

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 HH/ MM 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 &amp; subsequent to payment of premium)

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

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

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

**1. \*PROPOSER DETAILS:**

First Name

Middle Name

Last Name

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

PAN No. \_\_\_\_\_ Aadhaar No. \_\_\_\_\_ \*DOB: DDMMYYYY \*Gender: ☐ M ☐ F \*Occupation: \_\_\_\_\_Marital Status: ☐ Single ☐ Married Bank Name \_\_\_\_\_ Branch 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. \_\_\_\_\_ Tele 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 _____	*Vehicle IDV ₹ _____
*CC/GVV _____		Date of Registration / Purchase _____	Trailer(s) Identification No. _____
*Registration No. _____		Licensed Carrying Capacity _____	1 _____
Type of Body _____		(No of Passengers Including driver) _____	2 _____
*Engine No. _____		Colour of the vehicle _____	3 _____
		Vehicle Make (Indigenous or Imported) _____	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 KmsWhether 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: DDMMYYYY

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 _____ Legal liability to employees travelling in/driving the vehicle other than paid driver. No. of Persons _____ Additional Towing charges: Amount ₹ _____ Cover for overturning of Mobile Cranes, Mechanical Navies, Shovels, Grabs, Rippers and Excavators, Dragline Excavators, Mobile Drilling Rigs and Mobile Plants? 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 ? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, please provide the Sum Insured per person _____	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 non-fare paying passengers No. of Persons _____ CSI per person ₹ _____ Vehicle used for Private and commercial purposes : Yes <input type="checkbox"/> No <input type="checkbox"/> 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 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"/>
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## 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 ☐ No ☐  
 Vehicle will be used within own premises : Yes ☐ No ☐  
 Third Party Property Damage cover restricted to 6000 Yes ☐ No ☐  
 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? Yes ☐ No ☐

\*Voluntary Deductible : Amount ₹ \_\_\_\_\_ Signature of Proposer \_\_\_\_\_

## 13. 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 DDMMYYYY To DDMMYYYY Claims reported in last 5 years <table border="1"> <thead> <tr> <th>Year</th><th>1</th><th>2</th><th>3</th><th>4</th><th>5</th></tr> </thead> <tbody> <tr> <td>Type of Claims (OD/TP)</td><td></td><td></td><td></td><td></td><td></td></tr> <tr> <td>No. of Claims</td><td></td><td></td><td></td><td></td><td></td></tr> <tr> <td>Amount</td><td></td><td></td><td></td><td></td><td></td></tr> </tbody> </table>	Year	1	2	3	4	5	Type of Claims (OD/TP)						No. of Claims						Amount					
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## 14. DRIVER DETAILS: (Mention the details in below for any condition)

a. Age & Date of Birth of the Owner: Age  Yrs DOB: DDMMYYYY b. Age & Date of Birth of the Driver: Age  Yrs DOB: DDMMYYYY  
 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: DDMMYYYY - 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 ☐ Current ☐  
 IFSC Code \_\_\_\_\_ Cheque/NEFT/DD Number \_\_\_\_\_ Amount in ₹ \_\_\_\_\_  
 Bank Name \_\_\_\_\_ Cheque/NEFT/DD Date DDMMYYYY  
 Deposit Slip No. \_\_\_\_\_ Credit Card No. \_\_\_\_\_ Expiry Date DDMMYYYY  
 Issuing Bank \_\_\_\_\_ Total Premium (Including GST) ₹ \_\_\_\_\_  
 Source of funds: ☐ Business: ☐ Salaried: ☐ Others (please specify) \_\_\_\_\_



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