

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

LOAN DETAILS*

Loan Type		Loan Tenure	
Loan Commencement Date		Loan Disbursement Date	
Loan Amount		EMI amount as on loan commencement date	

RISK DETAILS

Note: Please add sheets if space is insufficient

Period of Insurance	<input type="checkbox"/> 1 Year <input type="checkbox"/> 2 Years <input type="checkbox"/> 3 Years <input type="checkbox"/> 4 Years <input type="checkbox"/> 5 Years
Sum Insured	
Sum Insured Basis	<input type="checkbox"/> Equal to original Amount. <input type="checkbox"/> Can be less than original Amount <input type="checkbox"/> Can be More than original Amount
Base Covers opted (Choose one or more)	<input type="checkbox"/> Critical Illness <input type="checkbox"/> Infectious Diseases <input type="checkbox"/> Personal Accident <input type="checkbox"/> EMI <input type="checkbox"/> Hospicash <input type="checkbox"/> Loss of Job <input type="checkbox"/> Fire and Allied Perils Dwelling & Household content <input type="checkbox"/> Business Interruption
Optional Extension Covers (Critical Illness)	<input type="checkbox"/> Survival Period <30 days/ Not Applicable>
Optional Extension Covers (Personal Accident)	<input type="checkbox"/> Permanent Partial Disablement (PPD) Cover <input type="checkbox"/> Funeral Cover <input type="checkbox"/> Emergency Road Ambulance Cover <input type="checkbox"/> Double Benefit <input type="checkbox"/> Education benefit
Optional Extension Covers (EMI Cover)	<input type="checkbox"/> Maternity EMI Cover
Optional Extension Covers (Hospital Cash)	<input type="checkbox"/> Maternity Hospital Cash
Optional Extension Covers (Personal Accident)	<input type="checkbox"/> Cover for Valuable Contents on Agreed Value Basis (under Home Contents cover) <input type="checkbox"/> Personal Accident

NOMINATION

Contact Number of Nominee

E Mail ID:

Present Address

City: State: Pin Code:

Permanent Address

City: State: Pin Code:

If the Nominee is minor, Name and Address of Appointee and Relationship with Minor:

Appointee Name Relationship with Nominee Contact Number of Appointee

BANK DETAILS OF NOMINEE

a) Account Holder(s) Name (As appearing in the Bank Records)		
b) Bank Name	c) Bank Branch Name	
d) Address	e) Branch City	
f) Account Type	g) Account No.	
h) IFSC Code	i) 9 Digit MICR Code	

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

ASSIGNMENT

I agree to assign this policy to the financial institution from which the loan, to which this policy is attached, has been taken.

HEALTH DECLARATION

1. Please provide details of any health condition that you have suffered in past 4 years:

Name of condition: _____

Whether hospitalization was taken: _____

2. **Good Health Declaration**

I confirm that I am in good health and have not currently or in the past 5 years been suffering or receiving medication in respect of high blood pressure, diabetes or any other serious illness. I also confirm that I have never been postponed or declined for Critical Illness coverage and that I have never been diagnosed or received medical care for any of the following conditions:

1. Stroke (including Transient Ischemic attack)
2. Hepatitis B or C
3. Alcoholism
4. Drug Abuse
5. Cancer or any tumour
6. Melanoma
7. Abnormal Kidney Functions
8. Alzheimer's or Senile Dementia
9. Recurrent Human Papilloma Virus (HPV) or Sexually Transmitted Disease (within the past 5 years)
10. Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC). Human Immunodeficiency, infection (symptomatic or asymptomatic)
11. Any Disease or Disorder of the Nervous System
12. Heart Attack
13. Diabetes
14. Hypertension

I, the undersigned hereby declare and warrant that the above statements are true, accurate and complete. I desire to effect an insurance as described herein with the Company and I agree that this proposal and declarations hereto shall be the basis of contract between me and the Company and I agree to accept a Policy subject to the conditions prescribed by the Company.

I agree that the Policy shall become voidable at the option of the Company, in the event of any untrue or incorrect statement, misrepresentation, non-description or non-disclosure in any material particular in the proposal from / personal statement, declaration and connected documents, or any material information has been withheld by me or anyone acting or my behalf to obtain any benefit under this Policy.

Name of Insured : _____

Signature of Insured : _____

Ayushman Bharat Health Account

I/We hereby give my/our consent to the Company to verify and obtain my/our medical records through ABHA Yes No

If YES, please indicate the ABHA No. _____

Please create your ABHA No: <https://fasttrack.magmainsurance.com/abha/index>

PREVIOUS POLICY & CLAIMS DETAILS

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

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 D D M M Y Y Y Y

Bank

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

IFSC Code

Account Number

Account Type

DECLARATIONS
1. Declaration

- 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: D D M M Y Y Y Y

Signature of the Proposed Insured: _____

Place: _____

Name of Proposer: _____

Company Seal: _____

Designation: _____

2. 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) _____ 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.

Date: D D M M Y Y Y Y

Signature of the Proposed Insured: _____

Place: _____

Name of Proposed insured: _____

3. 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 proposed Insured 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 proposed Insured. Replies have been read out to, fully understood and confirmed by the proposed insured.

Declarants Name _____

Relationship with proposed Insured _____

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.

Date: Signature of the Proposer: _____

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: _____

4. 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

- 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.
- 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 (For office use only)

Proposal No. _____

 Date:

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

9. These terms and conditions will be governed by the laws of India and any legal action or proceedings arising out of these Terms and Conditions shall be initiated in the courts or tribunals at Mumbai in India.
10. I/We further undertake to refund any excess amount whether demanded by Magma General Insurance Limited or not, which has been credited in excess to my account at any time due to any reason within 7 days of such receipt of such communication from Magma General Insurance Limited of such excess credit or such information of excess credit coming to the knowledge of the Customer through any other source.
11. I/We agree that my/our claim payment will be credited from the date Magma General Insurance Limited gets confirmation from its bankers, This facility will continue unless it is revoked by any party and any issuance of relevant credit instruction from Magma General Insurance Limited to its bankers will be valid till such instruction is complete irrespective of the fact that the notice period has expired provided such a credit request has been made by Magma General Insurance Limited before the expiry of the notice period of the Customer.
12. (Please attach a blank cancelled cheque or photocopy of a cheque for verification of the particulars provided in this regard)

Signature and stamp of customer _____