## UIN: IRDAN149RP0015V01201213

## PROPOSAL FORM - MOTOR TRADE INTERNAL RISK POLICY



	IC INFORMATION:		
٨	Proposer's full name Ar./Ms./M/s.		
2. <i>A</i>	Address: First Name Middle	Name	Last Name
	Flat/Building: Road/Street/Sector — Faluka/Village/District/City: State:	Country:	Area —
	laluka/Village/District/City: State: PAN No.	_ County*Gender: M	Pin Code:
	GSTIN No. Tele No. (R):	Gender. M	Mobile No:
	E-Mail ID:		Mobile 140.
	ntermediary Name		Intermediary Code:
F	PAN No. Aadhaar No. Marital Stat	us: Single Married	·
١	Nationality: Indian Non-Indian, If Non-Indian, pls specify the country		
A	Are you or any of the proposal applicants PEPs* or a close relative/associate of PEPs*?	No If yes, please share the detai	ls of "Politically Exposed Persons"(PEPs):
*	(PEPs) are individuals who have been entrusted with prominent public functions by a foreign	country, including the heads of State	es or Governments, senior politicians, senior
	(PEPs) are individuals who have been entrusted with prominent public functions by a foreign government or judicial or military officers, senior executives of state-owned corporations and impo Type of Organisation:  Corporation  Government  Non-Government  Private Limited Company  Others, please specify		Trusty Partnership
3.	Particulars of premises to be insured: (Attach plan showing measurement and situation and n floor or pavement. Show also situation of any plant, machinery or petrol pumps.)	umber of entrances and exits, trap-do	pors, inspection pits or other openings in
	(a) Situation		
	(b) Date of construction		
	(c) Superficial area of the premises i.e. whole of the land and buildings occupied by the		
	proposer for the purposes of his Motor trade business.  (d) If premises used for any purpose other than as a showroom, garage or workshop		
4	state such other use.		
4.	Do you wish cover for any adjoining area outside your premises which is used as a carpark? If so give brief description and state its superficial area.		
5.	State total estimated annual wages, salaries and other earnings paid to employees.		
6.	Are you or have you ever been insured against Liability to the Public Risks of any kind		
	including Motor vehicle Road Risk?  If so state name of the Company or Underwriter.		
7.	Has any Company or Underwriter ever -		
/.	(a) Declined your proposal?	Yes No	
	(b) Required you to carry the first portion of any loss?	Yes No	
	(c) Required an increased premium or imposed special conditions?	Yes No	
	(d) Refused to renew your Policy?	Yes No	
	(e) Cancelled your Policy?	Yes No	
8.	Give below particulars of any claim made upon you or by you during the past years.		
	Total cost of settled claims Outstanding Claims		
	Year		
	Total No. of Accidents		
	Bodily injury to third parties		
	Damage to property including vehicles owned by third parties		
	Damage to own vehicles		
	Number		
	Estimated cost		
9.	Under which of the following covers do you require insurance?		
	A. Damage and Liability to Public Risks (i.e. Package policy)  B. Liability only Policy (excluding damage to vehicle)		
10	, , , , , , , , , , , , , , , , , , , ,	From	То
	CTRONIC INSURANCE DETAILS:	110111	10
		at the end of Proposal Form and real	uest you to provide the details accordingly.
	MENT DETAILS:	, arme ena orrroposari ormana requ	desi you to provide the details decordingly.
	irect fund transfer / EFT mandate form: (please enclose an original blank cancelled cheque alo iyee Name (as per bank records)	ng with the proposal form) Payee Account Number	
	ame of the Bank Name	Tayee Account Northber	Type of account: Savings Current
IF:	SC Code Cheque/NEFT/DD Number Cheque/NEFT/DD Number	Amount in	n₹
	eposit Slip No. Credit Card No.		Cheque/NEFT/DD Date DDMMYYYYY Expiry Date
Iss	suing Bank	Total Premium (Including G	ST) ₹
So	urce of funds: Business: Salaried: Others (please specify)		
	CLARATION:		
ba wo Ter	We hereby declare that the statements made by me/us in this Proposal Form are true to the best of m sis of the contract between me/us and the Magma HDI General Insurance Co. Ltd ./We also declar juld be conveyed to Magma HDI General Insurance Co. Ltd immediately. /We hereby agree to receiv ms and Conditions available on the website www.magmahdi.com Yes□ No□.	e that any additions or alterations carri e a One Page Motor Insurance Policy in	ed out after the submission of this Proposal Form Physical Form, to be read along with the detailed
pre the sta he	Ve further confirm that the existing damages as per the pre inspection report, if any, have duly been shemiums paid / payable in future are from bonafide sources and not paid out of proceeds of crime an a Company has the right to call for documents to establish sources of funds and to cancel the insural tutes, directly or indirectly governing the prevention of money laundering law in India. I hold a value rein and undertake to renew the same during the policy period. I wish to get all policy related company to the control of	d that such premiums are not dispropor nce policy in case I / we are found guilty d and effective PUC and/or fitness cer nunications on My Whatsapp Number	tionate to my/our income. I / we understand that y by any competent court of law under any of the tificate, as applicable, for the vehicle mentioned
	ake welcome calls, Service calls or any other communication (electronic or otherwise), subject to the pr e salient features of the policy, terms and conditions of this proposal have been explained to me/us in	ovision of applicable law. language, and I/we a	gree to the same.
Plo			e of Proposer
SF	CTION 41 INSURANCE Laws (Amendment) Act, 2015 - PROHIBITION OF REBATES	- 3 - 2	
	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 in	surance in respect of any kind or risk relating to

lives or properly 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.

## UIN: IRDAN149RP0015V01201213

## PROPOSAL FORM - MOTOR TRADE INTERNAL RISK POLICY

Name of Proposer:



ELECTRONIC INSURANCE DETAILS - ANNEXURE 1																				
Do you wish to have this Policy credited to an eIA? (Please	select a	nyone	e)																	
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				y Insu	•	Rep	osi	tory	Lir /	mite	ed									
M/s Central Insurance Repository Limited		M/s	CAN	ΛS Rep	osito	ry Se	ervic	es	Lim	nited	l (Pl	ease	e sel	ect c	yny ,	one)	Or			
I do not have existing e -Insurance account and I am insurance account opening form (eIA form) along wit		ed in	creat	ing a											•					
My CKYC No. (Central Know Your Customer registry number) is (if available):																				
Name														$\top$						
Mr./Ms./M/s. First Name	./M/s. First Name											Last Name								
*DOB: DDMMYYYY *Gender: M	F	PAN	No.																	
Flat/Building:																				
Road/Street/Sector						Ar	ea							Ť	П					
Taluka/Village/District/City:											Pi	in C	ode	:	П	Ť	Ť			
State:				Ci	ly										П	T	Ť			
Country:		Π.	Tele 1	No. (R)	´ =						T			T	П	Ť	Ť			
Relationship:			Other Relationship													Ť				
Mobile No:																				
UID:																				
Authorization for electronic policy fulfillment and service signing)  I hereby consent that the policy documents may be sent to me (Please provide us your e-mail id) or via sms at my mobile no I hereby consent to and authorize Magma HDI General Insurother communication (electronic or otherwise) with respect to the provisions of applicable law.  I wish to get all policy related communications on My WhatsA Whatsapp Number:	e by ema . provide rance Co o the pro	il at _ ed abo ompai posed	ove" o	an be	adde	d to a	all p	rop to r	ny f	al fo	velco	s. ome to	calls time	s, ser e and	rvice d suk	call	— s or			
									Sig	gnat	ure	of t	he P	ropo	ser					