

# PROPOSAL FORM - PRIVATE CAR & TWO WHEELER (PACKAGE / LIABILITY ONLY)

Information for fields marked with an asterisk (\*) is mandatory.

Customer ID \_\_\_\_\_ Policy No. \_\_\_\_\_

\*Proposal For:  New Policy  Roll-Over  Renewal  Endorsement  
 \*Type of Vehicle:  Two Wheeler  Private Car  Three Wheeler \*Vehicle Insured Is:  New  Used  
 \*Coverage Required:  Comprehensive Package Cover  Third Party Liability only Cover  Third Party, fire & theft only Cover  
 Third Party and Fire only Cover  Third Party and Theft only Cover

Intermediary Code : \_\_\_\_\_ Intermediary Name : \_\_\_\_\_

Aadhaar No : \_\_\_\_\_ PAN No : \_\_\_\_\_

\*Period of Insurance:  Time /\_\_\_\_/\_\_\_\_ To midnight of

(Note: Cover shall not commence earlier than the date and time of acceptance of risk and/or issuance of cover note & subsequent to payment of premium)

## 1. \*PROPOSER DETAILS

Name (Registered Owner of the Vehicle): \_\_\_\_\_  
 Mr./Ms./M/s. \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

PAN No. \_\_\_\_\_ Aadhaar No. \_\_\_\_\_

\*DOB:  \*Gender:  M  F \*Occupation: \_\_\_\_\_

Marital Status:  Single  Married

Bank Name \_\_\_\_\_ Branch Name \_\_\_\_\_

A/c Type-  Savings  Current

Account No. \_\_\_\_\_ MICR \_\_\_\_\_ IFSC \_\_\_\_\_

## 2. \*ADDRESS WHERE VEHICLE REGISTERED AND BASED

Flat/Building: \_\_\_\_\_

Road/Street/Sector \_\_\_\_\_ Area \_\_\_\_\_

Taluka/Village/District/City: \_\_\_\_\_ Pin Code: \_\_\_\_\_

State: \_\_\_\_\_ Country: \_\_\_\_\_

GSTIN No. \_\_\_\_\_ Tele No. (R): \_\_\_\_\_

Mobile No: \_\_\_\_\_ E-Mail ID: \_\_\_\_\_

## 3. \*COMMUNICATION ADDRESS (FOR POLICY DISPATCH)

Flat/Building: \_\_\_\_\_

Road/Street/Sector \_\_\_\_\_ Area \_\_\_\_\_

Taluka/Village/District/City: \_\_\_\_\_ Pin Code: \_\_\_\_\_

State: \_\_\_\_\_ Country: \_\_\_\_\_

GSTIN No. \_\_\_\_\_

## 4. CITY WHERE THE VEHICLE WILL PRIMARILY BE USED:

\_\_\_\_\_

## 5. HAVE YOU PREVIOUSLY INSURED THIS VEHICLE?

Yes  No  Policy No. \_\_\_\_\_

If so, are you entitled to No Claim Bonus from your previous Insurer? Yes  No

If Yes, Kindly indicate the percentage:  20%;  25%;  35%;  45%;  50%;  55%

I/We hereby declare that the rate of NCB claimed by me/us is correct and that NO CLAIM has arisen in the expiring policy period (Copy of Policy enclosed). I/We further undertake that if this declaration is found incorrect, all benefits under the Policy in respect of Section 1 of the Policy will stand forfeited.

\_\_\_\_\_

Signature of Proposer

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## 6. ABOUT THE MOTOR VEHICLE TO BE INSURED

*Make _____	*Chassis No. _____	Speedometer reading as on date _____
*Model _____	RTO where vehicle will be registered _____	_____
*Year of Manufacture _____	Date of Registration /Purchase _____	*Vehicle IDV ₹ _____
*CC/GW _____	Licensed Carrying Capacity (No of Passengers Including driver) _____	Trailer(s) Identification No. _____
*Registration No. _____	Colour of the vehicle _____	1 _____
Type of Bod _____	Vehicle Make (Indigenous or Imported) _____	2 _____
*Engine No. _____		3 _____
		4 _____

(Note: Either Registration Number or Engine and Chassis Number is mandatory)

\*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

\*Average Monthly Usage:  Less Than 50 Kms  Between 50 and 100 Kms  Between 101 and 250  Above 251 Kms

Whether any modification or conversion has been done in the vehicle from the maker's standard specification? Yes  No

If Yes, please give details of such modifications/conversions \_\_\_\_\_

Is the vehicle in good state of repair? Yes  No  If No, please furnish details \_\_\_\_\_

Where will the vehicle be generally parked?  Roadside Public Parking  Road Outside  Parking lot open or covered  
 Within compound of residence open  Within compound of residence covered

## 7. FINANCIER DETAILS:

Hypothecation  Hire Purchase  Lease

Financier Name : \_\_\_\_\_

## 8. NOMINEE DETAILS:

Nominee Name : \_\_\_\_\_

Date of birth:  Relationship \_\_\_\_\_

Appointee Name : \_\_\_\_\_ Age  yrs

\*If Nominee is minor (below 18 yrs) Appointee Name is mandatory.

## 9. INSURED DECLARED VALUE OF THE VEHICLE:

The IDV of the vehicle will be deemed to be the Sum-Insured for the purpose of the Policy and will be fixed on the basis of the manufacturer's listed selling price of the brand and model as the vehicle proposed for insurance at the time of commencement of insurance / renewal and adjusted for depreciation as per the schedule specified below.

Age of the Vehicle	% of Depreciation	*Vehicle Chassis Value	₹
Not exceeding 6 months	5%	Vehicle Body Value	₹
		Non- Electrical Accessories (Other than factory fitted):	₹
Exceeding 6 months but not exceeding 1 year	15%	Details	
Exceeding 1 year but not exceeding 2 years	20%	Electrical Accessories (Other than factory fitted) Details	₹
Exceeding 2 years but not exceeding 3 years	30%	Bi- Fuel/ CNG/LPG Kit	₹
Exceeding 3 years but not exceeding 4 years	40%	Trailer(s)/ Side Car Value (only for 2 wheelers):	₹
Exceeding 4 years but not exceeding 5 years	50%	Total IDV:	

Note - For vehicles more than 5 years old, please contact the Company for fixing the IDV

## 10. EXTENDED COVERS/ EXTRA BENEFITS AT ADDITIONAL PREMIUM:

Extension of Geographical Area: <input type="checkbox"/> Bangladesh <input type="checkbox"/> Bhutan <input type="checkbox"/> Nepal <input type="checkbox"/> Maldives <input type="checkbox"/> Pakistan <input type="checkbox"/> Sri Lanka	Vehicle is fitted with Fibre Glass Fuel Tank Yes <input type="checkbox"/> No <input type="checkbox"/>
	Vehicle will be used for Driving Tuitions Yes <input type="checkbox"/> No <input type="checkbox"/>
	Imported vehicle without payment of customs duty Yes <input type="checkbox"/> No <input type="checkbox"/>

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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

I hereby declare that:

I do not hold a valid driving license.

I own more than 1 vehicle and have opted for PA to Owner Driver cover in the other vehicle insurance policy.

Is the vehicle Company Maintained? Yes  No

Will the vehicle be let out on occasional Hire? Yes  No

Whether the vehicle is certified as Vintage Car by Vintage and Classic Car Club of India ? Yes  No

Vehicle used for commercial purposes : Yes  No

Do you want to opt for wider legal liability to Paid Driver Yes  No

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?

Other employees Yes  No

Sum Insured per person to be ₹ \_\_\_\_\_ Yes  No

(If Yes, No. of persons to be covered) \_\_\_\_\_

Do you want to cover loss of accessories due to burglary, housebreaking or theft? Yes  No   
(Applicable only for Two-Wheelers)

Nominee Details : Name \_\_\_\_\_  
Age \_\_\_\_\_ Relationship \_\_\_\_\_

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 have an enhanced Personal accident cover for Yourself/ Your Driver/Unnamed occupants of the vehicle? Yes  No

Do you wish to cover Hospital Cash for hospitalisation arising out of accident for Yourself/Your Driver/Unnamed occupants of the vehicle? Yes  No

If Yes, please provide the Sum Insured per person \_\_\_\_\_

Do you wish to include Personal Accident cover for named persons? Yes  No

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: \_\_\_\_\_ Amount in (INR) \_\_\_\_\_

Additional Add On covers Opted: 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_ 4) \_\_\_\_\_

Amount in (INR) \_\_\_\_\_

## 12. RESTRICTIONS OF COVER/ DISCOUNTS

Vehicle fitted with Anti-theft device approved by ARAI : Yes  No

Vehicle will be used within own premises : Yes  No

Third Party Property Damage cover restricted to 6000 Yes  No

(Third Party Property Damage cover of ₹ 1 lakh for 2 wheelers and ₹ 7.5 lakhs for Private cars)

Is the vehicle designed for use of Blind / Handicapped/ Mentally challenged persons and duly endorsed as such by RTA?

Are you a member of Automobile Association of India? Yes  No

If yes, please state Yes  No

a. Name of Association \_\_\_\_\_

b. Membership No. \_\_\_\_\_

c. Date of expiry \_\_\_\_\_

\*Voluntary Deductible :

Private Car :  None  2,500/-  5,000/-  7,500/-  15,000/-

Two Wheeler :  None  500/-  750/-  1,000/-  1,500/-  3,000/-

Signature of Proposer \_\_\_\_\_

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## 13. PREVIOUS INSURANCE DETAILS :

Previous Insurer Name:	Type of cover:					
Policy/ Cover note number:	Period of Insurance: From <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> To <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>					
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. DRIVER DETAILS: (Mention the details in below for any condition)

a. Age & Date of Birth of the Owner:	Age <input type="text"/> <input type="text"/> Yrs	DOB: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
b. Age & Date of Birth of the Driver:	Age <input type="text"/> <input type="text"/> Yrs	DOB: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
c. Does the driver suffer from defective vision or hearing or any physical infirmity? If YES, please give details of such infirmity		Yes <input type="checkbox"/> No <input type="checkbox"/>
d. Has the driver ever been involved / convicted for causing any accident of loss? If YES, give details as under including the pending prosecutions :		Yes <input type="checkbox"/> No <input type="checkbox"/>
- Driver's Name :	_____	
- Date of Accident:	_____	
- Loss / Cost (₹):	_____	
- Circumstances of Accident / Loss	_____	

## 15. PREMIUM DETAILS

Payment mode: Cheque  DD  NEFT  Cash

Cheque /DD/ PO /UTR No.

Date           IFSC

Amount in ₹  Bank Account No.

Bank Name  Branch

## 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

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.

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.