

PROPOSAL FORM - COMPULSORY PERSONAL ACCIDENT

Proposal No.: _____

*Proposal For: Fresh Proposal Roll-Over Renewal Endorsement

Type of Cover Offered: Stand-alone Compulsory Personal accident Cover for Owner - Driver

Period of Insurance: From / Hrs of DDMMYYYY till midnight of DDMMYYYY (Upto 1 Year)

Intermediary Code : _____

Intermediary Name : _____

Aadhaar No : Aadhaar No _____

PAN No : PAN No _____

1. PROPOSER'S DETAILS: (REGISTERED OWNER OF THE VEHICLE)

First Name _____

Middle Name _____

Last Name _____

Full Name: Mr/Ms/M/s. _____

Address _____

City: _____ State: _____ Country: _____ Pin Code: _____

Tele No. (R): Mobile No: *DOB: DDMMYYYY *Gender: M F *Occupation/Business: _____

E-Mail ID: _____

Marital Status: Single Married Divorced Widowed Educational Qualification _____

PAN No. Aadhaar No. Mother's maiden name: _____

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. 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.

Does the driver suffer from defective vision or hearing or any physical infirmity? Yes No

If YES, please give details of such infirmity _____

About The Coverage Required

Personal Accident Cover for Owner Driver.

Name of Insured	Age of Insured	Nominee Name	Nominee Age/DOB	Relationship with Insured

Address for Communication

Flat/Building: _____ Road/Street/Sector: _____ Area: _____

Taluka/Village/District/City: _____ State: _____ Country: _____ Pin Code: _____

GSTIN No. Tele No. (R): Mobile No: _____

E-Mail ID: _____

Number of Vehicles to be covered under Stand-alone CPA: _____

Registration details for each vehicle

Sr. No.	RTO Code - Name	Make – Model Variant	Date of Registration
1			
2			

3. PREVIOUS INSURANCE DETAILS:

Previous Insurer Name: _____

Type of cover: _____

Policy/ Cover note number: _____

Period of Insurance: From DDMMYYYY To DDMMYYYY

Has any Insurance Company ever:

Claims reported in last 5 years

1) Declined the proposal

Year

2) Cancelled & Refused to renew

1

2

3

4

5

3) Required an increase in Premium

Type of Claims (OD/TP)

4) Imposed special conditions or excess

No. of Claims

Amount

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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)

<input type="checkbox"/> M/s NSDL Database Management Limited	<input type="checkbox"/> M/s Karry Insurance Repository Limited
<input type="checkbox"/> M/s Central Insurance Repository Limited	<input type="checkbox"/> M/s CAMS Repository Services Limited
<input type="checkbox"/> 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 KYC 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
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*DOB:

D	D	M	M	Y	Y	Y	Y
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*Gender:

<input type="checkbox"/> M	<input type="checkbox"/> F
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PAN No. _____

Flat/Building:

Area

Road/Street/Sector

Area

Taluka/Village/District/City:

Pin Code:

State:

City

City

Country:

Tele No. (R): _____

Tele No. (R):

Relationship:

Other Relationship _____

Other Relationship

Mobile No:

E-Mail ID: _____

UID:

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: _____

Place: _____

Date:

D	D	M	M	Y	Y	Y	Y
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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
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Relationship: _____

Appointee Name: _____

Age: _____ yrs: _____

Mobile No.: _____

Email ID: _____

Address: _____

Bank Account No. _____

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