

PROPOSAL FORM - COMPULSORY PERSONAL ACCIDENT (OWNER-DRIVER) UNDER MOTOR INSURANCE POLICIES



Proposal No.:

*Proposal For: Fresh Proposal, Roll-Over, Renewal, Endorsement

Type of Cover Offered: Stand-alone Compulsory Personal accident Cover for Owner - Driver

Period of Insurance: From Hrs of till midnight of (Upto 1 Year)

Intermediary Code : Intermediary Name :

Aadhaar No : PAN No :

1. PROPOSER'S DETAILS: (REGISTERED OWNER OF THE VEHICLE)

First Name Middle Name Last Name

Full Name: Mr/Ms/M/s.

Address

City: State: Country: Pin Code:

Tele No. (R): Mobile No: *DOB: *Gender: M F *Occupation/Business:

E-Mail ID:

Marital Status: Single Married Divorced Widowed Educational Qualification

PAN No. Aadhaar No. Mother's maiden name:

2. NOMINEE DETAILS

First Name Middle Name Last Name

Name: Mr/Ms/M/s.

Relationship : Age yrs In case of Minor Guardians Name

Address

City: State: Pin Code: Tele No. (R):

Mobile No: *DOB: E-Mail ID:

Does the driver suffer from defective vision or hearing or any physical infirmity? Yes No

If YES, please give details of such infirmity

About The Coverage Required

Personal Accident Cover for Owner Driver.

Table with 5 columns: Name of Insured, Age of Insured, Nominee Name, Nominee Age/DOB, Relationship with Insured

Address for Communication

Flat/Building: Road/Street/Sector Area

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

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

E-Mail ID:

Number of Vehicles to be covered under Stand-alone CPA:

Registration details for each vehicle

Table with 4 columns: Sr. No., RTO Code - Name, Make - Model Variant, Date of Registration

3. PREVIOUS INSURANCE DETAILS:

Complex form for previous insurance details including insurer name, policy info, and a table for claims reported in the last 5 years.

About The Usage of the Motor Vehicle

Form containing usage questions: Whether the use of vehicle is limited to own premises? Whether the vehicle is used for commercial purpose? Is the vehicle designed for use of Blind / Handicapped/ mentally challenged persons... What will be the Average Daily use of the vehicle? Where will the vehicle be generally driven on? Whether extension of Geographical Area to the following countries required? If Yes, Please tick the countries to which the extension is required.

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AML DECLARATION:

I/We hereby confirm that all premiums have been/will be paid from bonafied sources and no premiums have been / will be paid out of crime related to any of the offences listed in Prevention of Money Laundering Act, 2002. I understand that the Company has the right for call for documents to establish sources of funds. The insurance company has the right to cancel the insurance contact in case I am / have been found guilty by any competent court of law under any of the statues, directly or indirectly governing the prevention of money laundering in India.

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

4. 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.

5. 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 <input type="text"/>
Name of the Bank Name _____	Type of account: Savings <input type="checkbox"/> Current <input type="checkbox"/>
IFSC Code <input type="text"/>	Cheque/NEFT/DD Number <input type="text"/>
Bank Name _____	Amount in ₹ _____
Deposit Slip No. <input type="text"/>	Cheque/NEFT/DD Date <input type="text"/>
Credit Card No. <input type="text"/>	Expiry Date <input type="text"/>
Issuing Bank _____	Total Premium (Including GST) ₹ _____

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.

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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 Protean Egov Technologies Ltd 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 KYC 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)

Name _____
Mr./Ms./M/s. _____

First Name

Middle Name

Last Name

*DOB: *Gender: M F PAN No.

Flat/Building: _____

Road/Street/Sector _____ Area _____

Taluka/Village/District/City: _____ Pin Code: _____

State: _____ City _____

Country: _____ Tele No. (R): _____

Relationship: _____ Other Relationship _____

Mobile No: _____ E-Mail ID: _____

UID: _____

Authorization for electronic policy fulfillment and service communications (Please read carefully and put a check mark against 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" can be added to all proposal forms.

I hereby consent to and authorize Magma HDI General Insurance Company 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: _____

Place _____

Date

Signature of the Proposer

Name of Proposer: _____