

Information for fields marked with an asterisk (\*) is mandatory.

Customer ID \_\_\_\_\_

Policy No. \_\_\_\_\_

\*Proposal For:  New Policy  Roll-Over  Renewal  Endorsement

\*Coverage Required:  Comprehensive Package Cover  Third Party Liability only Cover  Third Party, fire & theft only Cover  
 Third Party and Fire only Cover  Third Party and Theft only Cover

\* Period of Insurance:  DDMMYYYY Time  /  To midnight of  DDMMYYYY

(Note: Cover shall not commence earlier than the date and time of acceptance of risk and/or issuance of cover note & subsequent to payment of premium)

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

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

Aadhaar No :  \_\_\_\_\_

PAN No :  \_\_\_\_\_

First Name \_\_\_\_\_

Middle Name \_\_\_\_\_

Last Name \_\_\_\_\_

## 1. \*PROPOSER DETAILS:

Name (Registered Owner of the Vehicle): Mr./Ms./M/s. \_\_\_\_\_

PAN No.  \_\_\_\_\_ Aadhaar No.  \_\_\_\_\_ \*DOB:  DDMMYY  \*Gender:  M  F  \*Occupation: \_\_\_\_\_

Marital Status:  Single  Married Bank Name \_\_\_\_\_

A/c Type:  Savings  Current Account No.  \_\_\_\_\_ MICR \_\_\_\_\_ IFSC \_\_\_\_\_

Nationality:  Indian  Non-Indian, If Non-Indian, pls specify the country \_\_\_\_\_

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

If you are a differently abled person: Type of Impairment: \_\_\_\_\_ Percentage of Impairment: \_\_\_\_\_

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. \*ADDRESS WHERE VEHICLE REGISTERED AND BASED:

Flat/Building: \_\_\_\_\_ Road/Street/Sector \_\_\_\_\_ Area \_\_\_\_\_

Taluka/Village/District/City: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_ Pin Code: \_\_\_\_\_

GSTIN No.  \_\_\_\_\_ Tel No. (R):  \_\_\_\_\_ Mobile No:  \_\_\_\_\_

E-Mail ID: \_\_\_\_\_

## 3. \*COMMUNICATION ADDRESS (FOR POLICY DISPATCH):

Flat/Building: \_\_\_\_\_ Road/Street/Sector \_\_\_\_\_ Area \_\_\_\_\_

Taluka/Village/District/City: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_ Pin Code: \_\_\_\_\_

GSTIN No.  \_\_\_\_\_

## 4. CITY WHERE THE VEHICLE WILL PRIMARILY BE USED:

5. HAVE YOU PREVIOUSLY INSURED THIS VEHICLE? Yes  No  Policy No. \_\_\_\_\_

If so, are you entitled to No Claim Bonus from your previous Insurer? Yes  No

If Yes, Kindly indicate the percentage:  20%  25%  35%  45%  50%  65%

I/We hereby declare that the rate of NCB claimed by me/us is correct and that NO CLAIM has arisen in the expiring policy period (Copy of Policy enclosed). I/We further undertake that if this declaration is found incorrect, all benefits under the Policy in respect of Section 1 of the Policy will stand forfeited.

Signature of Proposer

## 6. ABOUT THE MOTOR VEHICLE TO BE INSURED:

\*Vehicle Type:  2 Wheeler  3 Wheeler  4 Wheeler  More than four wheels \*Vehicle insured is:  New  Used

*Make _____	*Model _____	*Chassis No. _____	Speedometer reading as on date _____
*Year of Manufacture _____	RTO where vehicle will be registered _____		
*CC/GVW _____	Date of Registration / Purchase _____		
*Registration No. _____	Licensed Carrying Capacity _____		
Type of Body _____	(No of Passengers Including driver) _____		
*Engine No. _____	Colour of the vehicle _____		
Vehicle Make (Indigenous or Imported) _____			
1 _____			
2 _____			
3 _____			
4 _____			

(Note: Either Registration Number or Engine and Chassis Number is mandatory)

\*Vehicle Rate Under:  Zone - A  Zone - B  Zone - C \*Fuel Used:  Petrol  Diesel  Bi Fuel  CNG  LPG  Electric  Hybrid  Others (please specify) \_\_\_\_\_

\*Purpose of Use:  Goods Carrying (Private Carrier)  Passenger Carrying (Private carrier)  Goods Carrying (Public Carrier)  Passenger Carrying (Public Carrier)

Others (Please specify) \_\_\_\_\_

Proposed usage of the vehicle? (Applicable only to passenger carrying vehicles with seating capacity not exceeding 6)

Driven by the owner(s) only,  Driven by the owner(s) only along with other drivers,  Driven by other drivers,  For rent to tourists,  For rent to individuals for personal use,

Business purposes by Hotels,  Business purposes by Corporates, Official purposes by foreign embassy/ consulate

\*Type of Permit:  Hilly  National/ State Highways  City/ Town Road  District Roads  Others \_\_\_\_\_

\*Average Monthly Usage:  Less Than 50 Kms  Between 50 and 100 Kms  Between 101 and 250  Above 251 Kms

Whether any modification or conversion has been done in the vehicle from the maker's standard specification? Yes  No

If Yes, please give details of such modifications/conversions \_\_\_\_\_

Is the vehicle in good state of repair? Yes  No  If No, please furnish details \_\_\_\_\_

Nature of Goods carried by vehicle  Hazardous  Non-Hazardous

## 7. FINANCIER DETAILS:

Hypothecation  Hire Purchase  Lease Financier Name: \_\_\_\_\_

8. NOMINEE DETAILS\*\*: [If Nominee is minor (below 18 yrs) Appointee Name is mandatory.] Nominee Name: \_\_\_\_\_ Date of birth:  DDMMYY

Relationship: \_\_\_\_\_ Appointee Name: \_\_\_\_\_ Age \_\_\_\_\_ yrs \_\_\_\_\_

Mobile No.: \_\_\_\_\_ Email ID: \_\_\_\_\_

Address: \_\_\_\_\_

Bank Account No. \_\_\_\_\_

\*\*If there is more than one nominee, please refer to Annexure for details.

**9. INSURED DECLARED VALUE OF THE VEHICLE:**

The IDV of the vehicle will be deemed to be the Sum-Insured for the purpose of the Policy and will be fixed on the basis of the manufacturer's listed selling price of the brand and model as the vehicle proposed for insurance at the time of commencement of insurance / renewal and adjusted for depreciation as per the schedule specified below.

Age of the Vehicle	% of Depreciation	*Vehicle Chassis Value	₹
Not exceeding 6 months	5%	Vehicle Body Value	₹
Exceeding 6 months but not exceeding 1 year	15%	Non- Electrical Accessories (Other than factory fitted):Details	₹
Exceeding 1 year but not exceeding 2 years	20%	Electrical Accessories (Other than factory fitted) Details	₹
Exceeding 2 years but not exceeding 3 years	30%	Bi- Fuel/ CNG/LPG Kit	₹
Exceeding 3 years but not exceeding 4 years	40%	Trailer(s)/ Side Car Value (only for 2 wheelers):	₹
Exceeding 4 years but not exceeding 5 years	50%	Total IDV:	

Note – For vehicles more than 5 years old, please contact the Company for fixing the IDV

**10. EXTENDED COVERS/ EXTRA BENEFITS AT ADDITIONAL PREMIUM:**

Extension of Geographical Area:  Bangladesh  Bhutan  Nepal  Maldives  Pakistan  Sri Lanka  
Vehicle is fitted with Fibre Glass Fuel Tank: Yes  No  Vehicle will be used for Driving Tuitions: Yes  No   
Imported vehicle without payment of customs duty: Yes  No

Compulsory Personal Accident (If owner has a valid driving license)

If selected "NO" incase of customer type is individual please tick any one of the below. Yes  No

I hereby declare that:  I do not hold a valid driving license.  I own more than 1 vehicle and have opted for PA to Owner Driver cover in the other vehicle insurance policy.

Legal liability to paid driver/ conductor/ cleaner employed in operations of vehicle No. of Persons _____	Personal Accident Cover ( Max ₹ 1 lakh for two-wheelers and ₹ 2 Lakh for other class of vehicles each in multiples of ₹ 10000/- ) for paid driver / cleaner / conductors. No. of Persons _____ CSI per person ₹ _____
Legal liability to employees travelling in/driving the vehicle other than paid driver. No. of Persons _____	Legal liability non-fare paying passengers No. of Persons _____ CSI per person ₹ _____
Additional Towing charges: Amount ₹ _____	Vehicle used for Private and commercial purposes : Yes <input type="checkbox"/> No <input type="checkbox"/>
Cover for overturning of Mobile Cranes, Mechanical Navies, Shovels, Grabs, Rippers and Excavators, Dragline Excavators, Mobile Drilling Rigs and Mobile Plants?	Do you wish to cover for loss or damage to lamps, tyres, tubes, mudguard, bonnet side parts, bumper and paint work? (Not applicable for taxis ) Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you wish to have an enhanced Personal accident cover for Yourself/ Your Driver / unnamed occupants of the vehicle ?	Do you wish to cover Hospital Cash for hospitalisation arising out of accident for Yourself / Your Driver / Unnamed occupants of the vehicle? Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, please provide the Sum Insured per person _____	

#### 11. ADD-ON COVERAGE AT ADDITIONAL PREMIUM:

Add On Plan Type Opted: 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_ 4) \_\_\_\_\_  
5) \_\_\_\_\_ 6) \_\_\_\_\_ 7) \_\_\_\_\_ 8) \_\_\_\_\_  
9) \_\_\_\_\_ 10) \_\_\_\_\_ 11) \_\_\_\_\_ Amount in (INR) \_\_\_\_\_

## 12. RESTRICTIONS OF COVER/ DISCOUNTS:

Vehicle fitted with Anti-theft device approved by ARAI :	Yes <input type="checkbox"/> No <input type="checkbox"/>	Is the vehicle specially designed for the use by a handicapped person and/ or owned by an institution exclusively engaged in service of the blind, handicapped and mentally regarded children or adults?
Vehicle will be used within own premises :	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Third Party Property Damage cover restricted to 6000	Yes <input type="checkbox"/> No <input type="checkbox"/>	

### 13. PREVIOUS INSURANCE DETAILS:

Previous Insurer Name: _____	Type of cover:						
Policy/ Cover note number: _____	Period of Insurance: From <input type="text"/> DDMMYY to <input type="text"/> DDMMYY						
Has any Insurance Company ever:							
1) Declined the proposal _____	Claims reported in last 5 years	Year	1	2	3	4	5
2) Cancelled & Refused to renew _____		Type of Claims (OD/TP)					
3) Required an increase in Premium _____		No. of Claims					
4) Imposed special conditions or excess _____		Amount					

**14. DRIVER DETAILS: (Mention the details in below for any condition)**

a. Age & Date of Birth of the Owner: Age  Yrs DOB:  DDMMYY<sub>1</sub>YY<sub>2</sub> b. Age & Date of Birth of the Driver: Age  Yrs DOB:  DDMMYY<sub>1</sub>YY<sub>2</sub>

c. Does the driver suffer from defective vision or hearing or any physical infirmity? Yes  No   
If YES, please give details of such infirmity \_\_\_\_\_

d. Has the driver ever been involved / convicted for causing any accident of loss? Yes  No   
If YES, give details as under including the pending prosecutions : - Driver's Name : \_\_\_\_\_

- Date of Accident:  DDMMYY<sub>1</sub>YY<sub>2</sub> - Loss / Cost (₹): \_\_\_\_\_ - Circumstances of Accident / Loss: \_\_\_\_\_

### 15. 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 <input type="checkbox"/> Current <input type="checkbox"/>	
IFSC Code	Cheque/NEFT/DD Number	Amount in ₹
Bank Name	Cheque/NEFT/DD Date <input type="text"/> DD MM YY YY YY	
Deposit Slip No.	Credit Card No.	Expiry Date <input type="text"/> DD MM YY YY YY
Issuing Bank	Total Premium (Including GST) ₹ <input type="text"/>	
Source of funds: <input type="checkbox"/> Business: <input type="checkbox"/> Salaried: <input type="checkbox"/> Others (please specify) <input type="text"/>		



## Authorization for electronic policy fulfillment and service communications (Please read carefully and put a check mark againsts 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  Place \_\_\_\_\_

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

Signature of the Proposer

**NOMINEE DETAILS\*\*:** (In case of more than one nominee)

 Nominee Name: \_\_\_\_\_ Date of birth: 

Relationship: \_\_\_\_\_ Appointee Name: \_\_\_\_\_ Age \_\_\_\_\_ yrs \_\_\_\_\_

Mobile No.: \_\_\_\_\_ Email ID: \_\_\_\_\_

Address: \_\_\_\_\_

Bank Account No. \_\_\_\_\_

\*\*[If Nominee is minor (below 18 yrs) Appointee Name is mandatory]