

**Please submit separate forms for each individual.**

**The proposal in case of dependent children may please be filled in by the proposer.**

(The person(s) proposed for insurance is not covered until the proposal is accepted and premium paid)

|  |                      |
|--|----------------------|
| 1. Intermediary Name                                     | <input type="text"/> |
| 2. Intermediary Code                                     | <input type="text"/> |
| 3. Sales channel Type                                    | <input type="text"/> |
| 4. If POSP then please provide the below:                |                      |
| PAN Card Number of POSP                                  | <input type="text"/> |
| AADHAR Card Number of POSP                               | <input type="text"/> |
| 5. Name of the Insured (Policy to be issued in favor of) | <input type="text"/> |
| 6. Address of the Insured                                | <input type="text"/> |
| 7. Phone Number  | <input type="text"/> |
| 8. Email id  | <input type="text"/> |
| 9. Bank Account No.                                      | <input type="text"/> |

|   |                              |                             |
|---|------------------------------|-----------------------------|
| 10. (a) Profession; Occupation, Trade or Business:<br>(Please describe fully with nature of duties)   | <input type="text"/>         |                             |
| (b) Are you primarily engaged in Administrative function.   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (c) Does your occupation requires you to engage in manual labour.   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (d) Do you engage in:   |                              |                             |
| i) Racing on wheels or Horseback  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ii) Big game hunting  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| iii) Mountaineering   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| iv) Winter sports, skiing or ice hockey   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| v) Ballooning or polo or Sports of similar nature   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| vi) Any other adventurous sports  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (e) What is your average monthly income from  |                              |                             |
| i) Gainful Employment   | Rs. <input type="text"/>     |                             |
| ii) Other sources   | Rs. <input type="text"/>     |                             |
| iii) Total  | Rs. <input type="text"/>     |                             |
| 11. Date of Birth   | <input type="text"/>         |                             |
| 12. Height (in cms)   | <input type="text"/>         |                             |
| 13. Weight (in kgs)   | <input type="text"/>         |                             |
| 14. Have you suffered or do you suffer from: (Full particulars must be given in case the answer is 'Yes' to any of the following queries)                                       |                              |                             |
| a) Any physical defect or infirmity   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b) Gout or Arthritis or Diabetes, Paralysis   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c) Fits or any kind or any other chronic disease  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d) Any other disability   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 15. Is this proposal for insurance in addition to:  |                              |                             |
| (a) Any other Accident Policy? [Including if covered under any Group Personal Accident Policy/Credit card schemes] (If so, giver name of each Company and Amount of Insurance.) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (b) Any other Employee Scheme (If so, giver name of each Company and Amount of Insurance.)  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 16. Has any Company   |                              |                             |
| i) Declined to issue a policy to you?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ii) Declined to continue your Insurance?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| iii) Not invited the renewal of your Policy?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| iv) Imposed any restriction or special conditions?<br>(If yes, please furnish the details)  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

# PROPOSAL FORM - SARAL SURAKSHA BIMA, Magma HDI General Insurance Company Ltd.



|  |  |
|--|--|
| 17. Have you ever claimed / received compensation under any Accident Policy? (If yes, please furnish the details)  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 18. Details of coverage opted by you:  | Rs. _____  |
| (i) *Basic Cover Sum Insured (maximum liability)<br>(*Accidental Death, Permanent Total Disablement & Permanent Partial Disablement)<br>(ii) Optional Covers<br>a) Temporary Total Disablement**<br>b) Hospitalization due to Accident***<br>c) Education Grant****<br>(** 0.2% of base sum Insured, *** 10% of base sum insured or actual expenses whichever is less, **** 10% of base sum insured per child for all dependent children up to age 25 years) |  |
| 19. Do you wish to cover your family members (spouse, children and dependent parents only)?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 20. Period of Insurance  | 1 Year   |

If answer to item 19 is "yes" please furnish the following details and use separate proposal form for each adult person to be insured.

| Name of family members | Relationship with Insured & Age | Profession or occupation | Annual Income | Basic Cover Sum Insured | Optional Cover              |                                 |                 |
|------------------------|---------------------------------|--------------------------|---------------|-------------------------|-----------------------------|---------------------------------|-----------------|
|                        |                                 |                          |               |                         | Total Temporary Disablement | Hospitalization due to Accident | Education Grant |
|                        |                                 |                          |               |                         |                             |                                 |                 |
|                        |                                 |                          |               |                         |                             |                                 |                 |
|                        |                                 |                          |               |                         |                             |                                 |                 |
|                        |                                 |                          |               |                         |                             |                                 |                 |

## NOMINATION:

Policyholder is the nominee for all Insured members. Below details are for nominee to Policyholder

Name of Nominee

Relationship with Proposer  Date of Birth

Contact Number of Nominee

If the Nominee is minor, Name and Address of Appointee and Relationship with Minor:

| Appointee Name | Relationship with Nominee | Contact Number of Appointee |
|----------------|---------------------------|-----------------------------|
|                |                           |                             |

## Auto Renewal:

Policy will be renewed on payment of renewal premium by You. However, We may exercise our option not to renew the policy on the ground of fraud, misrepresentation or suppression of any material fact either at the time of taking policy or any time during the currency of the earlier policies or bad moral hazard.

## PAYMENT DETAILS

1. **Payment Details:** Please tick (3) payment option Total Premium amount including GST (Rs) \_\_\_\_\_

Cash  Cheque/NEFT/DD Payment Option  Digital Payment

Cheque/NEFT/DD Number

Cheque/NEFT/DD Date  Bank

2. For payment of claims/refund through direct bank transfer, please provide the following details: (please enclose a cancelled cheque along with the proposal form)

Name of the Account Holder

Name of the Bank

Branch  City

IFSC Code

Account Number  Account Type

"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."



**3. Vernacular Declaration**

I hereby declare that I have fully explained the contents of the proposal form and all other documents incidental to availing the health insurance from Magma HDI General Insurance Company Limited to the proposer in the language understood by him/her. The same have 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.

Declarants Name \_\_\_\_\_ Relationship with proposer \_\_\_\_\_

Date:

Place: \_\_\_\_\_

Signature of declarant

Signature of applicant in vernacular

**4. Intermediary Declaration**

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:

Place: \_\_\_\_\_

Signature of the Insurance Advisor

I \_\_\_\_\_ [name of proposer]

confirm that I have understood all the features/benefits available under this Policy.

Date:

Place: \_\_\_\_\_

Signature of the Proposer

**5. Proposer Declaration**

(Certification where for any reason, the proposal and other connected papers are not filled in by the Proposer). The contents of the proposal form and connected documents have been fully explained to me and I have fully understood the significance of the proposed contract. The Proposal Form is filled by \_\_\_\_\_ under my instruction and I found it to be correct.

Date:

Place: \_\_\_\_\_

Signature of the Proposer

**6. 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:

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:**

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

**3. Type of Organisation:** (Applicable where an organisation is the proposer. In case of proposer being Individual, Sole Proprietor or HUF, please select option X)

- (I) Corporations (ii) Trust (iii) Government (iv) Partnership / LLP (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 for premium payment:**

Business: \_\_\_\_\_ Salaried: \_\_\_\_\_ Others (please specify) \_\_\_\_\_

**GENERAL INFORMATION:**

**1. Caution**

You are obliged to make a full and frank disclosure of all facts material to the assumption of risk in relation to you and every person proposed to be insured that would influence Our decision to issue the policy or the terms on which it is issued and you must not misrepresent any information to Us. The obligation continues until the policy is issued and does not end with the submission of this proposal form. If, therefore, there is any change in the information given herein or new information comes to light before the policy is issued, then you must inform Us of the same in writing without delay. If there is insufficient space to provide additional information, whether as requested or otherwise, then please attach an extra sheet duly signed. If the disclosure obligations are breached then such breach may render any policy issued void.

**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 continuing the policy accept any rebate except such rebate as may be allowed in accordance with the published 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.

**Acknowledgment**

Proposal No. \_\_\_\_\_

Date: 

|   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

We acknowledge with thanks the receipt of your proposal and amount by Cash/Cheque/NEFT/Demand Draft/

Others \_\_\_\_\_ of amount of Rs. \_\_\_\_\_

Dated \_\_\_\_\_ Drawn on \_\_\_\_\_

Neither the submission to Us of a completed proposal for Insurance nor any payment for any policy sought obliges Us to agree to issue a policy, which decision is and always shall be in Our sole and absolute discretion. If We accept a proposal for Insurance, it shall be subject to the policy terms and conditions and We shall have no liability whatsoever if premium is not received by Us in full and in time or is not realized. If We do not accept the proposal, We will inform you and refund the payment, if any after deducting the charges for pre-policy health checkup, received from you without interest.

Signature of the receiver and office seal

**Terms and Conditions:**

- The liability of the Company does not commence until this Proposal has been accepted by the Company and premium is realized.