

# PROPOSAL FORM - COMMERCIAL VEHICLE

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

Customer ID \_\_\_\_\_ Policy No. \_\_\_\_\_

\*Proposal For:  New Policy  Roll-Over  Renewal  Endorsement

\*Coverage Required:  Comprehensive Package Cover  Third Party Liability only Cover  Third Party, fire & theft only Cover  
 Third Party and Fire only Cover  Third Party and Theft only Cover

\* Period of Insurance:           Time  /  To midnight of

(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)

Intermediary Code : \_\_\_\_\_ Intermediary Name : \_\_\_\_\_

Aadhaar No :                 PAN No :

1. \*PROPOSER DETAILS: First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

Name (Registered Owner of the Vehicle): Mr./Ms./M/s. \_\_\_\_\_

PAN No.           Aadhaar No.            \*DOB:             \*Gender:  M  F \*Occupation: \_\_\_\_\_

Marital Status:  Single  Married Bank Name \_\_\_\_\_ Branch Name \_\_\_\_\_

A/c Type:  Savings  Current Account No.                 MICR \_\_\_\_\_ IFSC \_\_\_\_\_

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%;  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 respect of Section 1 of the Policy will stand forfeited.

Signature of Proposer

6. ABOUT THE MOTOR VEHICLE TO BE INSURED:

\*Vehicle Type:  2 Wheeler  3 Wheeler  4 Wheeler  More than four wheels \*Vehicle insured is:  New  Used

*Make _____	*Model _____	*Chassis No. _____	Speedometer reading as on date _____
*Year of Manufacture _____	_____	RTO where vehicle will be registered _____	*Vehicle IDV ₹ _____
*CC/GWW _____	_____	Date of Registration / Purchase _____	Trailer(s) Identification No. _____
*Registration No. _____	_____	Licensed Carrying Capacity _____	1 _____
Type of Body _____	_____	(No of Passengers Including driver) _____	2 _____
*Engine No. _____	_____	Colour of the vehicle _____	3 _____
_____	_____	Vehicle Make (Indigenous or Imported) _____	4 _____

(Note: Either Registration Number or Engine and Chassis Number is mandatory)

\*Vehicle Rate Under:  Zone - A  Zone - B  Zone - C \*Fuel Used:  Petrol  Diesel  Bi Fuel  CNG  LPG  Electric  Hybrid  Others (please specify) \_\_\_\_\_

\*Purpose of Use:  Goods Carrying (Private Carrier)  Passenger Carrying (Private carrier)  Goods Carrying (Public Carrier)  Passenger Carrying (Public Carrier)

Others (Please specify) \_\_\_\_\_

Proposed usage of the vehicle? (Applicable only to passenger carrying vehicles with seating capacity not exceeding 6)

Driven by the owner(s) only,  Driven by the owner(s) only along with other drivers,  Driven by other drivers,  For rent to tourists,  For rent to individuals for personal use,

Business purposes by Hotels,  Business purposes by Corporates, Official purposes by foreign embassy/ consulate

\*Type of Permit:  Hilly  National/ State Highways  City/ Town Road  District Roads  Others \_\_\_\_\_

\*Average Monthly Usage:  Less Than 500 Kms;  Between 501 and 2500 Kms;  Between 2501 to 5000 Kms;  Above 5001 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 \_\_\_\_\_

Nature of Goods carried by vehicle  Hazardous  Non-Hazardous

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:

Relationship : \_\_\_\_\_ Appointee Name : \_\_\_\_\_ Age \_\_\_\_\_ yrs \_\_\_\_\_

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

# PROPOSAL FORM - COMMERCIAL VEHICLE

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.

Legal liability to paid driver/ conductor/ cleaner employed in operations of vehicle No. of Persons _____ Legal liability to employees travelling in/driving the vehicle other than paid driver. No. of Persons _____ Additional Towing charges: Amount ₹ _____ Cover for overturning of Mobile Cranes, Mechanical Navies, Shovels, Grabs, Rippers and Excavators, Dragline Excavators, Mobile Drilling Rigs and Mobile Plants? Yes <input type="checkbox"/> No <input type="checkbox"/> Do you wish to have an enhanced Personal accident cover for Yourself/ Your Driver / unnamed occupants of the vehicle? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, please provide the Sum Insured per person _____	Personal Accident Cover ( Max ₹ 1 lakh for two-wheelers and ₹ 2 Lakh for other class of vehicles each in multiples of ₹ 10000/- ) for paid driver / cleaner / conductors. No. of Persons _____ CSI per person ₹ _____ Legal liability non-fare paying passengers No. of Persons _____ CSI per person ₹ _____ Vehicle used for Private and commercial purposes : Yes <input type="checkbox"/> No <input type="checkbox"/> Do you wish to cover for loss or damage to lamps, tyres, tubes, mudguard, bonnet side parts, bumper and paint work? (Not applicable for taxis) Yes <input type="checkbox"/> No <input type="checkbox"/> Do you wish to cover Hospital Cash for hospitalisation arising out of accident for Yourself / Your Driver / Unnamed occupants of the vehicle? Yes <input type="checkbox"/> No <input type="checkbox"/>
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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 <input type="checkbox"/> No <input type="checkbox"/> Vehicle will be used within own premises : Yes <input type="checkbox"/> No <input type="checkbox"/> Third Party Property Damage cover restricted to 6000 Yes <input type="checkbox"/> No <input type="checkbox"/>	Is the vehicle specially designed for the use by a handicapped person and/ or owned by an institution exclusively engaged in service of the blind, handicapped and mentally regarded children or adults? Yes <input type="checkbox"/> No <input type="checkbox"/>
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\*Voluntary Deductible : Amount ₹ \_\_\_\_\_ 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 <input type="text" value="DDMMYYYY"/> To <input type="text" value="DDMMYYYY"/> Claims reported in last 5 years <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>Year</th> <th>1</th> <th>2</th> <th>3</th> <th>4</th> <th>5</th> </tr> <tr> <td>Type of Claims (OD/TP)</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>No. of Claims</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Amount</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>	Year	1	2	3	4	5	Type of Claims (OD/TP)						No. of Claims						Amount					
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Amount																									

14. DRIVER DETAILS: (Mention the details in below for any condition)

a. Age & Date of Birth of the Owner: Age  Yrs DOB:  b. Age & Date of Birth of the Driver: Age  Yrs DOB:

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:  - Loss / Cost (₹): \_\_\_\_\_ - Circumstances of Accident / Loss: \_\_\_\_\_

15. 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) ₹ \_\_\_\_\_

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.

**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 HDI General Insurance Co. Ltd. I/We also declare that any additions or alterations carried out after the submission of this Proposal Form would be conveyed to Magma HDI General Insurance Co. Ltd 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.magmahdi.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 declare and undertake that the amount paid by me/us as premium for the aforementioned vehicle is out of my/our lawful and declared source of income. 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.

Place \_\_\_\_\_ Date  Signature of Proposer \_\_\_\_\_

**SECTION 41 INSURANCE Laws (Amendment) Act, 2015 - PROHIBITION OF REBATES**

- 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.
- 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.

