

PROPOSAL FORM – ALL RISK INSURANCE POLICY (COMMERCIAL)

(Acceptance of this proposal is subject to the rules & regulations of MHD I All Risk Policy. The property is not covered until the proposal is accepted and premium paid.)

Agent/Broker Name									
Agent/Broker Code									
Agent Mobile Number		Email Address							
Name of the Proposer									
Address of the Proposer									
City _____		State _____	Pin Code <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>						
Mobile Number		Email Address							
Policy to be issued in favour of		<i>(List of all the parties who have insurable interest)</i>							
Financial Institution Interest (if any)	 <i>(Attach annexure in case of multiple institutions)</i>							
Business of the Proposer									
Period of Insurance		From..... To							
Whether you have insured the same property with any other Insurance Company with the same type of coverage. (Give details)			Yes/No						
Whether you have insured the same property for coverage under Fire Insurance. (Give details)			Yes/No						
Whether Insurance was declined by any other Company or imposed any Special Conditions (Give details)			Yes/No						
Details of Property to be Insured									
S.No.	Full Description of Property (Jewellery, Mobile phones, laptops etc.)	Quantity	Sum Insured (Full replacement Value)						
<i>Note – in case of multiple categories please attach annexures/additional sheets</i>									
<i>Note: Coverage for any article in excess of INR 1 lac without Valuation Report /Bill will not be accepted.</i>									
If Jewellery is proposed for insurance please confirm the following		Whether the Jewellery is valued by an approved Valuer?	Yes/No						
NB: Pl. attach Valuation Certificate		If yes, Date of valuation?							
Coverage details		Within India <input type="checkbox"/>	Worldwide <input type="checkbox"/>						
		Breakdown(Unless specifically requested and accepted by us, Breakdown cover is excluded)	Yes/No						
Premium / Claim details for the past 5 years		Claim Amount	Premium Paid						

What precautions have been adopted to prevent such recurrence?

Premium Payment Details:

Total Premium Amount (Including GST) – INR _____

Payee Name - _____

Kindly select : Cheque DD NEFT Cash

Cheque /DD/ PO /UTR No. _____

Date _____ IFSC _____

Amount in Rs. _____

Bank Account No. _____

Bank Name _____ Branch _____

PAN Number _____

Aadhaar Number _____

Documents to be attached as per requirement for fulfillment of KYC Norms.

GST Registered Yes/ No

GSTIN Number _____

GST State _____

INTERMEDIARY DECLARATION

Intermediary PAN number: _____

Intermediary Aadhaar number: _____

I, _____ (Full Name) in my capacity as an Insurance Advisor/Specified Person of the Corporate Agent/Authorized employee of the Broker/Relationship Officer, do hereby declare that I have explained all the contents of this Proposal Form, including the nature of the questions contained in this Proposal Form to the proposer including statement (s), information and responses(s) submitted by him/her in this Proposal Form to questions contained herein or any details sought herein will form the basis of the Contract of Insurance between the Company and the Proposer, if this Proposal is accepted by the Company for issuance of the Policy. I have further explained that if any untrue statement(s)/information/response(s) is/are contained in this Proposal Form / including addendum(s), affidavits, statements, submissions, furnished/ to be furnished, or if there has been a non-disclosure of any material fact, the Policy issued to his/her favour pursuant to this Proposal may be treated by the Company as null and void and all premium paid under the Policy may be forfeited to the Company.

License No./ID (Advisor/Corporate Agent/Broker/Relationship Officer) _____

Date: DD MM YYYY

Signature of the Insurance Advisor: _____

DECLARATION BY INSURED

I/We hereby declare and warrant that the above statements are true and complete in all respects and that there is no other information which is relevant to my application for insurance that has not been disclosed to you. I/We agree that this proposal and the declarations shall be the basis of the contract between me/us and Magma HDI General Insurance Co. Ltd

I/We, also declare that if any additions or alterations are carried out in the risk proposed after the submission of this proposal form then the same would be conveyed to the insurers immediately.

I/We hereby declare and undertake that the amount paid by me/us as premium for aforementioned policy is out of my/our lawful and declared source of income.

I hereby consent to and authorize Magma HDI General Insurance Company Limited 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 (other app) number.

Place

Date

Signature of Proposer

AML Guidelines

1. I/we hereby confirm that all premiums paid / payable in future are from bonafide sources and not paid out of proceeds of crime and that such premiums are not disproportionate to my/our income. I / we understand that the Company has the right to call for documents to establish sources of funds and to cancel the insurance policy in case I / we are found guilty by any competent court of law under any of the statutes, directly or indirectly governing the prevention of money laundering law in India.

Date: DD/MM/YYYY

Signature of the Proposer: _____

Are you or any of the proposal applicants PEPs* or a close relative/associate of PEPs*?

YES NO

If yes, please share the details of "Politically Exposed Persons"(PEPs):

* (PEPs) are individuals who have been entrusted with prominent public functions by a foreign country, including the heads of States or Governments, senior politicians, senior government or judicial or military officers, senior executives of state-owned corporations and important political party officials

2. Additional Information:

All Risk Insurance Policy (Commercial)
UIN - IRDAN149CP0014V01201819

Magma HDI General Insurance Co. Ltd. | www.magmahdi.com | E-mail: customercare@magma-hdi.co.in | Toll-free no. : 1800 2663202 | Registered Office: Development House, 24 Park Street, Kolkata – 700016. CIN: U66000WB2009PLC136327 | IRDAI Reg. No. 149 | Trade Logo displayed above belongs to Magma Ventures Private Limited and HDI Global SE, and is used by Magma HDI General Insurance Company Limited, under license.

Nationality: Indian Non-Indian If, Non-Indian, please specify Country:-----

3. Type of Organisation:

- (i) Corporations
- (ii) Trust
- (iii) Government
- (iv) Partnership
- (v) Non-Government Organisations
- (vi) Co-operatives
- (vii) Society
- (viii) Private Limited Company
- (ix) Public Limited Company
- (x) others, please specify-----

4. Source of Funds:

Business: ----- Salaried:----- Others (please specify)-----

VERNACULAR DECLARATION

I hereby declare that I have fully explained the contents of the proposal form and all other documents incidental to availing the insurance from **Magma HDI General Insurance Company Limited** to the proposer in the language understood by him/her. The same has been fully understood by him/her and the replies have been recorded as per the information provided by the proposer. Replies have been read out to, fully understood and confirmed by the proposer.

Place: Proposer's Signature _____

Company stamp

Date: (DD-MM-YYYY) Name: _____ Designation _____

Prohibition of Rebates Under Section 41 of Insurance Law (Amendment) Act, 2015

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 of 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 a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectus or tables of the insurer.

Any person making default in complying with the provisions of this section shall be punishable with fine which may extend to ten lakhs rupees.