PROPOSAL FORM - COMPULSORY PERSONAL ACCIDENT

MAGMA General Insurance Limited

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 D D M M Y Y Y Y till midnight of D D M M Y Y Y Y (Upto 1 Year)

Intermediary Code : _____ Intermediary Name : _____

Aadhaar 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: D D M M Y Y Y Y *Gender: ☐ M ☐ F ☐ Third Gender

E-Mail ID: _____ *Occupation/Business: _____

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/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. 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.

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: _____

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					

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About The Usage of the Motor Vehicle

Whether the use of vehicle is limited to own premises?	Yes ☐ No ☐
Whether the vehicle is used for commercial purpose?	Yes ☐ No ☐
Is the vehicle designed for use of Blind / Handicapped/ mentally challenged persons and duly endorsed as such by RTA?	Yes ☐ No ☐
What will be the Average Daily use of the vehicle? ☐ Less than 50 Kms; ☐ Between 50 and 100 Kms; ☐ Between 101 to 250 Kms; ☐ Above 251 Kms.	
Where will the vehicle be generally driven on? (*Please tick multiple, if required)* ☐ Express Way; ☐ National Highways; ☐ State Highways; ☐ City Roads; ☐ Town/Village Roads; ☐ Private Roads.	
Whether extension of Geographical Area to the following countries required?	Yes ☐ No ☐
If Yes, Please tick the countries to which the extension is required ☐ Bangladesh ☐ Bhutan ☐ Maldives ☐ Nepal ☐ Pakistan ☐ Sri Lanka	

4. 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.

5. 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) _____

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.

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MAGMA General Insurance Limited

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:

State: City

Country: Tele No. (R):

Relationship: Other Relationship

Mobile No: 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:

Place _____

Date D D M M Y Y Y Y

Signature of the Proposer

Name of 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]

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