

FOR OFFICE USE ONLY	(
Branch Name Intermediary Name Proposal Received On		Branch Code Intermediary Code RM Name	
GUIDELINES FOR COM	APLETION OF THE FORM (TO BE FILLED E	BY PROPOSER)	
insurance policy that we may policy or its price, terms, con statement, misrepresentation	ons fully and correctly, please mention clearly the issue. You must disclose all facts relevant to all penditions and exclusions. The policy shall become n, non-description or non-disclosure in any mater any material information having been withheld be	ersons proposed to be insured e void at our sole discretion, rial particular in the proposal	d that may affect our decision to issue a in the event of any untrue or incorrect I form/personal statement, declaration
doubt, please seek the help of	or you to provide information whether as reques of our company representative or your insurance ns and We shall have no liability to make any pay posal is not accepted by Us.	advisor. If we accept a propo	osal for insurance, it shall be subject to
All fields/details marked witl	h * are mandatory.		
PROPOSER DETAILS			
Please fill up this form in C	APITAL LETTERS		
Proposer Name*			
Proposer's trade or busines	s Busin	ness Sector Urb	an Rural
Type of Proposer	Individual Partnership firm Compo	any Government O	ther (Please specify)
Annual Income (in INR)	Paid	up capital of firm (in INR m	nillions)
PAN Number*	GST	number	
Do you file Income tax return	? Yes No Do yo	ou have a bank account?	Yes No
Address for Correspondence*	City: Landline:	State:	
Mobile No.*			
E Mail ID			
CONTACT PERSON DE	TAILS*		
Contact Person's Name*			
Address for Correspondence*	City:	State:	
	Pin Code: Landline:		
Mobile No.*			
E Mail ID			

RISK DETAILS

Scope of Cover: The claim under this policy is admissible in case of Accidental death, Permanent Total Disablement, Permanent Partial Disablement and Temporary Total Disablement.

Major exclusions: Suicide, self-injury, Venereal disease, war, nuclear peril, and pregnancy will not be covered under the policy. For a detailed set of exclusions, kindly refer the policy document.

Add ons: In addition certain optional extensions are available, the details of which, are provided in the relevant section of this proposal form.

Note: Please add sheets if space is insufficient.



Total No. of Persons covered		Total Capital Sum Insured												
Basis for fixing Capital Sum Insured	Flat Basis G	e of Monthly Salary												
Base Covers opted (Choose one or more)	Accidental Death (AD) Permanent Partial Disability (PPD)	t Total Disability (PTD) v Total Disability (TTD)												
Optional Extension Covers	Accidental Medical expenses	e cover												
	Funeral Benefit Medical expenses													
	Modification of residential accommodation & vehicle & Workplace													
	Accidental Hospitalization Daily Cash benefit													
	Other (Please specify)													
If you want to avail exclusion of coverage under the policy with consequent reduction of premium, please specify	Off Duty cover	cial hours: from hrs. To												
Places provide list of persons t	o be insured in following format.													
rieuse provide list of persons i	be insored in following formul.	I												
Name	Place of employment	Risk Category ^ (I/II/III)	Capital Sum Insured											

^ Risk categories:

- I) Doctors, Lawyers, Persons engaged in clerical & Administrative staff
- II) Builder, Contractor, Engineer on site, workers, Mechanics, Driver & Manual laborers.
- III) Persons working in mines, explosive units, Electrical installations on line, Racing, Circus, Skiing, Mountaineering, Ballooning, Winter Sports & Polo.

PREVIOUS POLICY & CLAIMS DETAILS

Period of	Insurance	Name of	Policy Number	Cover Details	Total Premium	Total Amount
From	То	Insurer	Tolicy Notfiber	Cover Delalis	(INR)	of claims
	D D M M Y Y Y Y					
	D D M M Y Y Y Y					
DDMMYYYY	D D M M Y Y Y Y					

Important Notes:

- 1. The information that you give to Us on this proposal form or in any supplementary information form or documentation supplied by you or on your behalf will influence Our decision to offer insurance and the terms upon which to offer it. Further, any policy We issue will be based on what you have communicated to Us. It is therefore important that your answers are complete and accurate in all respect.
- 2. The questions in this proposal are indicative rather than exhaustive. You must provide Us with all information relevant to the risk to be insured, even if it is not the subject of a question in this proposal. If you are in any doubt as to what information should be given, you should liaise with your insurance advisor/ company.
- 3. Acceptance of your proposal would be subject to realization of full premium amount by the company.
- 4. The list of exclusions/ inclusions and other policy details are indicative, for complete list and comprehensive details kindly refer policy wordings.



premiums are not disproportionate to my/our income. I / we understand that the Company has the right to call for documents to establis 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 statute directly or indirectly governing the prevention of money laundering law in India.			_	_	۱۱ر —	—)I I/	<u>` </u>															_	_								
Cheque/NEFI/DD Number Bank Name Amount in words (Rs) For payment of claims/refund through direct bank transfer, please provide the following details: (please enclose a cancelled cheque along with the proposal form) Name of the Bank City IFSC Code Account Number Account Type DECLARATIONS - I hereby declare, on my behalf and on behalf of all persons proposed to be insured, that the above statements, answers and/or particula given by me are true and complete in all respects to the best of my knowledge and that I am authorized to propose on behalf of these oth persons. - I We hereby also declare and undertake that the amount paid by me/us as premium for the aforementioned proposal is out of my/our lawf and declared source of Income. - I understand that the information provided by me will form the basis of the insurance policy, is subject to the Board approved underwritir policy of the insurer and that the policy will come into force only after full payment of the premium chargeable. - I turther declare that I will notify in writing any change occurring in the occupation or general health of the life to be insured/proposer after the proposal has been submitted but before communication of the risk acceptance by the company. - I declare that I consent to the company seeking medical information from any doctor or hospital who/which at any time has attended on the person to be insured/proposer or from any past or present employer concerning anything which affects the physical or mental health of the person to be insured/proposer or from any past or present employer concerning anything which affects the physical or mental health of the person to be insured/proposer or from any past or present employer concerning anything which affects the physical or mental health of the person to be insured/proposer or from any past or present employer concerning anything with affects the physical or mental health of the person to be insured/proposer or from any past or present employer concerning anything with affects the	PAYMENT DETAILS																																
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	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.	. Additional Information:									
	Nationality: Indian Non-Indian If, Non-Indian, please specify Country:									
3.	. Type of Organisation : (Applicable where an organisation is the proposer. In case of proposer being Individual, Sole Proprietor or HUF, please select option X)									
	(I) Corporations (ii) Trust (iii) Government (iv) Partnership / LLP (v) Non-Government Organisations (vi) Co-operatives (vii) Society (viii) Private Limited Company (ix) Public Limited Company (x) others, please specify									
4.	. Source of Funds for premium payment:									
	Business: Others (please specify)									
	SECTION 41 OF THE INSURANCE ACT, 1938 - 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 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 continuing the policy accept any rebate except such rebate as may be allowed in accordance with the published 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.									
	· %									
	Acknowledgment Calculated and Acknowledgment									
Pr	oposal No									
W	'e acknowledge with thanks the receipt of your proposal and amount by Cash/Cheque/NEFT/Demand Draft/ Others									
w te	either the submission to Us of a completed proposal for Insurance nor any payment for any policy sought obliges Us to agree to issue a policy, hich decision is and always shall be in Our sole and absolute discretion. If We accept a proposal for Insurance, it shall be subject to the policy rms and conditions and We shall have no liability whatsoever if premium is not received by Us in full and in time or is not realized. If We do not									

Signature of the receiver and office seal



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Pan card holder's name		T	İ	İ	T	İ	İ		İ	İ	_				Τ		Τ														Т						
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- Magma General Insurance Limited may suffer or incur, directly or indirectly, arising from or in connection with, amongst other things, either of the aforesaid reasons stated in above clauses.
- The Customer agrees that transaction(s) through RTGS/ NEFT facility may attract inward RTGS/ NEFT charges, which if levied by the Customer's bank, shall be borne by the Customer
- 6. Magma General Insurance Limited has the absolute discretion to amend or supplement any Terms and Conditions stated herein at any time and will endeavor to give prior notice of Ten days for such changes wherever feasible for the terms and conditions to be applicable. By using the new services, or at the completion of such period, whichever is earlier, the Customer shall be deemed to have accepted the changed terms and conditions.
- Submission of documents or bank details or any other information does not in any way, shape or form, imply or express or suggest admission of liability by the
- Notices under these terms and conditions may be given in writing by delivering them by hand or e-mail or on Magma General Insurance Limited. Website www.magmainsurance.com or by sending them by post to the last address of the Customer.
- 9. These terms and conditions will be governed by the laws of India and any legal action or proceedings arising out of these Terms and Conditions shall be initiated in the courts or tribunals at Mumbai in India.
- 10. I/We further undertake to refund any excess amount whether demanded by Magma General Insurance Limited or not, which has been credited in excess to my account at any time due to any reason within 7 days of such receipt of such communication from Magma General Insurance Limited of such excess credit or such information of excess credit coming to the knowledge of the Customer through any other source.
- 11. I/ We agree that my/our claim payment will be credited from the date Magma General Insurance Limited gets confirmation from its bankers, This facility will continue unless it is revoked by any party and any issuance of relevant credit instruction from Magma General Insurance Limited to its bankers will be valid till such instruction is complete irrespective of the fact that the notice period has expired provided such a credit request has been made by Magma General Insurance Limited before the expiry of the notice period of the Customer.
- 12. (Please attach a blank cancelled cheque or photocopy of a cheque for verification of the particulars provided in this regard)

Signature and stamp of customer	

Magma General Insurance Limited (erstwhile Magma HDI General Insurance Company Limited) | www.magmainsurance.com | E-mail: customercare@magmainsurance.com | Toll Free: 1800 266 3202 | Registered Office: Development House, 24 Park Street, Kolkata - 700016, West Bengal. | CIN: U66000WB2009PLC136327 | IRDAI Reg. No. 149 | Group Accident Suraksha | Product UIN: MAGPAGP19026V011819 | Trade Logo displayed above belongs to Magma Ventures Private Limited and is used by Magma General Insurance Limited under license. | Chat with MIRA on our website or say "Hi" on WhatsApp No. 7208976789 (PF.GAS.ver10.12.24)