MAGMA General Insurance Limited

PROPOSAL FORM - PRIVATE CAR & TWO WHEELER

Information for fields marked with an asterisk (*) is mandatory.

Customer ID _____ Policy No. _____

***Proposal For:** ☐ New Policy ☐ Roll-Over ☐ Renewal ☐ Endorsement ***Type of Vehicle:** ☐ Two Wheeler ☐ Private Car ***Vehicle Insured Is:** ☐ New ☐ Used

***Coverage Required:** ☐ Package Cover ☐ Third Party Liability only Cover ☐ Third Party and Fire Only Cover ☐ Third Party and Theft only Cover ☐ Standalone OD only

***Product Name:** ☐ Private Car Package Policy ☐ Private Car Package Policy - 3 Years ☐ Private Car Policy - Bundled - 3 Year Act only and 1 Year Own Damage ☐ Two Wheeler Package Policy ☐ Two Wheeler Policy - Bundled - 5 Year Act only and 1 Year Own Damage ☐ Act only Policy Private Car - 3 Year ☐ Act only Two wheeler - 5 Year ☐ Motor Act Policy ☐ Third Party Long Term Two Wheeler Insurance Policy ☐ Long Term Two Wheeler Package Policy ☐ Stand Alone Own Damage Policy for Private Car ☐ Stand Alone Own Damage Policy for Two Wheeler

Policy Tenure for Long Term Two Wheeler Package Policy: ☐ 2 Years ☐ 3 Years

Intermediary Code : _____ Intermediary Name : _____

Aadhaar No : ☐☐☐☐☐☐☐☐☐☐☐☐ PAN No : ☐☐☐☐☐☐☐☐☐☐ * Period of Insurance: D D M M Y Y Y Y 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)

1. *PROPOSER DETAILS:

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

*PAN No. ☐☐☐☐☐☐☐☐☐☐ Aadhaar No. ☐☐☐☐☐☐☐☐☐☐☐☐ *DOB: D D M M Y Y Y Y *Gender: ☐ M ☐ F ☐ Third Gender *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/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%; ☐ 55%; ☐ 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 respectof Section1 of the Policy will stand forfeited.

Signature of Proposer

6. ABOUT THE MOTOR VEHICLE TO BE INSURED:

*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 *Fuel Used: ☐ Petrol ☐ Diesel ☐ Bi Fuel ☐ CNG ☐ LPG ☐ Electric ☐ Hybrid ☐ Others (please specify) _____

*Type of Permit: ☐ Express Way ☐ National/State Highways ☐ City/Town Road ☐ District Roads ☐ Private Road

*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 _____

Where will the vehicle be generally parked? ☐ Roadside Public Parking ☐ Road Outside ☐ Parking lot open or covered ☐ Within compound of residence open ☐ Within compound of residence covered

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.

UINs: Private Car Package Policy - IRDAN149RP0001V02201213 / Two Wheeler Package Policy - IRDAN149RP0002V02201213 / Private Car Policy - Bundled - 3 year Act Only and 1 year Own Damage - IRDAN149RP0003V01201819 / Act Only Policy Private Car - 3 year - IRDAN149RP0004V01201819/ Two Wheeler Policy- Bundled - 5 year Act only and 1 year Own Damage - IRDAN149RP0006V01201819/ Act Only Policy Two Wheeler - 5 Year - IRDAN149RP0007V01201819/ Stand-Alone Own Damage Policy for Private Car - IRDAN149RP0001V01201920/ Stand-Alone Own Damage Policy for Two Wheeler - IRDAN149RP0002V01201920 / Long Term Two Wheeler Package Policy - IRDAN149RP0001V01201819 / Private Car Package Policy - 3 Year - IRDAN149RPMT0007V01202425 / Third Party Long Term Two Wheeler insurance Policy - IRDAN149RP0002V01201415 / Motor Act Only Policy- IRDAN149RP0003V01201213

MAGMA General Insurance Limited

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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.

Is the vehicle company maintained? Yes ☐ No ☐

Whether the vehicle is certified as Vintage Car by Vintage and Classic Car Club of India? Yes ☐ No ☐

Do you want to opt for wider legal liability to Paid Driver Yes ☐ No ☐

Other employees Yes ☐ No ☐

(If Yes, No. of persons to be covered) _____

Do you want to cover loss of accessories due to burglary, housebreaking or theft? (Applicable only for Two-Wheelers) 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 _____

Do you wish to include Personal Accident cover for named persons? Yes ☐ No ☐

Will the vehicle be let out on occasional hire? Yes ☐ No ☐

Vehicle used for commercial purposes : Yes ☐ No ☐

Do you wish to include Personal Accident cover for unnamed occupants of the vehicle in excess of the compuls Personal Accident cover for the Owner/Driver? Yes ☐ No ☐

Sum Insured per person to be ₹ _____

Nominee Details : Name _____

Age _____ Relationship _____

If yes, please indicate the Sum-Insured per person (In multiples of ₹ 10000/- for a maximum of ₹ 1 lakh per person for Two Wheelers and ₹ 2 lakhs per person for Private Cars. The number of persons to be covered for the purpose of this Add-on will be equivalent to the registered carrying capacity of the vehicle)

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

If YES, give name and Capital Sum Insured (CSI) opted for :

Name	CSI Opted (₹)	Nominee	Nominee Age/DOB	Relationship
1)				
2)				
3)				

(**Note** : The maximum CSI available per person is ₹ 2 lakhs in case of Private Cars and ₹ 1 Lakh in the case of motorized Two wheeler)

Do You want to opt for PAYD? Yes ☐ No ☐ KM slab opted:_____ Odo meter reading:_____

In case the opted kilometers (KM) are exhausted we would request you to please reach out to us to get the kilometers reinstated by payment of additional premiums.

If Pay As You Drive (PAYD) is opted, for details please refer to the policy wordings available on our website.

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 ☐

(Third Party Property Damage cover of ₹ 1 lakh for 2 wheelers and ₹ 7.5 lakhs for Private cars)

Is the vehicle designed for use of Blind / Handicapped/ Mentally challenged persons and duly endorsed as such by RTA? Yes ☐ No ☐

Are you a member of Automobile Association of India? Yes ☐ No ☐

If yes, please state

a. Name of Association _____

b. Membership No. _____

c. Date of expiry D D M M Y Y Y Y

***Voluntary Deductible** :

Private Car : ☐ None ☐ 2 ,500/- ☐ 5,000/- ☐ 7,500/- ☐ 15,000/-

Two Wheeler : ☐ None ☐ 500/- ☐ 750/- ☐ 1,000/- ☐ 1,500/- ☐ 3,000/-

_____

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. Third Party Insurance Details (Applicable only for Standalone OD policy):

Name of the Insurer: _____ Policy Number: _____ Period Of Insurance: _____

15. 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: _____

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.

UINs: Private Car Package Policy - IRDAN149RP0001V02201213 / Two Wheeler Package Policy - IRDAN149RP0002V02201213 / Private Car Policy - Bundled - 3 year Act Only and 1 year Own Damage - IRDAN149RP0003V01201819 / Act Only Policy Private Car - 3 year - IRDAN149RP0004V01201819/ Two Wheeler Policy- Bundled - 5 year Act only and 1 year Own Damage - IRDAN149RP0006V01201819/ Act Only Policy Two Wheeler - 5 Year - IRDAN149RP0007V01201819/ Stand-Alone Own Damage Policy for Private Car - IRDAN149RP0001V01201920/ Stand-Alone Own Damage Policy for Two Wheeler - IRDAN149RP0002V01201920 / Long Term Two Wheeler Package Policy - IRDAN149RP0001V01201819 / Private Car Package Policy - 3 Year - IRDAN149RPMT0007V01202425 / Third Party Long Term Two Wheeler insurance Policy - IRDAN149RP0002V01201415 / Motor Act Only Policy- IRDAN149RP0003V01201213

17. 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.

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)

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PROPOSAL FORM - PRIVATE CAR & TWO WHEELER

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]

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