MAGMA General Insurance Limited

PROPOSAL FORM - COMMERCIAL VEHICLE

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: D D M M Y Y Y Y Time ☐☐/☐☐ To midnight of D D M M Y Y Y Y

(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 : ☐☐☐☐☐☐☐☐☐☐

1. *PROPOSER DETAILS:

First Name Middle Name Last Name

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

*PAN No. ☐☐☐☐☐☐☐☐☐☐ Aadhaar No. ☐☐☐☐☐☐☐☐☐☐☐☐ *DOB: D D M M Y Y Y Y *Gender: ☐ M ☐ F ☐ Other *Occupation: _____

Marital Status: ☐ Single ☐ Married *BankName _____ *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/family member/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 Section1 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/GVW _____	Date of Registration / Purchase _____	Trailer(s) Identification No.
*Registration No. _____	Licensed Carrying Capacity (No of Passengers Including driver) _____	1 _____
Type of Body _____	Colour of the vehicle _____	2 _____
*Engine No. _____	Vehicle Make (Indigenous or Imported) _____	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: D D M M Y Y Y Y

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.

UIN: Commercial Comprehensive Package Policy - IRDAN149RP0006V02201213/ Motor Act Only Policy -IRDAN149RP0003V01201213

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 ☐ No ☐

Do you wish to have an enhanced Personal accident cover for Yourself/ Your Driver / unnamed occupants of the vehicle ? Yes ☐ No ☐

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 ☐ No ☐

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 ☐ No ☐

Do you wish to cover Hospital Cash for hospitalisation arising out of accident for Yourself / Your Driver / Unnamed occupants of the vehicle? Yes ☐ No ☐

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?

*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 D D M M Y Y Y Y To D D M M Y Y Y Y

Claims reported in last 5 years

Year	1	2	3	4	5
Type of Claims (OD/TP)					
No. of Claims					
Amount					

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

a. Age & Date of Birth of the Owner: Age ☐☐ Yrs DOB: D D M M Y Y Y Y

b. Age & Date of Birth of the Driver: Age ☐☐ Yrs DOB: D D M M Y Y Y Y

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: D D M M Y Y Y Y - 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 D D M M Y Y Y Y

Deposit Slip No. _____ Credit Card No. _____ Expiry Date D D M M Y Y Y Y

Issuing Bank _____ Total Premium (Including GST) ₹ _____

Source of funds: ☐ Business: ☐ Salaried: ☐ Others (please specify) _____

16. ELECTRONIC INSURANCE DETAILS:

Do you wish to have this Policy credited to an eIA? Yes ☐ No ☐ If yes, please refer the Annexure 1, at the end of Proposal Form and request you to provide the details accordingly.

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:__________________________ Company stamp ______________________________ Proposer's Signature __________________________

Date: D D M M Y Y Y Y Name ______________________________ Designation __________________________

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: D D M M Y Y Y Y Signature of the Insurance Advisor: ______________________________

DISABILITY DECLARATION

I ____________<Name of the Proposer> certify that the Proposal Form has been filled as per the information provided by me. I, authorize _______ <Full name of the representative> who is my_________ <Relationship with the Proposer>, an adult and residing at____________________ <Address> act as my representative to assist and fill this proposal form and give the necessary declarations on my behalf.

Signature of Proposer:____________________

I _____________<Name of the Representative> do hereby certify that I have read out and explained the contents of the Proposal Form and all other documents required to avail this insurance policy with Magma General Insurance, to the Proposer and they have understood the same. I declare that the facts stated herein are true and correct to the best of my knowledge and belief.

Signature of the Representative: _____________

DECLARATION:

I/We hereby declare that the statements made by me/us in this Proposal Form are true to the best of my / our knowledge and belief and I/We hereby agree that this declaration shall form the basis of the contract between me/us and the Magma General Insurance Limited. I/We also declare that any additions or alterations carried out after the submission of this Proposal Form would be conveyed to Magma General Insurance Limited immediately. I/We hereby agree to receive a One Page Motor Insurance Policy in Physical Form, to be read along with the detailed Terms and Conditions available on the website www.magmainsurance.com Yes ☐ No ☐.

I/We further confirm that the existing damages as per the pre inspection report, if any, have duly been shared with me & my consent has been obtained for the same. 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. I hold a valid and effective PUC and/or fitness certificate, as applicable, for the vehicle mentioned herein and undertake to renew the same during the policy period. I wish to get all policy related communications on My Whatsapp Number: __________________________ and allow to make welcome calls, Service calls or any other communication (electronic or otherwise), subject to the provision of applicable law.

The salient features of the policy, terms and conditions of this proposal have been explained to me/us in _____________ language, and I/we agree to the same.

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.

Place ___________________ Date D D M M Y Y Y Y Signature of Proposer ______________________

SECTION 41 INSURANCE Laws (Amendment) Act, 2015 - 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 or 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 or continuing a policy accept any rebate except such rebate as may be allowed in accordance with the 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.

ELECTRONIC INSURANCE DETAILS - ANNEXURE 1

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 ☐ M/s SHCIL Projects Limited (Please select anyone) 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)

Name Mr./Ms./M/s. ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

First Name Middle Name Last Name

*DOB: D D M M Y Y Y Y *Gender: ☐ M ☐ F ☐ Other PAN No. ☐☐☐☐☐☐☐☐☐☐☐☐

Flat/Building: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Road/Street/Sector ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Area ☐☐☐☐☐☐☐☐☐☐☐☐☐

Taluka/Village/District/City: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Pin Code: ☐☐☐☐☐☐

Country: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐ State: ☐☐☐☐☐☐☐☐☐ City ☐☐☐☐☐☐☐☐☐

Relationship: ☐☐☐☐☐☐☐☐☐☐ Tele No. (R): ☐☐☐☐☐☐☐☐☐ Mobile No: ☐☐☐☐☐☐☐☐☐☐

Other Relationship ☐☐☐☐☐☐☐☐☐☐☐☐ E-Mail ID: ____

UID: ☐☐☐☐☐☐☐☐☐☐☐☐

Authorization for electronic policy fulfillment and service communications (Please read carefully and put a check mark agains 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 D D M M Y Y Y Y Place _____

Name of Proposer: _____

Signature of the Proposer

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

Nominee Name : _____ Date of birth: D D M M Y Y Y Y

Relationship : _____ Appointee Name : _____ Age _____ yrs _____

Mobile No.: _____ Email ID: _____

Address: _____

_____

Bank Account No. _____

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