MAGMA
General Insurance Limited

MONEY INSURANCE POLICY (RETAIL)

PROPOSAL FORM

PROPOSAL FORM – MONEY INSURANCE POLICY (RETAIL)

(Acceptance of this proposal is subject to the rules & regulations of Magma General Insurance Limited Money Policy. The property is not covered until the proposal is accepted and premium paid.)

1. FOR OFFICE USE ONLY			
For Policies sourced through Branch			
Branch Name (Intermediary)*		Branch Code (Intermediary)*	
Branch/Office Mobile Number (Intermediary)*		Branch/Office Email Address (Intermediary)*	
Intermediary Name*		Intermediary Code*	
Name of SP/ BQP/ POSP/Designated Person/Authorized Verifier/Authorized Salesperson*		Functional identity/Unique ID of SP/BQP/POSP/Designated Person/Authorized Verifier/ Authorized salesperson*	
Sales channel Type		If POSP then please provide the below:-* a) PAN of POSP b) AADHAR Number of POSP	
For Policies Sourced Digitally			
Principal Officer Name*		Principal Officer Telephone Number*	
Principal Officer Email Address*			

Agent/Broker Name			
Agent/Broker Code			
Agent Mobile Number		Email Address	
Name of the Proposer			
Address of the Proposer			
	City_____ State _____ Pin Code		
Mobile Number		Email Address	
Policy to be issued in favour of	*(List of all the parties who have insurable interest)*		
Business of the Proposer			
Period of Insurance	From…….. To ……		
Whether you have insured in respect of loss of Money with any other Insurance Company (Give details)			Yes/No
Whether Insurance was declined by any other Company or imposed any Special Conditions (Give details)			Yes/No
Risk Location/s to be Insured – Give complete address with pincode			
	City_____ State _____Pin Code		

Occupancy of the Risk Location	*(Describe the activities carried out in the premises)*

Note – in case of multiple locations please attach annexure indicating risk location addresses and occupancies of each location.

Property to be insured:	*Definition: - It means Cash, Bank Drafts, Current coins, Bank and Currency Notes, Treasury Notes, Cheques, Postal Order, Current postage stamps which are not part of a collection and luncheon Voucher.*

ESTIMATED TOTAL AMOUNT OF CASH IN TRANSIT per annum: INR……

*(**Note:** The estimated total amount of Money in transit should not be less than turnover of Money in transit of previous policy period except for occasional circumstances when due to business forecast, Demerger of the entity during the period or any other external factors it is going to be less. Please state the reasons for such anticipated shortfall in estimated total amount of Money in transit in the ensuring period of Insurance.)*

Money in Transit Coverage	**Limit of Liability Any One Occurrence**	**Estimated total amount of money (other than crossed cheques) in transit during ensuing Twelve months.**
For payment of Wages/ salaries		
Being other than Wages/ salaries		
Others (to be described)		
Money in premises: • In safe • In Counter		

Note – in case of multiple locations please attach annexures/additional sheets

Details of Transit:

Is there any Transit to or from branch, outlying contracts or elsewhere? If so, give particulars including address.	
Mode of Transit: Details if public Transport are being used	Owned Car ☐ Public transport ☐
Are the persons carrying the money accompanied by an armed guard? If not state what protection is provided for them?	

Are the employees engaged in the handling of wages and/or Money guaranteed under a Fidelity Policy?	Yes/No
Approximate distance between Bank and proposer's premises	_____ Kms

Extension Coverage details	Riot, Strike & Malicious Damage (RSMD)	Yes/No
	Infidelity cover for cash carrying Employees up to discovery period of 48 hours	Yes/No

What Protection is Provided to	Doors	

	Windows	
	Sky Lights, Ventilators, Exhaust Fans, Lights, Air Conditioners, Trap Doors	
	Any other openings	

Are the whole of the premises occupied by you? If not, give particulars of other tenants.		Yes/No
Will the premises at any time be left un-occupied? If so, how often and for how long		Yes/No
Is a security present for 24 hours and how many? If not, alternate security systems/aids adopted.		Yes/No
Alarm System Details	Is the premises fitted with an alarm system	Yes/No
	Is it under a maintenance contract?	Yes/No

Details of Safe/ strong room installed at Risk Location. (Note – in case of multiple locations please attach annexure)	Address of premises where safe / strong room is kept		
	Is the safe fixed to a wall and how?		
	No. of Keys available and with whom		
	Can the safe (s) be opened by a single key or by a combination of two or more keys?		Yes/No
	Are the keys removed from the premises after business hours		Yes/No
	Specification:	Safe	Counter
	Maker's Name		
	Depth		
	Width		
	Weight		
	Height		

Premium / Claim details for the past 5 years		Claim Amount	Premium Paid
Date of Occurrence	Details of Loss		

What precautions have been adopted to prevent such recurrence?

Premium Payment Details:

Total Premium Amount (Including GST) – INR _____

Payee Name -			
Kindly select : ☐ Cheque	☐ DD	☐ NEFT	☐ Cash
Cheque /DD/ PO /UTR No.			
Date		IFSC	
Amount in Rs.			
Bank Account No.			
Bank Name		Branch	
PAN Number			
Aadhaar Number			
Documents to be attached as per requirement for fulfillment of KYC Norms.			
GST Registered		Yes/ No	
	GSTIN Number		
	GST State		

ELECTRONIC INSURANCE DETAILS

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 (Please select any one) 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)

First Name

Middle Name

Last Name

Gender

DOB

PAN

Address Line 1

Address Line 2

Address Line 3

Pin code

Telephone Number

Mobile Number

Relationship

Other Relationship

Email Id

UID

Landmark

State

City

Country

Authorization for electronic policy fulfillment and service communications (Please read carefully and put a check mark against each before signing)

INTERMEDIARY DECLARATION

Intermediary PAN number:

Intermediary Aadhaar number:

I, _____ (Full Name) in my capacity as an SP/POSP/BQP/Designated Person/ Authorized Verifier/ Authorized Salesperson of the Corporate Agent/ Broker/IMF/Web Aggregators, 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.

Functional/Unique ID (SP/POSP/BQP/DP/AV/ASP): _____

Branch Mobile/Phone Number: _____ Branch Email Address: _____

Date: DD MM YYYY Signature of the Insurance Advisor: _____

DECLARATION BY INSURED

I/We hereby declare and warrant that the above statements are true and complete in all respects and that there is no other information which is relevant to my application for insurance that has not been disclosed to you. I/We agree that this proposal and the declarations shall be the basis of the contract between me/us and Magma General Insurance Limited

I/We, also declare that if any additions or alterations are carried out in the risk proposed after the submission of this proposal form then the same would be conveyed to the insurers immediately.

I/We hereby declare and undertake that the amount paid by me/us as premium for aforementioned policy is out of my/our lawful and declared source of income.

I hereby consent to and authorize Magma General Insurance Limited 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/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.

I wish to get all policy related communications on my Whatsapp (other app) number.

Place
Date
Signature of Proposer

AML Guidelines

1. 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.

   Date: DD/MM/YYYY Signature of the Proposer: _____

   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

2. **Disability, If any**: Type of Disability _____ Percentage of Disability: _____

3. Additional Information:

Nationality: Indian ☐ Non-Indian ☐ If, Non-Indian, please specify Country:-------

Residential Status: ☐ Resident Individual ☐ Non-Resident Indian ☐ Foreign National

Person of Indian Origin ☐

4. Type of Organisation:

(i) Corporations

(ii) Trust

(iii) Government

(iv) Partnership

(v) Non-Government Organisations

(vi) Co-operatives

(vii) Society

(viii) Private Limited Company

(ix) Public Limited Company

(x) others, please specify----------

5. 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: Proposer's Signature_____

Company stamp

Date: (DD-MM-YYYY) Name: _____ Designation _____

Disability Declaration

I hereby declare that I have been duly authorized by the proposer to give this declaration and that I have fully explained the contents of the proposal form and all other documents incidental to availing of the insurance from Magma General Insurance Limited to the proposer. The same has been fully understood by me and the replies have been recorded as per the information provided by the proposer. Replies have also been explained, fully understood and confirmed by the proposer.

Name_____

Signature _____ Date: _____

Prohibition of Rebates Under Section 41 of Insurance Act, 1938

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 of 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 a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectus or tables of the insurer.

Any person making default in complying with the provisions of this section shall be punishable with fine which may extend to ten lakhs rupees.

Provided that acceptance by an insurance agent of commission in connection with a policy of any class of insurance business taken out by himself in relations to risks associated with his own life, health or property shall not be deemed to be acceptance of a rebate of premium within the meaning of this sub-section if at the time of such acceptance the insurance agent satisfies the prescribed conditions establishing that he is a bona fide insurance agent employed by the insurer.