PROPOSAL FORM - COMPULSORY PERSONAL ACCIDENT

MAGMA HDI
General Insurance Company Ltd.

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 D D M M Y Y Y Y till midnight of D D M M Y Y Y Y (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: D D M M Y Y Y Y *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: D D M M Y Y Y Y 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: ____________
Policy/ Cover note number: ____________
Has any Insurance Company ever:
1) Declined the proposal ____________
2) Cancelled & Refused to renew ____________
3) Required an increase in Premium ____________
4) Imposed special conditions or excess ____________

Type of cover: ____________
Period of Insurance: From D D M M Y Y Y Y To D D M M Y Y Y Y
Claims reported in last 5 years

Year	1	2	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 ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Name of the Bank Name _____ Type of account: Savings ☐ Current ☐

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: ☐ Business: ☐ Salaried: ☐ 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

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.

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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: D D M M Y Y Y Y *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 agains 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 D D M M Y Y Y Y

Signature of the Proposer

Name of Proposer: _____

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