

Proposal Form – Compulsory personal accident (Owner – Driver) under Motor insurance policy

Proposal No.: _____

Proposal For: Fresh Proposal Roll-Over Renewal Endorsements

Type of Cover Offered: Stand-alone Compulsory Personal accident Cover for Owner - Driver

Period of Insurance: From../.. Hrs of.././.... till midnight of.././.... (Upto 1 Year)

Proposer's Details: (Registered Owner of the Vehicle)

Full Name: Mr/Mrs/Ms/Dr, M/s.....

Date of Birth: /.../.... or Age ... Years; Sex: Male / Female;

Marital Status: Single/Married/Divorced/Widowed

Occupation / Business..... Educational Qualification..... PAN No.

Mother's maiden name:

Nominee Details – Name.....Relation.....Age.....

In case of Minor – Guardians Name.....Address.....

Does the driver suffer from defective vision or hearing or any physical infirmity? Yes/No

If YES, please give details of such infirmity _____

About The Coverage Required

- Personal Accident Cover for Owner Driver.

Name of Insured	Age of Insured	Nominee Name	Nominee Age/DOB	Relationship with Insured

Address for Communication

Flat/Building, Road Name..... Area..... City.....

District..... State..... Pin Code.....

Tel (Landline) STD code..... Tel No..... Mobile: Fax: STD code..... Fax No.....

E-mail Id:@.....

Number of Vehicles to be covered under Stand-alone CPA:

Registration details for each vehicle

Sr. No.	RTO Code – Name	Make – Model Variant	Date of Registration

Previous Insurance History

Previous Insurer Name: _____ Type of cover: _____

Policy/ Cover note number: _____ Period of Insurance: From To

Has any Insurance Company ever:

- a) Declined the proposal Yes / No
- b) Cancelled the policy or refuse to renew Yes /No
- c) Required an increase of Premium Yes /No
- d) Imposed special conditions or excess Yes /No

Was any claim reported in last 5 years? Yes No

Year	1	2	3	4	5
Type of claim Own Damage					
Personal Accident					
No. of claims					
Amount					

About The Usage of the Motor Vehicle

Whether the use of vehicle is limited to own premises? Yes/No
 Whether the vehicle is used for commercial purpose? Yes/No
 Is the vehicle designed for use of Blind / Handicapped/ mentally challenged persons and duly endorsed as such by RTA? Yes/ No

What will be the Average Daily use of the vehicle?

- Less than 50 Kms; Between 50 and 100 Kms; Between 101 to 250 Kms; Above 251 Kms.

Where will the vehicle be generally driven on? *(Please tick multiple, if required)*

- Express Way; National Highways; State Highways; City Roads; Town/Village Roads;
 Private Roads;

Whether extension of Geographical Area to the following countries required? Yes /No

If Yes, Please tick the countries to which the extension is required

Bangladesh, Bhutan, Maldives, Nepal, Pakistan, Sri Lanka

AML Declaration:

I/We hereby confirm that all premiums have been/will be paid from bonafied sources and no premiums have been / will be paid out of crime related to any of the offences listed in Prevention of Money Laundering Act, 2002. I understand that the Company has the right for call for documents to establish sources of funds. The insurance company has the right to cancel the insurance contact in case I am / have been found guilty by any competent court of law under any of the statues, directly or indirectly governing the prevention of money laundering in India

Nationality: Indian Non-Indian **If Non-Indian, please specify the Country:** _____

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 undertake that if any of the statements are found to be false or incorrect, the benefits under this policy would stand forfeited.

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 failing which it is agreed and understood by me / us that the benefits under policy would stand forfeited.

I / We confirm that I / We have read and understood the coverage, the terms and conditions and agree to accept the company's policy of insurance along with the said conditions prescribed by the Company.

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.magma-hdi.co.in 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 / We agree that the insurance would be effective only on acceptance of this application by the Company and the payment of the requisite premium by me / us in advance. In the event of non-realization of the cheque or non-receipt of the amount of premium by the Company the policy shall be deemed cancelled 'ab-initio' and the Company shall not be responsible for any liabilities of whatsoever nature under the policy.

Place

Date

Signature of Proposer

INSURANCE ACT 1938, SECTION 41 – 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. Any person making default in complying with the provisions of this section shall be punishable with fine, which may extend to ten lacs rupees.

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 _____ Type of account: Savings Current IFSC Code _____

Cheque/NEFT/DD Number _____ Amount _____ Bank _____

Cheque/NEFT/DD Date DD MM YYYY Deposit Slip no. _____

Credit card Number _____ Expiry Date _____ Issue Bank _____ Amount _____