



# PROPOSAL FORM - PRIVATE CAR & TWO WHEELER

Is the vehicle company maintained? 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"/>
Whether the vehicle is certified as Vintage Car by Vintage and Classic Car Club of India? Yes <input type="checkbox"/> No <input type="checkbox"/>	Vehicle used for commercial purposes : 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"/>	Do you wish to include Personal Accident cover for unnamed occupants of the vehicle in excess of the compulsory Personal Accident cover for the Owner/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"/>	Sum Insured per person to be ₹ _____
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"/>	Nominee Details : Name _____
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"/>	Age _____ Relationship _____
If Yes, please provide the Sum Insured per person _____	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 include Personal Accident cover for named persons? Yes <input type="checkbox"/> No <input type="checkbox"/>	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"/>

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"/>	*Voluntary Deductible :
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"/>	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/-
(Third Party Property Damage cover of ₹ 1 lakh for 2 wheelers and ₹ 7.5 lakhs for Private cars)	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/-
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"/>	Signature of Proposer _____
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"/>	

### 13. PREVIOUS INSURANCE DETAILS:

Previous Insurer Name: _____	Type of cover: _____					
Policy/ Cover note number: _____	Period of Insurance: From <input type="text" value="DDMMYYYY"/> To <input type="text" value="DDMMYYYY"/>					
Has any Insurance Company ever: _____	Claims reported in last 5 years					
1) Declined the proposal _____	Year	1	2	3	4	5
2) Cancelled & Refused to renew _____	Type of Claims (OD/TP)					
3) Required an increase in Premium _____	No. of Claims					
4) Imposed special conditions or excess _____	Amount					

### 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  Yrs DOB:

b. Age & Date of Birth of the Driver: Age  Yrs DOB:

c. Does the driver suffer from defective vision or hearing or any physical infirmity? Yes  No   
If YES, please give details of such infirmity \_\_\_\_\_

d. Has the driver ever been involved / convicted for causing any accident of loss? Yes  No   
If YES, give details as under including the pending prosecutions : - Driver's Name : \_\_\_\_\_  
- Date of Accident:  - 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

Name of the Bank Name \_\_\_\_\_ Type of account: Savings  Current

IFSC Code  Cheque/NEFT/DD Number  Amount in ₹ \_\_\_\_\_

Bank Name \_\_\_\_\_ Cheque/NEFT/DD Date

Deposit Slip No.  Credit Card No.  Expiry Date

Issuing Bank \_\_\_\_\_ 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

- 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.
- 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.

## ELECTRONIC INSURANCE DETAILS - ANNEXURE 1

Do you wish to have this Policy credited to an eIA? (Please select anyone)

No, I do not have an eIA and do not wish to open one  Yes, Credit this Policy to my e -Insurance account

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 Repository Limited
- M/s Central Insurance Repository Limited  M/s CAMS Repository 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 (eIA form) along with relevant documents)

My KYC No. (Central Know Your Customer registry number) is (if available): \_\_\_\_\_

Representative Details (only if eIA is to be opened for any other person other than Proposer and primary Insured)

Name

Mr./Ms./M/s.

First Name

Middle Name

Last Name

\*DOB:           \*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 Relationship

Mobile No:  E-Mail ID:

UID:

**Authorization for electronic policy fulfillment and service communications (Please read carefully and put a check mark against before signing)**

I hereby consent that the policy documents may be sent to me by email at \_\_\_\_\_

(Please provide us your e-mail id) or via sms at my mobile no. provided above" can be added to all proposal forms.

I hereby consent to and authorize Magma HDI General Insurance Company Limited ( " Company") to make welcome calls, service calls or any other communication (electronic or otherwise) with respect to the proposed or existing policy of Company from time to time and subject to the provisions of applicable law.

I wish to get all policy related communications on My WhatsApp number

Whatsapp Number:

Place

Date

Signature of the Proposer

Name of Proposer: \_\_\_\_\_

UIN: Private Car Policy - Bundled - 3 year Act Only and 1 year Own Damage - IRDANI49R0003V01201819 / Act only Policy - Private Car - 3 year - IRDANI49R0004V01201819 / Two Wheeler Policy - Bundled - 5 year Act only and 1 year Own Damage - IRDANI49R0000V01201819 / Act only Policy - Two Wheeler - 3 year - IRDANI49R0007V01201819 / Stand-Alone Own Damage Policy - IRDANI49R0001V01201819 / Stand-Alone Own Damage Policy - IRDANI49R0002V02201213 / Motor Act Only Policy - IRDANI49R0003V01201213 / Long term Two Wheeler insurance Policy - IRDANI49R0002V01201415 / Private Car Package Policy - IRDANI49R0001V02201213 / Two Wheeler Package Policy - IRDANI49R0002V02201213 / Two Wheeler Package Policy - IRDANI49R0001V02201213