MAGMA
General Insurance Limited

HOUSEHOLDER'S PACKAGE POLICY

Proposal Form

PROPOSAL FORM

(The property proposed for insurance 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*			

1) Agent/Broker Name	
2) Agent/Broker Code	
3) Name of the Proposer	
4) Address of the proposer	
5) Phone Number	
6) Email id 7) Bank Account No.	
8) Occupation/ Business of the proposer	
9) Do you wish to cover the interest of any financial institution-if yes, give the names of all financial institutions and details of property in which the financial institution is interested	

10) District in which the risk is Located	
11) State in which the risk is located	
12) Pin code of the location of risk	
13) Period of Insurance	From To
14) Nomination:	Nominee Name: Relationship with Insured

COVERAGE PROPOSED

(PLEASE FILL IN THE RELEVANT SECTIONS YOU REQUIRE)

SECTION 1

Fire and Allied Perils- Building & Contents

Covers Opted

<table>
<tr><td>1.</td><td>Is there any policy in place for the same property?</td><td>Yes/No</td></tr>
<tr><td></td><td>If Yes, please provide the details</td><td></td></tr>
<tr><td>2.</td><td>Cover/s required:

(When Home Building <u>and</u> Home Contents are opted for, cover for General Contents of Home for Sum Insured equal to 20% of the Sum Insured for Home Building Cover subject to a maximum of ₹ 10 Lakh [Rupees Ten Lakh] is automatically provided).</td><td>
<table>
<tr><th>Cover</th><th>Please tick</th></tr>
<tr><td>Home Building & Home Contents</td><td></td></tr>
<tr><td>Home Building Only</td><td></td></tr>
<tr><td>Home Contents Only</td><td></td></tr>
</table>
</td></tr>
</table>

Location of Home Building

3.	Location of Home Building - full postal address with Pin Code.	Pin Code:
4	Is it in a multi-storey building or is it a standalone house?	
5	In case of multi-storey building, please provide the floor number of Your house	

6.	Is there a basement to Your house?	

Details of Home Building

Please note:

Your Home Building *is a building consisting of a residential unit, having an enclosed structure and a roof, basement (if any) and fixtures and fittings permanently attached to the floor, walls or roof, like fixed sanitary fittings, electrical wiring and other permanent fittings etc.*

It also includes *'additional structures' if they are on the same site, are used as part of Your Home Building:*

a. *garage, domestic out-houses used for residence, parking spaces or areas, if any;*

b. *compound walls, fences, gates, retaining walls, internal roads;*

c. *verandah or porch and the like;*

d. *septic tanks, bio-gas plants, fixed water storage units or tanks, solar panels, wind turbines and air conditioning systems, central heating systems and the like, if not included in Home Contents Cover, any other structure.*

7.	**Sum Insured (SI) for Home Building:** ***Please note the following:*** *(The amount required to construct Your Home Building at the policy Commencement Date. This amount is calculated as follows:* ***a. For residential structure of Your Home including fittings and fixtures**:* *Carpet area of the structure in square metres X Rate of Cost of Construction at the policy Commencement Date.* *The Rate of Cost of Construction is the prevailing rate of cost of construction of Your Home Building at the policy Commencement Date.*	***a.* SI for residential structure of Your Home including fittings and fixtures (in ₹):**

<table>
<tr><td></td><td>b. For additional structures: the amount that is based on the prevailing rate of cost of construction at the Policy Commencement Date.)</td><td>b. SI for additional structures (in ₹):<table><tr><td>Additional Structure</td><td>Sum Insured (in ₹)</td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></td></tr>
<tr><td>8.</td><td>Carpet area of structure of Home in square metres</td><td></td></tr>
<tr><td>9.</td><td>Rate of Cost of Construction per square metre at the policy Commencement Date</td><td></td></tr>
<tr><td colspan="3">Other Details</td></tr>
<tr><td>10.</td><td>Age of Home Building</td><td><table><tr><td>Less than 5 years</td><td></td></tr><tr><td>5-10 years</td><td></td></tr><tr><td>10-20 years</td><td></td></tr><tr><td>Above 20 years</td><td></td></tr></table></td></tr>
<tr><td>11.</td><td>Construction Details

Please note the following:

(Building(s) having walls and/or roofs of wooden planks/thatched leaves and/or grass/hay of any kind/bamboo/plastic cloth/asphalt/ canvas/tarpaulin and the like are treated as Kutcha Construction.

Construction other than Kutcha Construction is a 'Pucca Construction')</td><td><table><tr><td></td><td>Construction *</td></tr><tr><td>Walls</td><td>Kutcha/Pucca</td></tr><tr><td>Floor</td><td>Kutcha/Pucca</td></tr><tr><td>Roof</td><td>Kutcha/Pucca</td></tr></table>(*strike out what is not applicable)</td></tr>
</table>

Details of Home Contents

Please note the following:

i) Home Contents refer to articles or things in Your Home that are not permanently attached or fixed to the structure of Your Home. Home Contents may consist of General Contents and/or Valuable Contents.

ii) ***General Contents*** *are all the contents of household use in Your Home, e.g., furniture, electronic items and goods, antennas, solar panels, water storage equipment, kitchen equipment, electrical equipment (including those fitted on walls), clothing and apparel and items of similar nature.*

iii) ***Valuable Contents*** *of Your Home consist of items such as jewellery, silverware, paintings, works of art, antique items, curios and items of similar nature.*

iv) If You have opted for Home Building and Home Contents cover, the General Contents of Your home equal to 20% of the Sum Insured for Home Building Cover subject to a maximum of ₹ 10 Lakhs (Rupees Ten Lakh) are automatically covered.

12.	If You want to opt out of in-built cover for General Contents as mentioned in (iv) above and want to have higher Sum Insured Or If You have opted for Home Contents Only cover, please provide item wise Sum Insured for General Contents. (Sum Insured represents Cost of Replacement)	Item wise Sum Insured for General Contents (in ₹): Items / Sum Insured Furniture, Fixtures and Fittings (Home Furnishings) Electrical/Electronic Others
13.	In case of Basement, If there are contents in it, please provide the Sum Insured	

In-Built Covers (Loss of Rent & Rent for Alternative Accommodation)

14.	Cover for (Please Tick) Loss of Rent ☐ Rent for Alternative Accommodation ☐	Loss of Rent: I. Sum Insured: II. Number of Months: Rent for Alternative Accommodation: I. Sum Insured II. Number of Months

Optional Covers (available on payment of additional premium)

15.	Do You require 'Personal Accident Cover' for Yourself and Your spouse?	Yes/No If Yes, Name & age of Your spouse: Your age:

16.	Do You require 'Cover for Valuable Contents on Agreed Value Basis (under Home Contents cover)': ***(Valuable Contents** of Your Home consist of items such as jewellery, silverware, paintings, works of art, antique items, curios and items of similar nature.)* *(You have to submit a Valuation Certificate. However, the requirement of valuation certificate is waived if the Sum Insured opted for is upto ₹ 5 Lakh and Individual item value does not exceed ₹ 1 Lakh).*	Yes/No If Yes, please attach list of items and Sum Insured: Valuation certificate attached? (Yes/No)

Additional/Add-on Covers (over and above optional covers available on payment of additional premium)

Sl.No	Name of Add-on cover	Sum insured

Claims details

Please specify details of any loss to the proposed Property in last 3 years:

Date of Loss	Cause of Loss	Claimed Amount	Settled Amount/please specify if claim is outstanding

SECTION 2 **Burglary & Robbery**

<table>
<tr><td rowspan="2">1. What protection is provided to:
(a) Doors
(b) Windows

NB: Mention any specific precautions you have adopted for safeguarding your Property

2. Does the premises have a boundary wall?

a) Is the premises guarded by Watchmen?
b) If so by how many and during what time?

3. Are all jewellery & valuables secured in a secured place normally?

4. Value at risk and limit of liability for contents:
(The sum insured for the contents has to be the same as in case of fire section)
i) Furniture (wooden & Steel) (On reinstatement value basis)
ii) Clothing
iii) Kitchen Utensils & cutlery
iv) Gas Stove
v) Bed linen & other similar items
vi) Other items
(Please attach a separate list</td><td colspan="2"></td></tr>
<tr><td>Value at Risk</td><td>Limit of Liability (Full value basis / 40% of the value at Risk. if sum insured has to be same, there cannot be lower limit of liability(We mean to say that the Sum Insured should be 40% of the full SI under fire section in case the cover is opted on first loss basis.)</td></tr>
</table>

of all items) vii) Domestic Appliances/Electronic Equipment (Reinstatement Value) viii) is it intended to be covered(Yes, Please guide in view of our observations above)	Rs…….. Rs…….. Rs…….. Rs…….. Rs…….. Rs……..

SECTION 3 ALL RISK (JEWELLERY & VALUABLES)			
Description of the articles Gold/Silver/Diamond is any valuation certificate required above certain value, if yes, specify the limit(We would like to keep a limit of Rs.50000/- as limit for any one item/set. Please advise.) **1) Necklace** **2) Rings** **3) Ear Rings** **4) Bangles** **5) Other items**	No. Of articles Insured	Wt. Of the articles	Sum

SECTION 4 Plate Glass & Neon Sign	
Plate Glass (i) Description ,Size & location	
(ii) Insured Value of Plain Glass (pl. provide Replacement value)	

(iii) The cost of tinting, lettering, painting, embossing, silvering or any other ornamental work, if propose to insure	

	SECTION 5 **Breakdown of Domestic Appliances**				
(Only Equipments which are less than 10 years of old from the date of manufacture can be covered. Following details must be provided in respect of each equipment)					
Description	Make of the Appliance	Model of the Appliance	Sr.No. /Identification no. Of the Appliance	Year of Manufacture	Reinstatement Value
Details of breakdown and Repair cost incurred during the last 3 years for the above Equipments:					

	SECTION 6 **Electronic Equipment Insurance**				
	(Only Equipments which are less than 10 years of old from the date of manufacture can be covered. Following details must be provided in respect of each equipment)				
Description of the Equipment	Make of the Equipment	Model No.	Sr.No. /Identification no. Of the Equipment	Year of Manufacture	Reinstatement Value

Do you require cover for data media and system software? If so, provide	

(i) Reinstatement value of data media (ii) Repurchase cost for system software	Rs…….. Rs……..
Do you require cover for reproduction of data lost following identifiable damage to data media? If 'Yes', what is the limit required?	Rs……
Details of breakdown and Repair cost incurred during the last 3 years for the above Equipments:	

	SECTION 7 **PERSONAL ACCIDENT** (Please give the following details for all persons to be covered under this section) Sum Insured for the non earning spouse is to be restricted to Rs.1 Lac only and only wider cover to be offered to the dependant children)				
Name of the Person	Relationship with the proposer	Occupation	Date of Birth	Nominee	Sum to be insured (Rs)

SECTION 8 **Workmen's Compensation**			
Serial No.	Type of work	Number of workers	Annual Wage for each Category or workers put together

SECTION 9 **Public Liability** (The maximum amount of Limit of liability can be Rs 10 lakhs only)	
Limit of Liability (Any one Accident Any one Year)	Rs……

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.