

# Marine Cargo Open / Annual Turnover Policy (Retail) Proposal Form

Version no.PF.MOP.ver22.10.24

## Proposal Form- Annual Turnover Policy

1) Agent/Broker Name	
2) Agent/Broker Code	
3) Name and Address of the applicant	
4) Phone No. & e-mail address	
5) Nature of Business	
6) Number of years in the business	
7) Goods/commodity to be insured	
8) Nature of packing (if in containers –LCL/FCL to be mentioned)	
9) Voyage/Transit	Exports: from ..... To..... Imports: from..... To..... Domestic: from ..... To.....
10) Mode of conveyance	Exports: ..... Imports: ..... Domestic: .....
11) Basis of Valuation	Exports: CIF/FOB/C&F + .....% Imports: FOB/C&F +.....% Domestic: Invoice+.....%
12) Limit per sending /PBL NB: This is the limit of liability of insurer in one accident	Exports: Imports: Domestic:
13) Period of Insurance	From:..... To.....
14) Terms of Cover	All Risk/ Basic/ War & SRCC
15) Limit per location	Exports :..... Imports: ..... Domestic: .....
16) Annual Estimated Turnover	Export: Import: Domestic

17) Claims Experience - ( for last 3 years)	Premium: Claims Ratio	
18) Expiring Policy rate	Export: Import: Domestic	
19) Any other details about the risk		

<b>Premium Payment Details:</b>		
Total Premium Amount (Including GST) – INR _____		
Payee Name - _____		
Kindly select : <input type="checkbox"/> Cheque <input type="checkbox"/> DD <input type="checkbox"/> NEFT <input type="checkbox"/> Cash		
Cheque /DD/ PO /UTR No. _____		
Date	_____	IFSC _____
Amount in Rs. _____		
Bank Account No. _____		
Bank Name	_____	Branch _____
PAN Number _____		
Aadhaar Number _____		
<i>Documents to be attached as per requirement for fulfillment of KYC Norms.</i>		
GST Registered		Yes/ No
	GSTIN Number	
	GST State	

**ELECTRONIC INSURANCE DETAILS**

Do you wish to have this Policy credited to an eIA? (Please select anyone)

No, I do not have an eIA and do not wish to open one  Yes, Credit this Policy to my e-Insurance account

If yes, please share existing e-Insurance Account No \_\_\_\_\_

Please select Insurance Repository Name (you have opened your account with)

M/s NSDL Database Management Limited  M/s Karvy Insurance Repository Limited

M/s Central Insurance Repository Limited  M/s CAMS Repository Services Limited (Please select any one) Or

I do not have existing e-Insurance account and I am interested in creating a new e-Insurance account (Please submit electronic insurance account opening form (eIA form) along with relevant documents)

My CKYC No. (Central Know Your Customer registry number) is (if available):

\_\_\_\_\_

Representative Details (only if eIA is to be opened for any other person other than Proposer and primary Insured)

First Name  
Middle Name  
Last Name  
Gender  
DOB  
PAN  
Address Line 1  
Address Line 2  
Address Line 3  
Pin code  
Telephone Number  
Mobile Number  
Relationship  
Other Relationship  
Email Id  
UID  
Landmark  
State  
City  
Country

**Authorization for electronic policy fulfillment and service communications (Please read carefully and put a check mark against each before signing).**

**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.

"I/We hereby give my/our consent to the Company to verify and obtain my/our identity/address proof as well as the identity /address proof of the insured through Central KYC Registry or UIDAI or through any other permitted modes for the purpose of undertaking applicable KYC."

**Place**

**Date**

**Signature of Proposer**

**AML Guidelines**

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 applicant are PEPs\* or a close relative/associate of PEPs\*?

YES                       NO

If yes, please share the details “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.

**Additional Information:**

Nationality: Indian

Non-Indian

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

**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-----

**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: Name: \_\_\_\_\_ Designation \_\_\_\_\_  
(DD-MM-YYYY)

**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.