## PROPOSAL FORM - PRIVATE CAR & TWO WHEELER



	formation for fields marked with an asterisk (*) is manda	itory.			
	ustomer ID roposal For:	uni	Policy No  *Type of Vehicle:  Two Wheeler P		□ Now □ Hees
	Coverage Required: Package Cover Third Party				
	roduct Name: Private Car Package Policy Private				
	licy - Bundled - 5 Year Act only and 1 Year Own Damag				
	ro Wheeler Insurance Policy 🗌 Long Term Two Wheeler vlicy Tenure for Long Term Two Wheeler Package Polic			Stand Alone Own Damage Po	licy for Two Wheele
	ermediary Code:	y: \( \) 2 fears \( \) 3 fears	Intermediary Name :		
N .		N No :	* Period of Insurance:		D D M M Y Y Y Y
< '	ote: Cover shall not commence earlier than the date and time of *PROPOSER DETAILS:	·		,	Look Name o
) ) )	Name (Registered Owner of the Vehicle):Mr./Ms./M/s.	First Name	Middle Name		Last Name
4N 149RF	PAN No. Aadhaar No. Marital Status: Single Married Bank Name		*DOB: DDMMYYYY *Genda Branch Name	er: M F *Occupation:	
Š	A/c Type: Savings Current Account No			IFSC	
olicy	Nationality: Indian Non-Indian, If Non-Indian				
- Vln/	Are you or any of the proposal applicants PEPs* or a cla	ose relative/associate of Pl	EPs*? Yes No If yes, please share th	e details of "Politically Exposed F	ersons"(PEPs):
Act 0	* (PEPs) are individuals who have been entrusted with			of States or Governments, senio	or politicians, senio
/otor	government or judicial or military officers, senior executive Type of Organisation:		tions and important political party officials. n-Governmental Organisation Socie	ty Trusty Partners	hin
× ×	Private Limited Company Public Limited Con				iii p
2 2	*ADDRESS WHERE VEHICLE REGISTERED AND BASED	).			
7007	Flat/Building:	•	eet/Sector	Area	
7000	Taluka/Village/District/City:	State:	Country:	Pin Code:	
4 Y K L	GSTIN No. Tele No. (R		Mobile No:	E-Mail ID:	
- 3.	*COMMUNICATION ADDRESS (FOR POLICY DISPATO Flat/Building:	•	eet/Sector	Area —	
٠ <del>ا</del>	Taluka/Village/District/City:	State:		Ared Pin Code:	
() ()	GSTIN No.		,		
₿ <b>4</b> .	CITY WHERE THE VEHICLE WILL PRIMARILY BE USED	:			
Š 5	HAVE YOU PREVIOUSLY INSURED THIS VEHICLE?	Yes No	Policy No.		
J.	If so, are you entitled to No Claim Bonus from your pre		No		
	If Yes, Kindly indicate the percentage: 20%; 25				
_	I/We hereby declare that the rate of NCB claimed by mapplicy period (Copy of Policy enclosed). I/We further und				
2 3	under the Policy in respectof Section 1 of the Policy will sta	dertake that it this declaration and forfeited.	on is found incorrect, all benefits	Signature of P	roposer
<sup>3</sup> 6.	ABOUT THE MOTOR VEHICLE TO BE INSURED:				<u> </u>
AN 1998P0001 VUZ.	*Make*Model	*Chassis No.		Speedometer reading as on do	ate
N N	*Year of Manufacture *CC/GVW	RTO where vehicle will be		*Vehicle IDV ₹	
4	*Registration No.	Date of Registration / Pur Licensed Carrying Capac		Trailer(s) Identification No.	
Z PA	Type of Body	(No of Passengers Including of		1	
- - - -	*Engine No.	Colour of the vehicle		3	
6 8	(Nets Fish or Peristontian Newsborn or Franks and Chara	Vehicle Make (Indigenous o	or Imported)	4	
acka	(Note: Either Registration Number or Engine and Chass		I DEFEND DONG DIRECTED		
ģ	*Vehicle Rate Under: Zone - A Zone - B *Fuel  *Type of Permit: Express Way National/State Hig			Hybrid Others (please sp	ecity)
ate	*Average Monthly Usage: Less Than 50 Kms Ber				
۲ ج	Whether any modification or conversion has been done If Yes, please give details of such modifications/conversions.	e in the vehicle from the maions	naker's standard specification? Yes No		
4	Is the vehicle in good state of repair?  Yes  Note: No state of repair?  Where will the vehicle be generally parked?  Roads	lo If No, please furni			
77.10			ppen Within compound of residence covered	red	
<u>7</u> .	FINANCIER DETAILS:				
NA Y	Hypothecation Hire Purchase Lease	Financier	Name :		
₹ <b>8</b> .	NOMINEE DETAILS: (If Nominee is minor (below 18 years)	rs) Appointee Name is ma	ndatory.)		
Š	Nominee Name :	ppointee Name :		Date of birth:	
) o	INSURED DECLARED VALUE OF THE VEHICLE:	роппее гчатте :		Age	yrs
Long Ierm Iwo Wheeler insurance Policy -IKDAN I 49KP0002V0 I 20 I 4 I 5/ Private Car Package Po . 8 . Y	The IDV of the vehicle will be deemed to be the Sum-Insu				ne brand and mode
surar	as the vehicle proposed for insurance at the time of comm	nencement of insurance / re	enewal and adjusted for depreciation as per th	e schedule specified below.	
e i	Age of the Vehicle	% of Depreciation	*Vehicle Chassis Value		₹
Whee	Not exceeding 6 months  Exceeding 6 months but not exceeding 1 year	5% 15%	Vehicle Body Value  Non- Electrical Accessories (Other than fac	tory fitted):Details	₹
0 M	Exceeding 1 year but not exceeding 2 years	20%	Electrical Accessories (Other than factory fi	• •	₹
Ē	Exceeding 2 years but not exceeding 3 years	30%	Bi- Fuel/ CNG/LPG Kit		₹
Buo	Exceeding 3 years but not exceeding 4 years  Exceeding 4 years but not exceeding 5 years	40% 50%	Trailer(s)/ Side Car Value (only for 2 wheel Total IDV:	ers):	₹
ت	Note – For vehicles more than 5 years old, please cont				
10	EXTENDED COVERS/ EXTRA BENEFITS AT ADDITION		-		
			Maldives Pakistan Sri Lanka		
	Vehicle is fitted with Fibre Glass Fuel Tank: Yes N		cle will be used for Driving Tuitions: Yes	No 🗌	
	Imported vehicle without payment of customs duty: Ye	S INO			
	Compulsory Personal Accident (If owner has a valid dr	iving license)			
	If selected "NO" incase of customer type is individual	•			
	Thereby declare that: \tag{\tag{\tag{\tag{\tag{\tag{\tag{	ense Lown more than	1 vehicle and have onted for PA to Owner Driv	ver cover in the other vehicle insure	ance policy

UN: Private Car Plojay, Bundled Sagar Act Only and 1 year Own Damage - IRDAN149R00003V01201819/ Act only, Policy Private Car - 3 year. RCDAN149R00004V01201819/ Two Wheeler Policy. Bundled Sagar Act Only and 1 year Own Damage - IRDAN149R00006V01201819/ Act only, Policy Private Car - 3 year. Act Only and 1 year. Own Damage - IRDAN149R00006V01201819/ Act only, Policy Private Car - 3 year. Act Only and 1 year. Own Damage - IRDAN149R00006V01201819/ Act only, Policy Private Car - 3 year. Act Only and 1 year. Own Damage - IRDAN149R00006V01201819/ Act only, Policy Private Car - 3 year. Act Only and 1 year. Own Damage - IRDAN149R00006V01201819/ Act only, Policy Private Car - 3 year. Act Only and 1 year. Own Damage - IRDAN149R00006V01201819/ Act only, Policy Private Car - 3 year. Act Only and 1 year. Own Damage - IRDAN149R00006V01201819/ Act only, Policy Private Car - 3 year. Act Only and 1 year. Own Damage - IRDAN149R00006V01201819/ Act only, Policy Private Car - 3 year. Act Only and 1 year. Own Damage - IRDAN149R00006V01201819/ Act only, Policy Private Car - 3 year. Act Only and 1 year. Own Damage - IRDAN149R00006V01201819/ Act only, Policy Private Car - 3 year. Act Only and 1 year. Own Damage - IRDAN149R0006V01201819/ Act only, Policy Private Car - 3 year. Act Only and 1 year. Only a year. Act Only a

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## UNI: Private Car Policy - Bundled - 3 year Act Only and 1 year Own Damage -IRDAN149RP0003V01201819/ Act only Policy Private Car - 3 year. IRDAN149RP0004V01201819/ Two Wheeler - IRDAN149RP0002V01201819/ Two Wheeler - IRDAN149RP0001V01201819/ Third Party Only Policy - IRDAN149RP0001V01201819/ Third Party Only Policy - IRDAN149RP0002V01201819/ Third Party Only Policy - IRDAN149RP0002V01201818/ Two Wheeler insurance Policy - IRDAN149RP0002V01201818/ Two Wheeler insurance Policy - IRDAN149RP0002V01201818/ Third Party - IRDAN149RP0002V01201818/ Two Wheeler insurance Policy - IRDAN149RP0002V01201818/ Two Wheeler insurance Policy - IRDAN149RP0003V01201818/ Two Wheeler Package Policy - IRDAN149RP0002V01201818/ Two Wheeler Package Policy - IRDAN149RP0003V01201818/ Two Wheeler - IRDAN149RP0003V012018/ Two Wheeler - IRDAN149RP00003V012018/ Two Wheeler - IRDAN149RP0003V012018/ Two Wheeler - IRDAN149RP0003V012018/ Two W

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	Is the vehicle company maintained? Whether the vehicle is certified as Vintage Car by Vintage and Classic Car Club of India? Do you want to opt for wider legal liability to Paid Driver	Yes No Yes No Yes No	Vehicle used Do you wish	d for comme n to include	ut on occasional l ercial purposes : Personal Acciden	it cover for		_ '	he vehicle in					
	Other employees (If Yes, No. of persons to be covered)	Yes No	CACCOS OF THE	d per persor		over for the	Owner/Drive	r? Yes	No 🗌					
	Do you want to cover loss of accessories due to burglary,	Yes No		Age Relationship										
	housebreaking or theft? (Applicable only for Two-Wheelers) Do you wish to have an enhanced Personal accident cover for Yourself/ Your Driver/Unnamed occupants of the vehicle?	Yes No	number of	e indicate the per person persons to b	e Sum-Insured per for Two Wheelers e covered for the	person (In and ₹ 2 lo purpose o	nultiples of₹ akhs per pers	10000/- for on for Priva will be equi	te Cars. The valent to the					
	If Yes, please provide the Sum Insured per person	Yes No		,	icity of the vehicle)		p. e. e.							
	Do you wish to include Personal Accident cover for named persons?		Hospital Cash				No							
	If YES, give name and Capital Sum Insured (CSI) opted for :													
	Name CSI Opted (₹)	Nominee	Nominee Age	/DOB	Relationship	/NI-1- TI		CCI:ll-						
	1)					(Note : The maximum CSI available per p is ₹ 2 lakhs in case of Private Cars and ₹ 1								
	2) 3)						e of motorized							
1 1	ADD-ON COVERAGE AT ADDITIONAL PREMIUM:													
Ī	Add On Plan Type Opted: 1)	2)		3)		4)								
		5)		7)		8) _	(IN ID)							
	9)1(	J)		11)		Amo	unt in (INR) _							
2.	RESTRICTIONS OF COVER/ DISCOUNTS:													
	Vehicle fitted with Anti-theft device approved by ARAI : Vehicle will be used within own premises :	Yes   Yes	No No		ry Deductible :									
	Third Party Property Damage cover restricted to 6000	Yes	No 🗌	Private C	ar: None		/ 5,000	)/ 7,50	00/-					
	(Third Party Property Damage cover of $\ref{1}$ lakh for 2 wheelers a	nd ₹ 7.5 lakhs	for Private cars)		15,000	·								
	Is the vehicle designed for use of Blind / Handicapped/ Mentally challenged persons and duly endorsed as such by RTA? Are you a member of Automobile Association of India? If yes, please state	Yes   Yes		Two Whe	eler : None	500/- 3,00		1,000/-						
	a. Name of Association					_								
	b. Membership No.						Signature	of Propose	r					
_	c. Date of expiry													
3.	PREVIOUS INSURANCE DETAILS:		T (											
	Previous Insurer Name:  Policy/ Cover note number:		Type of cover:		SI ULUIVI VI VI V	T 555		71						
	Has any Insurance Company ever:		Period of Insuranc Claims reported in			To D D	MMTTT							
	1) Declined the proposal		Year	i iusi 5 yeur	1	2	3	4	5					
	Cancelled & Refused to renew     Required an increase in Premium		Type of Claims (O	D/TP)	1		J J	4						
	4) Imposed special conditions or excess		No. of Claims											
4.	Third Party Insurance Details (Applicable only for Standalone	OD policy):	Amount											
	Name of the Insurer:		Policy Nu	ımber:			Period Of In	surance:						
5.	DRIVER DETAILS: (Mention the details in below for any condition	٦)												
	a. Age & Date of Birth of the Owner: Age	y physical infirm ny accident of lo ions : - Driver's	mity? Yes No Soss? Yes No Soss? Yes No Soss?		of Birth of the Dri		Yrs DO	OB: DDM	M Y Y Y Y					
6.	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 o	of Proposal Form o	and request	you to provid	e the details	accordingly.					
7.	PAYMENT DETAILS: Direct fund transfer / EFT mandate form: (please enclose an ori	iainal blank ca	ncelled cheaue alo	na with the r	proposal form)									
	Payee Name (as per bank records)  Name of the Bank Name  IFSC Code Cheque/NEFT/DD Nu				ayee Account Nur	Туре	e of account:	Savings	Current					
	Bank Name Deposit Slip No. Credit Cara				741100	Amount in ₹  Cheque/NEFT/DD Date  Expiry Date  Cheque/NEFT/DD Date								
	Issuing Bank	a 110.		Tot	al Premium (Inclu	ıding GST)	. ,	NO DIDIW	244 1 1 1 1					
	Source of funds: Business: Salaried: Others	/I												
	DECLARATION:  I/We hereby declare that the statements made by me/us in this Propo basis of the contract between me/us and the Magma HDI General Inwould be conveyed to Magma HDI General Insurance Co. Ltd imm detailed Terms and Conditions available on the website www.magma/I/We further confirm that the existing damages as per the pre inspect all premiums paid / payable in future are from bonafide sources understand that the Company has the right to call for documents to e under any of the statutes, directly or indirectly governing the prevent vehicle mentioned herein and undertake to renew the same and allow to make welcome calls,	surance Co. Ltd nediately. I/We handi.com Yes — on report, if any and not paid controlled establish sources tion of money lo	. I/We also declare the nereby agree to rece No, the we duly been shad to can according to can aundering law in Indonesia.	nat any additive a One Portion of the control of th	ions or alterations age Motor Insuran & my consent has l art such premiums ance policy in case valid and effective	carried out ce Policy in been obtain are not dis 1/ we are fo PUC and/o	after the subm Physical Form ed for the sam proportionate ound guilty by or fitness certifi	ission of this to be read the l/we herel to my/our if any compete tote, as app	Proposal Form along with the by confirm that ncome. I / we ent court of law licable, for the					
								applicable la	IW.					
	The salient features of the policy, terms and conditions of this proposo	ıı nave been exp	olained to me/us in_		。	•								
	SECTION 41 INSURANCE Laws (Amendment) Act, 2015 - PRC	NUBITION OF	PERATES		Si	ignature of	Proposer							
		אטווופוחל	KEDAILJ											

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.

Magma HDI General Insurance Co. Ltd. | <a href="www.magmahdi.com">www.magmahdi.com</a> | E-mail: <a href="customercare@magma-hdi.co.in">customercare@magma-hdi.co.in</a> | Toll-free no.: 1800 2663202 | Registered Office: Development House, 24 Park Street, Kolkata – 700016. CIN: U66000WB2009PLC136327 | IRDAI Reg. No. 149 | Trade Logo displayed above belongs to Magma Ventures Private Limited and HDI Global SE, and is used by Magma HDI General Insurance Company Limited, under license.

## PROPOSAL FORM - PRIVATE CAR & TWO WHEELER



				ALALV(		'																					
Do you wish to have this	s Policy	y cred	ited	to an	elA?	(Pled	ase s	elec	t ar	nyo	ne)																
No, I do not have of If yes, Please share Please select Insura	existi	ng e -	Insur	rance	Acco	unt l	V٥		d yo		s, Cre			olicy	to r	ny e	-In	sur	anc	e ad	:cou	unt —					
M/s Protean Egov 7	Techno	ologie	s Ltd							M,	/s Kar	vy Ins	sura	nce l	Rep	osito	ory	Lim	ited								
M/s Central Insura	nce Re	eposito	ory L	imitec	ł					M,	/s CA	MS Re	epos	sitory	Se	vice	s L	imit	ed	(Ple	ase	sele	ect (	any	one	) ()	r
I do not have existi insurance account My CKYC No. (Central R Representative Details (c	openii (now `	ng for Your C	rm (e Custo	elA for omer r	m) ale egistr	ong ry nu	with ımbe	rele er) is	var (if	nt d ava	ocum ailable	ents) ):							_			se su	ndr	nit el	lectr	oni	С
Name Mr./Ms./M/s.																					I						
1411./1413./141/3.		F	First N			_		_				Idle No	ame							La	ıst No	ame					
*DOB:   D D M M   \	YY	YY	*(	Gende	er:		Λ	F		PA	N No.																
Flat/Building:																											
Road/Street/Sector															Are	ea											
Taluka/Village/District/C	City:																			Pin	Со	de:					
State:			$\top$									(	City														
Country:						Ť	Ť				Tele	No. (	R):			Ť	Ì	Ī	Ť		T						
Relationship:						Ť					Othe	r Rel	atio	nshir	5			i			T		Ī				
Mobile No:							E-Mc	ail ID	):					·													
UID:							T	1																			
Authorization for electrisigning) I hereby consent that the (Please provide us your electronsent to and a other communication (eletthe provisions of applical I wish to get all policy relative Whatsapp Number:  Place  Date D D M M Y Y	policy -mail i uthori ectron ble lav	docur id) or v ize Ma iic or o v.	ment: via sn igma otherv	s may ms at n 1 HDI ( wise) v	be se ny mo Gener vith re	nt to bile ral In	me k no. p sura	oy er orov ince he p	mai ide Co rop	l at d al mp	bove"	can b	e ac	lded Comp	to c	    pr y") te	opo	osal ake	fori	ms. Icor	me c	calls	, se	ervice	e cal	ls o	
Name of Proposer:		_															5	ign	atu	re o	of th	e Pr	opo	oser			