

# PROPOSAL FORM - MOTOR TRADE PACKAGE POLICY

Proposal For:  New Policy  Roll-Over  Renewal  Endorsement  
 Intermediary Code : \_\_\_\_\_ Intermediary Name : \_\_\_\_\_  
 Period of Insurance: from \_\_\_\_/\_\_\_\_/\_\_\_\_ hrs of \_\_\_\_/\_\_\_\_ till midnight of \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Aadhaar No : \_\_\_\_\_ PAN No : \_\_\_\_\_

## 1. PROPOSER DETAILS: (Trade Certificate Holders of the Vehicle)

Name: Mr./Ms./M/s. \_\_\_\_\_  
 PAN No. \_\_\_\_\_ Aadhaar No. \_\_\_\_\_ DOB: [D][M][M][Y][Y][Y] Gender:  M  F Occupation: \_\_\_\_\_  
 Nationality:  Indian  Non-Indian, If Non-Indian, pls specify the country \_\_\_\_\_  
 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.

Type of Organisation:  Corporation  Government  Non-Governmental Organisation  Society  Trusty  Partnership  
 Private Limited Company  Public Limited Company  Others, please specify \_\_\_\_\_

## 2. ADDRESS:

Flat/Building: \_\_\_\_\_ Road/Street/Sector \_\_\_\_\_ Area \_\_\_\_\_  
 Taluka/Village/District/City: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_ Pin Code: \_\_\_\_\_  
 GSTIN No. \_\_\_\_\_ Tele No. (R): \_\_\_\_\_ Mobile No: \_\_\_\_\_  
 E-Mail ID: \_\_\_\_\_

Area where the vehicle will primarily be used: \_\_\_\_\_ Have you been previously insured in respect of this vehicle? Yes  No

## 3. ABOUT THE MOTOR VEHICLE TO BE INSURED:

Vehicle Type:  2 Wheeler  3 Wheeler  4 Wheeler  More than four wheels  
 Make of the vehicle: \_\_\_\_\_ Model of the vehicle: \_\_\_\_\_  
 Type of Body: \_\_\_\_\_ Cubic Capacity: \_\_\_\_\_ Gross Vehicular Weight: \_\_\_\_\_ Trade Plate No. of the vehicle: \_\_\_\_\_  
 Fuel Used: Petrol  Diesel  CNG  LPG  Electric  Hybrid  Any Other  (Please specify) \_\_\_\_\_

Are the vehicles fitted with Fibre Glass Fuel Tank? Yes  No  Whether any modification or conversion has been done in the vehicle from the maker's standard specification? Yes  No   
 Are the vehicle fitted with anti-theft device? Yes  No   
 If Yes, please provide a) Name of Manufacturer and type of Device \_\_\_\_\_ Yes  No   
 b) Whether approved by ARAI, Pune. Yes  No  If yes, please give details of such modifications/conversions \_\_\_\_\_

## 4. 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	% Depreciation	Age of the Vehicle	% Depreciation
Not exceeding 6 months	5%	Exceeding 2 years but not exceeding 3 years	30%
Exceeding 6 months but not exceeding 1 year	15%	Exceeding 3 years but not exceeding 4 years	40%
Exceeding 1 year but not exceeding 2 years	20%	Exceeding 4 years but not exceeding 5 years	50%

For vehicles more than 5 years of age, please contact the Company for fixing the IDV.

Vehicle Chassis Value ₹ \_\_\_\_\_ Bi-fuel/CNG/LPG Ki ₹ \_\_\_\_\_  
 Vehicle Body Value ₹ \_\_\_\_\_ Trailer(s)/ (Side Car (Two Wheelers) Value ₹ \_\_\_\_\_  
 Non Electrical Accessories (other than factory fitted) ₹ \_\_\_\_\_ TOTAL IDV ₹ \_\_\_\_\_  
 Electrical Accessories (Other than factory fitted) ₹ \_\_\_\_\_  
 (Pls provide the details of such accessories) \_\_\_\_\_ What will be the Distance travelled in case of Road Transit policy? \_\_\_\_\_ Kms

## 5. ABOUT THE DRIVERS

The vehicle will be driven by  
 Trained Employed Drivers. Driving Experience \_\_\_\_ yrs; Driving License No: \_\_\_\_\_  Drivers on Contract

Sr. No.	Full Name	Relationship with proposer	Age/DOB	Driving Experience	Driving License No.
1					
2					
3					

## 6. ABOUT THE COVERAGE REQUIRED

1. Type of Cover Required :  Motor Trade Road Cover  Motor Trade Road Transit Cover  
 Do you wish to limit the Third Party Property Damage Cover to the statutory limit of Rs 6000/- ? Yes  No   
 (The Policy otherwise provides Third Party Property Damage of Rs 1 lakh for 2 wheelers and Rs 7.5 lakhs for other class of vehicles)  
 2. Do you wish to cover Compulsory Personal Accident for you? (Available only if you have a valid driving license) Yes  No   
 If yes, kindly provide: Nominee Name \_\_\_\_\_ Nominee Age \_\_\_\_\_, Relationship \_\_\_\_\_  
 3. Do you want to opt for wider legal liability to  
 a) Paid Driver Yes  No   
 b) Other Employees Yes  No  (If Yes, number of persons to be covered \_\_\_\_\_)  
 4. Do You wish to Opt for any of the below mentioned Add-On's by paying additional Premium?  
 a) Do you want cover 50% delimitation for Tyres and Tubes Yes  No   
 b) Do you wish to cover for loss or damage to lamps, tyres, tubes, mudguard, bonnet side parts, bumper and paint work? Yes  No   
 c) Do you want to cover for Demonstration? Yes  No

## 7. PREVIOUS INSURANCE HISTORY

1. Date of Purchase of the vehicle [D][M][M][Y][Y][Y]  
 2. Was it new at the time of purchase? \_\_\_\_\_  
 3. Has any Insurance company ever  
 a) Declined the proposal Yes  No  c) Required an increase of Premium Yes  No   
 b) Cancelled the policy or refuse to renew Yes  No  d) Imposed special conditions or excess Yes  No

4. Please provide the details of claims reported in the past 5 years:

Year	1	2	3	4	5
No of Claims					
Type of Claims	OD <input type="checkbox"/> TP <input type="checkbox"/>	OD <input type="checkbox"/> TP <input type="checkbox"/>	OD <input type="checkbox"/> TP <input type="checkbox"/>	OD <input type="checkbox"/> TP <input type="checkbox"/>	OD <input type="checkbox"/> TP <input type="checkbox"/>
Amount					

**8. ELECTRONIC INSURANCE DETAILS:**

Do you wish to have this Policy credited to an eIA? Yes  No  If yes, please refer the Annexure 1, at the end of Proposal Form and request you to provide the details accordingly.

**9. PAYMENT DETAILS:**

Direct fund transfer / EFT mandate form: (please enclose an original blank cancelled cheque along with the proposal form)			
Payee Name (as per bank records) _____		Payee Account Number _____	
Name of the Bank Name _____		Type of account: Savings <input type="checkbox"/> Current <input type="checkbox"/>	
IFSC Code _____	Cheque/NEFT/DD Number _____	Amount in ₹ _____	
Bank Name _____		Cheque/NEFT/DD Date [D][D][M][M][Y][Y][Y][Y]	
Deposit Slip No. _____	Credit Card No. _____	Expiry Date [D][D][M][M][Y][Y][Y][Y]	
Issuing Bank _____		Total Premium (Including GST) ₹ _____	
Source of funds: <input type="checkbox"/> Business: <input type="checkbox"/> Salaried: <input type="checkbox"/> Others (please specify) _____			

**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 Yes  No .

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 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. I hold a valid and effective PUC and/or fitness certificate, as applicable, for the vehicle mentioned herein and undertake to renew the same during the policy period. I wish to get all policy related communications on My Whatsapp Number: \_\_\_\_\_ and allow to make welcome calls, Service calls or any other communication (electronic or otherwise), subject to the provision of applicable law.

The salient features of the policy, terms and conditions of this proposal have been explained to me/us in \_\_\_\_\_ language, and I/we agree to the same.

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 [D][D][M][M][Y][Y][Y][Y] Signature of Proposer \_\_\_\_\_

**SECTION 41 INSURANCE Laws (Amendment) Act, 2015 - PROHIBITION OF REBATES**

- 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.
- 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.

UIN: IRDANT149RPO014Y01201213

## ELECTRONIC INSURANCE DETAILS - ANNEXURE 1

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 Protean Egov Technologies Ltd

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)

Name

Mr./Ms./M/s.

First Name

Middle Name

Last Name

\*DOB:           \*Gender:  M  F PAN No.

Flat/Building:

Road/Street/Sector  Area

Taluka/Village/District/City:  Pin Code:

State:  City

Country:  Tele No. (R):

Relationship:  Other Relationship

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

UID:

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

I hereby consent that the policy documents may be sent to me by email at \_\_\_\_\_

(Please provide us your e-mail id) or via sms at my mobile no. provided above" can be added to all proposal forms.

I hereby consent to and authorize Magma HDI General Insurance Company Limited ( " Company") 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 number

Whatsapp Number:

Place \_\_\_\_\_

Date

Signature of the Proposer

Name of Proposer: \_\_\_\_\_