PROPOSAL FORM - MOTOR TRADE INTERNAL RISK POLICY

MAGMA HDI
General Insurance Company Ltd.

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: D D M M Y Y Y Y *Gender: ☐ M ☐ F *Occupation: _____

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

E-Mail ID: _____

Intermediary Name _____ Intermediary Code: _____

PAN No. ☐☐☐☐☐☐☐☐☐☐ Aadhaar No. ☐☐☐☐☐☐☐☐☐☐☐☐ Marital Status: ☐ Single ☐ Married

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 _____

UIN: IRDAN149RP0015V01201213

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 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) ₹ _____

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 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 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 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)

Name Mr./Ms./M/s. First Name Middle Name Last Name

*DOB: D D M M Y Y Y Y *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 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" 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 D D M M Y Y Y Y

Signature of the Proposer

Name of Proposer: _____

UIN: IRDAN149RP0015V01201213