



# ALL RISK INSURANCE POLICY (RETAIL)

## Proposal Form

Magma General Insurance Limited (erstwhile Magma HDI General Insurance Company Limited) | [www.magmainsurance.com](http://www.magmainsurance.com) | E-mail: [customercare@magmainsurance.com](mailto:customercare@magmainsurance.com) | Toll Free: 1800 266 3202 | Registered Office: Equinox Business Park, Tower 3, Ambedkar Nagar, 2<sup>nd</sup> Floor, Unit Number 1B & 2B, LBS Marg, Kurla (West), Mumbai - 400070, Maharashtra, India | CIN: U66000MH2009PLC460693 | IRDAI Reg. No. 149 | All Risk Insurance Policy (Retail) | Product UIN: IRDAN149RP0003V01201314 | For complete list of details on exclusions, risk factors, terms & conditions, please read the policy documents carefully before concluding a sale. | Trade Logo displayed above belongs to Magma Ventures Private Limited and is used by Magma General Insurance Limited under license. | Chat with MIRA on our website or say "Hi" on WhatsApp No. 7208976789 (PF.ARIPR.ver04.12.25)

**PROPOSAL FORM – ALL RISK INSURANCE POLICY (RETAIL)**

(Acceptance of this proposal is subject to the rules & regulations of Magma All Risk Policy. The property is not covered until the proposal is accepted and premium paid.)

|  |   |               |  |
|--|---|---------------|--|
| gent/Broker Name   |   |               |  |
| Agent/Broker Code  |   |               |  |
| Agent Mobile Number  |   | Email Address |  |
| Name of the Proposer   |   |               |  |
| Address of the Proposer  | City _____ State _____ Pin _____<br>Code _____          |               |  |
|  |   |               |  |
| Mobile Number  |   | Email Address |  |
| Policy to be issued in favour of   | (List of all the parties who have insurable interest)   |               |  |
| Financial Institution Interest (if any)  | .....(Attach annexure in case of multiple institutions) |               |  |
| Business of the Proposer   |   |               |  |
| Period of Insurance  | From..... To .....                                      |               |  |
| Whether you have insured the same property with any other Insurance Company with the same type of coverage. (Give details) |   | Yes/No        |  |
| Whether you have insured the same property for coverage under Fire Insurance. (Give details)                               |   | Yes/No        |  |
| Whether Insurance was declined by any other Company or imposed any Special Conditions (Give details)                       |   | Yes/No        |  |

**Details of Property to be Insured**

| S.No. | Full Description of Property<br>(Jewellery, Mobile phones, laptops etc.) | Quantity | Sum Insured (Full replacement Value) |
|-------|--|----------|--------------------------------------|
|       |  |          |                                      |
|       |  |          |                                      |
|       |  |          |                                      |

*Note – in case of multiple categories please attach annexures/additional sheets*

*Note: Coverage for any article in excess of INR 1 lac without Valuation Report /Bill will not be accepted.*

|   |  |              |
|---|--|--------------|
| If Jewellery is proposed for insurance please confirm the following<br><br>NB: Pl. attach Valuation Certificate | Whether the Jewellery is valued by an approved Valuer?<br><br>If yes, Date of valuation? | Yes/No       |
| Coverage details  | Within India <input type="checkbox"/> Worldwide <input type="checkbox"/>                 |              |
|   | Breakdown(Unless specifically requested and accepted by us, Breakdown cover is excluded) | Yes/No       |
| Premium / Claim details for the past 5 years  |  | Claim Amount |
|   |  | Premium Paid |

|  |                                 |                             |                               |                               |
|--|---------------------------------|-----------------------------|-------------------------------|-------------------------------|
|  |                                 |                             |                               |                               |
|  |                                 |                             |                               |                               |
|  |                                 |                             |                               |                               |
|  |                                 |                             |                               |                               |
|  |                                 |                             |                               |                               |
| What precautions have been adopted to prevent such recurrence?                   |                                 |                             |                               |                               |
|  |                                 |                             |                               |                               |
| <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 General Insurance Limited

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 General Insurance 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/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.

I wish to get all policy related communications on my Whatsapp (other app) number.

**Place**

**Date**

**Signature of Proposer**

**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: DD/MM/YYYY

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. Disability, If any:** Type of Disability \_\_\_\_\_ Percentage of Disability: \_\_\_\_\_

**3. Additional Information:**

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

Residential Status:  Resident Individual  Non-Resident Indian  Foreign National

Person of Indian Origin

**4. 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-----

**5. Source of Funds:**

Business: ----- Salaried:----- Others (please specify)-----  
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**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 General Insurance 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)

**Disability Declaration**

I hereby declare that I have been duly authorized by the proposer to give this declaration and that I have fully explained the contents of the proposal form and all other documents incidental to availing of the insurance from Magma General Insurance Limited to the proposer. The same has been fully understood by me and the replies have been recorded as per the information provided by the proposer. Replies have also been explained, fully understood and confirmed by the proposer.

Name \_\_\_\_\_  
Signature \_\_\_\_\_ Date: \_\_\_\_\_

**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.