

PROPOSAL FORM - GROUP ACCIDENT SURAKSHA

Period of Insurance From To

Total No. of Persons covered

Total Capital Sum Insured _____

Basis for fixing Capital Sum Insured	<input type="checkbox"/> Flat Basis	<input type="checkbox"/> Graded	<input type="checkbox"/> As multiple of Monthly Salary
Base Covers opted (Choose one or more)	<input type="checkbox"/> Accidental Death (AD)	<input type="checkbox"/> Permanent Total Disability (PTD)	<input type="checkbox"/> Permanent Partial Disability (PPD)
Optional Extension Covers	<input type="checkbox"/> Accidental Medical expenses	<input type="checkbox"/> Ambulance cover	<input type="checkbox"/> Medical expenses
	<input type="checkbox"/> Funeral Benefit	<input type="checkbox"/> Modification of residential accommodation & vehicle & Workplace	
	<input type="checkbox"/> Accidental Hospitalization Daily Cash benefit	<input type="checkbox"/> Other (Please specify) _____	
	<input type="checkbox"/> On Duty cover (Please specify official hours: from _____ hrs. To _____ hrs.)	<input type="checkbox"/> Off Duty cover	
	<input type="checkbox"/> Other (Please specify) _____		

Please provide list of persons to be insured in following format.

Name	Place of employment	Risk Category ^ (I/II/III)	Capital Sum Insured

^ Risk categories:

- I) Doctors, Lawyers, Persons engaged in clerical & Administrative staff
- II) Builder, Contractor, Engineer on site, workers, Mechanics, Driver & Manual laborers.
- III) Persons working in mines, explosive units, Electrical installations on line, Racing, Circus, Skiing, Mountaineering, Ballooning, Winter Sports & Polo.

PREVIOUS POLICY & CLAIMS DETAILS

Period of Insurance		Name of Insurer	Policy Number	Cover Details	Total Premium (INR)	Total Amount of claims
From	To					
<input type="text" value="DDMMYYYY"/>	<input type="text" value="DDMMYYYY"/>					
<input type="text" value="DDMMYYYY"/>	<input type="text" value="DDMMYYYY"/>					
<input type="text" value="DDMMYYYY"/>	<input type="text" value="DDMMYYYY"/>					

Important Notes:

- The information that you give to Us on this proposal form or in any supplementary information form or documentation supplied by you or on your behalf will influence Our decision to offer insurance and the terms upon which to offer it. Further, any policy We issue will be based on what you have communicated to Us. It is therefore important that your answers are complete and accurate in all respect.
- The questions in this proposal are indicative rather than exhaustive. You must provide Us with all information relevant to the risk to be insured, even if it is not the subject of a question in this proposal. If you are in any doubt as to what information should be given, you should liaise with your insurance advisor/ company.
- Acceptance of your proposal would be subject to realization of full premium amount by the company.
- The list of exclusions/ inclusions and other policy details are indicative, for complete list and comprehensive details kindly refer policy wordings.

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NEFT/EFT MANDATE FORM

Client details

Client Name																															
Address																															
City:																State:															
Pin Code:						Landline:																									
PAN Card No.																															
Pan card holder's name																															

Account details:

Bank Name																														
Account Number																														
Branch Name																														
Payee Name																														
Account no.																														
Account type																														
Name as per Bank records																														
IFSC Code																														
Cancelled Cheque copy:-	Y <input type="checkbox"/>		N <input type="checkbox"/>																											

(Please attach a blank cancelled cheque copy with payee name printed on the cheque and Pan Card Copy)

If customer name/ account no /IFSC code is not available on cancelled Cheque then NEFT mandate form with Bank Sign & seal and customer signature is mandatory.

I hereby declare that the particulars given above are correct and complete. If the transaction is delayed or not effected at all reasons of incomplete or incorrect information, I would not hold the user institution responsible.

Sign and stamp of the payee

Verified by
(Bank Official Stamp and Authorized Signature)

Terms and Conditions for Payments through RTGS/NEFT

- The details provided by the Customers in the Mandate Form shall be considered as final and Magma HDI General Insurance Company Limited shall not be responsible for cross verification of any of the details provided therein.
- The RTGS/ NEFT facility shall be effective for the respective Customer(s) within 15 days of the receipt of the Mandate Form by Magma HDI General Insurance Company Limited and/ or within such period as may be reasonably required by Magma HDI General Insurance Company Limited to activate the RTGS/ NEFT facility.
- The Customer agrees that under the RTGS/ NEFT facility, there may be a risk of non-payment in the Account of Customer on the day of the credit of Payments due to change in the applicable regulations pertaining to RTGS/ NEFT facility or due to any other reasons without any fault/inaction/failure on part Magma HDI General Insurance Company Limited or any factor beyond the control of Magma HDI General Insurance Company Limited.
- The Customer agrees to indemnify, without delay or demur, Magma HDI General Insurance Company Limited and its agents and keep Magma HDI General Insurance Company Limited and its agent indemnified harmless at all times from and against any and all claims, damages, losses, costs, and expenses (including attorney's fees) which Magma HDI General Insurance Company Limited may suffer or incur, directly or indirectly, arising from or in connection with, amongst other things, either of the aforesaid reasons stated in above clauses.
- The Customer agrees that transaction(s) through RTGS/ NEFT facility may attract inward RTGS/ NEFT charges, which if levied by the Customer's bank, shall be borne by the Customer
- Magma HDI General Insurance Company Limited has the absolute discretion to amend or supplement any Terms and Conditions stated herein at any time and will endeavor to give prior notice of Ten days for such changes wherever feasible for the terms and conditions to be applicable. By using the new services, or at the completion of such period, whichever is earlier, the Customer shall be deemed to have accepted the changed terms and conditions.
- Submission of documents or bank details or any other information does not in any way, shape or form, imply or express or suggest admission of liability by the company.
- Notices under these terms and conditions may be given in writing by delivering them by hand or e-mail or on Magma HDI General Insurance Company Limited. Website www.magmahdi.com or by sending them by post to the last address of the Customer.
- These terms and conditions will be governed by the laws of India and any legal action or proceedings arising out of these Terms and Conditions shall be initiated in the courts or tribunals at Mumbai in India.
- I/ We further undertake to refund any excess amount whether demanded by Magma HDI General Insurance Company Limited or not, which has been credited in excess to my account at any time due to any reason within 7 days of such receipt of such communication from Magma HDI General Insurance Company Limited of such excess credit or such information of excess credit coming to the knowledge of the Customer through any other source.
- I/ We agree that my/our claim payment will be credited from the date Magma HDI General Insurance Company Limited gets confirmation from its bankers, This facility will continue unless it is revoked by any party and any issuance of relevant credit instruction from Magma HDI General Insurance Company Limited to its bankers will be valid till such instruction is complete irrespective of the fact that the notice period has expired provided such a credit request has been made by Magma HDI General Insurance Company Limited before the expiry of the notice period of the Customer.
- (Please attach a blank cancelled cheque or photocopy of a cheque for verification of the particulars provided in this regard)

Signature and stamp of customer _____