

PROPOSAL FORM - MOTOR TRADE INTERNAL RISK POLICY



BASIC INFORMATION:

1. Proposer's full name

Mr./Ms./M/s.

First Name Middle Name Last Name

2. Address: Flat/Building: Road/Street/Sector Area

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

PAN No. Aadhaar No. *DOB: *Gender: *Occupation:

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

E-Mail ID: Intermediary Name Intermediary Code:

PAN No. Aadhaar No. Marital Status: Single Married

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 Trust Partnership

Private Limited Company Public Limited Company Others, please specify

3. Particulars of premises to be insured: (Attach plan showing measurement and situation and number of entrances and exits, trap-doors, inspection pits or other openings in floor or pavement. Show also situation of any plant, machinery or petrol pumps.)

(a) Situation

(b) Date of construction

(c) Superficial area of the premises i.e. whole of the land and buildings occupied by the proposer for the purposes of his Motor trade business.

(d) If premises used for any purpose other than as a showroom, garage or workshop state such other use.

4. Do you wish cover for any adjoining area outside your premises which is used as a carpark? If so give brief description and state its superficial area.

5. State total estimated annual wages, salaries and other earnings paid to employees.

6. Are you or have you ever been insured against Liability to the Public Risks of any kind including Motor vehicle Road Risk? If so state name of the Company or Underwriter.

7. Has any Company or Underwriter ever -

(a) Declined your proposal? Yes No

(b) Required you to carry the first portion of any loss? Yes No

(c) Required an increased premium or imposed special conditions? Yes No

(d) Refused to renew your Policy? Yes No

(e) Cancelled your Policy? Yes No

8. Give below particulars of any claim made upon you or by you during the past years.

Total cost of settled claims Outstanding Claims

Year

Total No. of Accidents

Bodily injury to third parties

Damage to property including vehicles owned by third parties

Damage to own vehicles

Number

Estimated cost

9. Under which of the following covers do you require insurance?

A. Damage and Liability to Public Risks (i.e. Package policy) Or

B. Liability only Policy (excluding damage to vehicle)

10. Policy Period From To

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.

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

Deposit Slip No. Credit Card No. Expiry Date

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: 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.

UIN: IRDANTI49RP0015V01201213

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I wish to get all policy related communications on My WhatsApp number

Whatsapp Number:

Place

Date

Name of Proposer:

Signature of the Proposer