

# PROPOSAL FORM - COMPULSORY PERSONAL ACCIDENT

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

\*Proposal For:  Fresh Proposal  Roll-Over  Renewal  Endorsement

Type of Cover Offered: Stand-alone Compulsory Personal accident Cover for Owner - Driver

Period of Insurance: From \_\_\_/\_\_\_/\_\_\_ Hrs of           till midnight of       (Upto 1 Year)

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

Aadhaar No :                PAN No :

### 1. PROPOSER'S DETAILS: (REGISTERED OWNER OF THE VEHICLE)

Full Name: Mr/Ms/M/s. \_\_\_\_\_  
First Name Middle Name Last Name  
 Address \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_ Pin Code: \_\_\_\_\_  
 Tele No. (R):                Mobile No:       \*DOB:       \*Gender:  M  F \*Occupation/Business: \_\_\_\_\_  
 E-Mail ID: \_\_\_\_\_

Marital Status:  Single  Married  Divorced  Widowed Educational Qualification \_\_\_\_\_

PAN No.           Aadhaar No.            Mother's maiden name:

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. NOMINEE DETAILS

Name: Mr/Ms/M/s. \_\_\_\_\_  
First Name Middle Name Last Name  
 Relationship : \_\_\_\_\_ Age \_\_\_\_\_ yrs \_\_\_\_\_ In case of Minor Guardians Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Pin Code: \_\_\_\_\_ Tele No. (R):                  
 Mobile No:       \*DOB:       E-Mail ID: \_\_\_\_\_

Does the driver suffer from defective vision or hearing or any physical infirmity? Yes  No

If YES, please give details of such infirmity \_\_\_\_\_

#### About The Coverage Required

Personal Accident Cover for Owner Driver.

Name of Insured	Age of Insured	Nominee Name	Nominee Age/DOB	Relationship with Insured

#### Address for Communication

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

Number of Vehicles to be covered under Stand-alone CPA: \_\_\_\_\_

#### Registration details for each vehicle

Sr. No.	RTO Code - Name	Make - Model Variant	Date of Registration
1			
2			

### 3. 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
2) Cancelled & Refused to renew _____	1
3) Required an increase in Premium _____	2
4) Imposed special conditions or excess _____	3
	4
	5
	Type of Claims (OD/TP)
	No. of Claims
	Amount

#### About The Usage of the Motor Vehicle

Whether the use of vehicle is limited to own premises? Yes  No

Whether the vehicle is used for commercial purpose? Yes  No

Is the vehicle designed for use of Blind / Handicapped/ mentally challenged persons and duly endorsed as such by RTA? Yes  No

What will be the Average Daily use of the vehicle?  
 Less than 50 Kms;  Between 50 and 100 Kms;  Between 101 to 250 Kms;  Above 251 Kms.

Where will the vehicle be generally driven on? (Please tick multiple, if required)  
 Express Way;  National Highways;  State Highways;  City Roads;  Town/Village Roads;  Private Roads.

Whether extension of Geographical Area to the following countries required? Yes  No

If Yes, Please tick the countries to which the extension is required  
 Bangladesh  Bhutan  Maldives  Nepal  Pakistan  Sri Lanka

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## 4. 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.

## 5. 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 <input type="text"/>
Name of the Bank Name _____	Type of account: Savings <input type="checkbox"/> Current <input type="checkbox"/>
IFSC Code <input type="text"/>	Cheque/NEFT/DD Number <input type="text"/>
Bank Name _____	Amount in ₹ _____
Deposit Slip No. <input type="text"/>	Cheque/NEFT/DD Date <input type="text"/>
Credit Card No. <input type="text"/>	Expiry Date <input type="text"/>
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](http://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.

Place \_\_\_\_\_ Date  Signature of Proposer \_\_\_\_\_

## SECTION 41 INSURANCE Laws (Amendment) Act, 2015 - 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. 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: IRDANI49RP0034V01201819

## 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: \_\_\_\_\_