None	_ ′)/ 5,000/	7,50	00/-
(Third Party Property Damage cover of ₹ 1 lakh for 2 wheelers	and ₹ 7.5 lakhs f	'	15,0 				
Is the vehicle designed for use of Blind / Handicapped/ Mental challenged persons and duly endorsed as such by RTA?	ly Yes		Wheeler : Non			1,000/-	
Are you a member of Automobile Association of India?	Yes		□ 1,50	00/- 3,00	00/-		
If yes, please state a. Name of Association							
b. Membership No.				-	Signature o	of Proposer	
c. Date of expiry							
. PREVIOUS INSURANCE DETAILS:		Tuna of anyon					
Previous Insurer Name: Policy/ Cover note number:		Type of cover: Period of Insurance: From D D M M Y Y Y To D D M M Y Y Y Y Y Y Y Y					
Has any Insurance Company ever: 1) Declined the proposal		Claims reported in last 5 years					
2) Cancelled & Refused to renew		Year	1	2	3	4	5
Required an increase in Premium Imposed special conditions or excess		Type of Claims (OD/TP) No. of Claims					
		Amount					
. Third Party Insurance Details (Applicable only for Standalor	e OD policy):	Delian Nimelean			David of last		
Name of the Insurer: DRIVER DETAILS: (Mention the details in below for any condit	on)	Policy Number:			Period Of Insu	rance:	
a. Age & Date of Birth of the Owner: Age Yrs DOB:		у b Аде & Г	Date of Birth of the	Driver: Age	Yrs DO	B. DDM	MYYYY
c. Does the driver suffer from defective vision or hearing or			rate of Birm of me	Differ. Age	113 DO	Б. [Б] Б[М]	***
If YES, please give details of such infirmity							
d. Has the driver ever been involved / convicted for causing If YES, give details as under including the pending prosec	•						
- Date of Accident: DDMMYYYYY - Loss / Cost (nces of Accident / I	Loss:			
. ELECTRONIC INSURANCE DETAILS:							
Do you wish to have this Policy credited to an eIA? Yes No	If yes, please re	efer the Annexure 1, at the e	end of Proposal For	m and request	t you to provide	the details o	accordingly.
. PAYMENT DETAILS:							
Direct fund transfer / EFT mandate form: (please enclose an	original blank car	celled cheque along with					
Payee Name (as per bank records) Name of the Bank Name			Payee Account N		e of account: S	Savinas -	Current
IFSC Code Cheque/NEFT/DD I	Number		Am	nount in ₹			Content
Bank Name Deposit Slip No. Credit Co							
Issuing Bank	310 110.		Total Premium (In	ıcludina GST)	. ,	C DDM	7/1 1 1 1 1
DECLARATION:				3 7			
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 u Number: and allow to make we The salient features of the policy, terms and conditions of this propo	ndertake to renew Icome calls, Service	the same during the policy calls or any other commun	v period. I wish to g nication (electronic or	get all policy re	elated communi ubject to the prov	ications on	My Whatsapp
Place Date DDMMYYYY							
				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 payable and the property in the payable of the property in the payable of the property of the payable of the property of the payable of the payable of the property of the payable of

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.

Magma HDI General Insurance Co. Ltd. | www.magmahdi.com | E-mail: customercare@magma-hdi.co.in | Toll Free: 1800 266 3202 | Registered Office: Development House, 24 Park Street, Kolkata – 700016. | CIN: U66000WB2009PLC136327 | IRDAI Reg. No. 149 | URN: PCPSA.ver.02-02-22 PF | Trade logos displayed above belong to Poonawalla Fincorp Ltd. (formerly known as Magma Fincorp Ltd.) and HDI Global SE, and are being used by Magma HDI General Insurance Company Limited, under license.

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ELECTRONIC INSURANCE DETAILS - ANNEXORE I													
Do you wish to have this Policy credited to an eIA? (Please select anyone)													
No, I do not have an elA and do not wish to open one If yes, Please share existing e -Insurance Account No Please select Insurance Repository Name (you have opened your account with)													
M/s Protean Egov Technologies Ltd M/s Karvy Insurance	ce Repository Limited												
M/s Central Insurance Repository Limited M/s CAMS Reposit	tory Services Limited (Please select any one) Or												
I do not have existing e -Insurance account and I am interested in creating a new e -Insurance account (Please submit electronic insurance account opening form (elA form) along with relevant documents) CKYC No. (Central Know Your Customer registry number) is (if available): resentative Details (only if elA is to be opened for any other person other than Proposer and primary Insured)													
Name Name	spesser und primary inserval												
Mr./Ms./M/s. First Name Middle Name	Last Name												
*DOB: DDMMYYYY *Gender: M F PAN No.													
Flat/Building:													
Road/Street/Sector	Area												
Taluka/Village/District/City:	Pin Code:												
State: City													
Country: Tele No. (R):													
Relationship: Other Relation	nship												
Mobile No: E-Mail ID:													
UID:													
Authorization for electronic policy fulfillment and service communications (Please signing) I hereby consent that the policy documents may be sent to me by email at	dded to all proposal forms. Company") to make welcome calls, service calls or any olicy of Company from time to time and subject to												
Name of Proposer:	Signature of the Proposer												