

**FOR OFFICE USE ONLY**

Branch Name \_\_\_\_\_

Branch Code \_\_\_\_\_

Intermediary Name \_\_\_\_\_

Intermediary Code \_\_\_\_\_

 Proposal Received On **DDMMYYYY**

RM Name \_\_\_\_\_

**GUIDELINES FOR COMPLETION OF THE FORM (TO BE FILLED BY PROPOSER)**

Please answer all the questions fully and correctly, please mention clearly that the same is not applicable. This proposal will be the basis of any insurance policy that we may issue. You must disclose all facts relevant to all persons proposed to be insured that may affect our decision to issue a policy or its price, terms, conditions and exclusions. The policy shall become void at our sole discretion, in the event of any untrue or incorrect statement, misrepresentation, non-description or non-disclosure in any material particular in the proposal form/personal statement, declaration and connected documents or any material information having been withheld by the Proposer or any one acting on his behalf.

If there is insufficient space for you to provide information whether as requested or otherwise, please attach a separate sheet. If you are in any doubt, please seek the help of our company representative or your insurance advisor. If we accept a proposal for insurance, it shall be subject to the Policy terms and conditions and we shall have no liability to make any payment under the Policy if premium is not received by Us in full and in time, or is not realized or proposal is not accepted by Us.

*All fields/details marked with \* are mandatory.*

**PROPOSER DETAILS**

Please fill up this form in CAPITAL LETTERS

Proposer Name\* \_\_\_\_\_

 Proposer's trade or business \_\_\_\_\_ Business Sector  Urban  Rural

 Type of Proposer  Individual  Partnership firm  Company  Government  Other (Please specify \_\_\_\_\_)

Annual Income (in INR) \_\_\_\_\_ Paid up capital of firm (in INR millions) \_\_\_\_\_

PAN Number\* \_\_\_\_\_ GST number \_\_\_\_\_

 Do you file Income tax return? Yes  No  Do you have a bank account? Yes  No 

 Address for Correspondence\* \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_

Pin Code: \_\_\_\_\_ Landline: \_\_\_\_\_

Mobile No.\* \_\_\_\_\_

E Mail ID \_\_\_\_\_

Permanent Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Pin Code: \_\_\_\_\_ Landline: \_\_\_\_\_

 Residential Status  Resident Individual  Non-Resident Indian  Foreign National  Person of Indian Origin

In case you are person having any disability, please provide the below details which will enable us to provide necessary accessible services to you.

Type of Disability \_\_\_\_\_

Percentage of Disability \_\_\_\_\_

**CONTACT PERSON DETAILS\***

Contact Person's Name\* \_\_\_\_\_

Address for Correspondence\* \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Pin Code: \_\_\_\_\_ Landline: \_\_\_\_\_

Mobile No.\* \_\_\_\_\_

E Mail ID \_\_\_\_\_

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.

 Yes  No

**RISK DETAILS**

**Scope of Cover:** The claim under this policy is admissible in case of Accidental death, Permanent Total Disablement, Permanent Partial Disablement and Temporary Total Disablement.

**Major exclusions:** Suicide, self-injury, Venereal disease, war, nuclear peril, and pregnancy will not be covered under the policy. For a detailed set of exclusions, kindly refer the policy document.

**Add ons:** In addition certain optional extensions are available, the details of which, are provided in the relevant section of this proposal form.

**Note:** Please add sheets if space is insufficient.

Period of Insurance      From **DD MM YY** To **DD MM YY**

Total No. of Persons covered  Total Capital Sum Insured

Basis for fixing Capital Sum Insured	<input type="checkbox"/> Flat Basis	<input type="checkbox"/> Graded	<input type="checkbox"/> As multiple of Monthly Salary
Base Covers opted (Choose one or more)	<input type="checkbox"/> Accidental Death (AD)	<input type="checkbox"/> Permanent Partial Disability (PPD)	
	<input type="checkbox"/> Permanent Total Disability (PTD)	<input type="checkbox"/> Temporary Total Disability (TTD)	
Optional Extension Covers	<input type="checkbox"/> Accidental Medical expenses	<input type="checkbox"/> Ambulance cover	
	<input type="checkbox"/> Funeral Benefit	<input type="checkbox"/> Medical expenses	
	<input type="checkbox"/> Modification of residential accommodation & vehicle & Workplace		
	<input type="checkbox"/> Accidental Hospitalization Daily Cash benefit		
	<input type="checkbox"/> Other (Please specify) _____		
If you want to avail exclusion of coverage under the policy with consequent reduction of premium, please specify	<input type="checkbox"/> On Duty cover (Please specify official hours: From _____ hrs. To _____ hrs.) <input type="checkbox"/> Off Duty cover <input type="checkbox"/> Other (Please specify) _____		

Please provide list of persons to be insured in following format.

Name	Place of employment	Risk Category ^ (I/II/III)	Capital Sum Insured	Contact Number	Email Id	Ayushman Bharat Health Account (ABHA) I/We hereby give my/our consent to the Company to verify and obtain my/our medical records linked to ABHA. <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, please indicate the ABHA No. below. If No, please create your ABHA No: <a href="https://fasttrack.magmainsurance.com/abha/index">https://fasttrack.magmainsurance.com/abha/index</a>	

**^ Risk categories:**

- I) Doctors, Lawyers, Persons engaged in clerical & Administrative staff
- II) Builder, Contractor, Engineer on site, workers, Mechanics, Driver & Manual laborers.
- III) Persons working in mines, explosive units, Electrical installations on line, Racing, Circus, Skiing, Mountaineering, Ballooning, Winter Sports & Polo.

**NOMINEE DETAILS**

Name of insured	Name of Nominee	Relationship with insured	% of Nomination	Mobile No	Email ID	Present address	Permanent address	Date of Birth	Bank Details of Nominee							
									Account Holder(s) Name (As appearing in the Bank Records)	Bank Name	Bank Branch Name	Address	Branch City	Account Type	IFSC Code	9 Digit MICR Code

**APPOINTEE DETAILS**

Appointee Name	
Relationship with Proposer	

In case of more than one nominee, please attach a sheet mentioning the details for additional nominees along with the percentages of nomination

**PREVIOUS POLICY & CLAIMS DETAILS**

Period of Insurance		Name of Insurer	Policy Number	Cover Details	Total Premium (INR)	Total Amount of claims
From	To					
DDMMYYYY	DDMMYYYY					
DDMMYYYY	DDMMYYYY					
DDMMYYYY	DDMMYYYY					

**Important Notes:**

1. The information that you give to Us on this proposal form or in any supplementary information form or documentation supplied by you or on your behalf will influence Our decision to offer insurance and the terms upon which to offer it. Further, any policy We issue will be based on what you have communicated to Us. It is therefore important that your answers are complete and accurate in all respect.
2. The questions in this proposal are indicative rather than exhaustive. You must provide Us with all information relevant to the risk to be insured, even if it is not the subject of a question in this proposal. If you are in any doubt as to what information should be given, you should liaise with your insurance advisor/ company.
3. Acceptance of your proposal would be subject to realization of full premium amount by the company.
4. The list of exclusions/ inclusions and other policy details are indicative, for complete list and comprehensive details kindly refer policy wordings.

**PAYMENT DETAILS**

Please tick mode of payment option  CASH  Cheque/NEFT/DD Payment Option  Digital Payment

Cheque/NEFT/DD Number  Cheque/NEFT/DD Date  DDMMYYYY

Bank Name  Amount in figures (Rs.)

Amount in words (Rs) \_\_\_\_\_

For payment of claims/refund through direct bank transfer, please provide the following details: (please enclose a cancelled cheque along with the proposal form)

Name of the Bank  Branch \_\_\_\_\_

City

IFSC Code

Account Number

Account Type

**DECLARATIONS**

- I hereby declare, on my behalf and on behalf of all persons proposed to be insured, that the above statements, answers and/or particulars given by me are true and complete in all respects to the best of my knowledge and that I am authorized to propose on behalf of these other persons.
- I/We hereby also declare and undertake that the amount paid by me/us as premium for the aforementioned proposal is out of my/our lawful and declared source of Income.
- I understand that the information provided by me will form the basis of the insurance policy, is subject to the Board approved underwriting policy of the insurer and that the policy will come into force only after full payment of the premium chargeable.
- I further declare that I will notify in writing any change occurring in the occupation or general health of the life to be insured/proposer after the proposal has been submitted but before communication of the risk acceptance by the company.
- I declare that I consent to the company seeking medical information from any doctor or hospital who/which at any time has attended on the person to be insured/proposer or from any past or present employer concerning anything which affects the physical or mental health of the person to be insured/proposer and seeking information from any insurer to whom an application for insurance on the person to be insured/proposer has been made for the purpose of underwriting the proposal and/or claim settlement.
- I authorize the company to share information pertaining to my proposal including the medical records of the insured/proposer for the sole purpose of underwriting the proposal and/or claims settlement and with any Governmental and/or Regulatory authority.

Date  DDMMYYYY

Signature of the Proposer: \_\_\_\_\_

Place .....

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

Company Seal :

Designation: \_\_\_\_\_

Do you wish to receive a physical copy of the policy?  Yes  No

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

I hereby consent to and authorize Magma General Insurance 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: \_\_\_\_\_

Date:

Signature of the Proposer: \_\_\_\_\_

Place: \_\_\_\_\_

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

#### Vernacular Declaration

I hereby declare that I have fully explained the contents of the proposal form and all other documents incidental to availing the health insurance from Magma General Insurance Limited to the proposer in the language understood by him/her. The same have 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.

Declarants Name \_\_\_\_\_

Relationship with proposer \_\_\_\_\_

Signature of declarant: \_\_\_\_\_ Signature of applicant in vernacular: \_\_\_\_\_

Date:

#### Intermediary Declaration

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:

Signature of the Insurance Advisor: \_\_\_\_\_

I \_\_\_\_\_ [name of proposer] confirm that I have understood all the features/benefits available under this Policy.

Signature of the Proposer: \_\_\_\_\_

Date:

#### Proposer Declaration

(Certification where for any reason, the proposal and other connected papers are not filled in by the Proposer). The contents of the proposal form and connected documents have been fully explained to me and I have fully understood the significance of the proposed contract. The Proposal Form is filled by \_\_\_\_\_ under my instruction and I found it to be correct.

Date:

Signature of the Proposer: \_\_\_\_\_

**Full Assignment**

From the policy start date, any claim payable by the company under this policy shall be deposited directly in the loan account number \_\_\_\_\_ maintained by Financial Institution \_\_\_\_\_. In the event of any claims becoming payable under this policy, an amount to the extent of Sum Insured, as on the date of claim being incurred, shall be deposited by the company in the aforementioned Loan Account shall be considered as paid to the Insured Person or nominee of the Insured Person or Legal Heir.

Upon the receipt of such amount in the aforementioned manner by the Financial Institution and / or Insured Person, the Insured Person and the financial institution shall completely discharge the company from all liability under the policy and shall be binding on the undersigned and the heirs, executors, administrators, successors or legal representatives of the Insured Person as the case may be.

 Date: 

Signature of the 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: \_\_\_\_\_ 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. Additional Information:**

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

**3. Type of Organisation:** (Applicable where an organisation is the proposer. In case of proposer being Individual, Sole Proprietor or HUF, please select option X)

(I) Corporations (ii) Trust (iii) Government (iv) Partnership / LLP (v) Non-Government Organisations  
 (vi) Co-operatives (vii) Society (viii) Private Limited Company (ix) Public Limited Company (x) others, please specify -----

**4. Source of Funds for premium payment:**

Business: ----- Salaried: ----- Others (please specify) -----

**Disability Declaration**

I hereby declare that I have fully explained the contents of the proposal form and all other documents incidental to availing the health insurance from Magma General Insurance Limited. The same have been fully understood by me and the replies have been recorded as per the information provided by him/her. Replies have been explained, fully understood and confirmed by me.

Name \_\_\_\_\_

Signature \_\_\_\_\_

 Date: 


**SECTION 41 OF THE INSURANCE ACT, 1938 - 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 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 continuing the policy accept any rebate except such rebate as may be allowed in accordance with the published 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.

**Acknowledgment**

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

Date 

D	D	M	M	Y	Y	Y	Y
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We acknowledge with thanks the receipt of your proposal and amount by Cash/Cheque/NEFT/Demand Draft/ Others \_\_\_\_\_  
of amount of Rs. \_\_\_\_\_ dated \_\_\_\_\_ drawn on \_\_\_\_\_.

Neither the submission to us of a completed proposal for Insurance nor any payment for any policy sought obliges us to agree to issue a policy, which decision is and always shall be in our sole and absolute discretion. If we accept a proposal for Insurance, it shall be subject to the policy terms and conditions and we shall have no liability whatsoever if premium is not received by us in full and in time or is not realized.

**Signature of the receiver and office seal**

