

PROPOSAL FORM - INDIVIDUAL PERSONAL ACCIDENT INSURANCE



15. Is this proposal for insurance in addition to:			
(a)	Any other Accident Policy? [Including if covered under any Group Personal Accident Policy/Credit card schemes] (If so, give name of each Company and Amount of Insurance.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(b)	Any other Employee Scheme (If so, give name of each Company and Amount of Insurance.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
16. Has any Company			
i)	Declined to issue a policy to you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
ii)	Declined to continue your Insurance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
iii)	Not invited the renewal of your Policy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
iv)	Imposed any restriction or special conditions? (If yes, please furnish the details)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
17. Have you ever claimed / received compensation under any Accident Policy? (If yes, please furnish the details)		<input type="checkbox"/> Yes	<input type="checkbox"/> No
18. Details of coverage opted by you:			
(i)	Capital Sum Insured (maximum liability)	Rs. _____	
(ii)	Nature of Policy Proposed	<input type="checkbox"/> **Basic <input type="checkbox"/> Wider <input type="checkbox"/> Comprehensive	
(iii)	Do you like to avail additional cover against Medical Expenses? (applicable to Comprehensive cover only)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(iv)	Do you like to avail Hospital Confinement Allowance Extension? (applicable to Comprehensive cover only)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
**a) Basic Cover-covers against Death only b) Wider Cover-covers against Death, Permanent Total Disablement & Permanent Partial Disablement. c) Comprehensive Cover-covers against Death, Permanent Total Disablement, Permanent Partial Disablement & Temporary Total Disablement			
19. Do you wish to cover your family members (spouse, children and dependent parents only)?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
20. Period of Insurance		From <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> To <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

If answer to item 19 is "yes" please furnish the following details and use separate proposal form for each adult person to be insured.

I/We hereby give my/our consent to the Company to verify and obtain my/our identity/address proof as well as the identity /address proof of the insured through Central KYC Registry or UIDAI or through any other permitted modes for the purpose of undertaking applicable KYC.

Name of family members	Relationship with Insured & Age	Profession or occupation	Annual Income	Type of cover & Capital Sum Insured		Additional Extension (applicable to comprehensive cover only)	
				Type of Cover	CSI	Medical Expenses	Medical confinement Allowance

NOMINATION:

Policyholder is the nominee for all Insured members. Below details are for nominee to Policyholder

Name of Nominee

Relationship with Proposer Date of Birth

Contact Number of Nominee

If the Nominee is minor, Name and Address of Appointee and Relationship with Minor:

Appointee Name	Relationship with Nominee	Contact Number of Appointee

Auto Renewal:

Policy will be renewed on payment of renewal premium by You. However, We may exercise our option not to renew the policy on the ground of fraud, misrepresentation or suppression of any material fact either at the time of taking policy or any time during the currency of the earlier policies or bad moral hazard.

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PAYMENT DETAILS

1. **Payment Details:** Please tick (✓) payment option Total Premium amount including GST (Rs) _____

Cash Cheque/NEFT/DD Payment Option Digital Payment

Cheque/NEFT/DD Number

Cheque/NEFT/DD Date Bank

2. 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 Account Holder

Name of the Bank

Branch City

IFSC Code

Account Number Account Type

"I/We hereby declare and undertake that the amount paid by me/us as premium for aforementioned policy is out of my/our lawful and declared source of income."

ELECTRONIC INSURANCE DETAILS

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: *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:

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DECLARATIONS:

1. Declaration

- I hereby declare, on my behalf and on behalf of all persons proposed to be insured, that the above statements, answers and/or particulars 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 other persons.
- I understand that the information provided by me will form the basis of the insurance policy, is subject to the Board approved underwriting policy of the insurer and that the policy will come into force only after full payment of the premium chargeable.
- I further 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 and seeking information from any insurer to whom an application for insurance on the person to be insured/proposer has been made for the purpose of underwriting the proposal and/or claim settlement.
- I authorize the company to share information pertaining to my proposal including the medical records of the insured/proposer for the sole purpose of underwriting the proposal and/or claims settlement and with any Governmental and/or Regulatory authority.

Date:

Place: _____

Name of Proposer: _____

Signature of the Proposer

2. Authorization for electronic policy fulfillment and service communications (Please read carefully and put a check mark against each 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 General Insurance 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: _____

Date:

Place: _____

Name of Proposer: _____

Signature of the Proposer

3. Vernacular Declaration

I hereby declare that I have fully explained the contents of the proposal form and all other documents incidental to availing the health insurance from Magma General Insurance Limited to the proposer in the language understood by him/her. The same have been fully understood by him/her and the replies have been recorded as per the information provided by the proposer. Replies have been read out to, fully understood and confirmed by the proposer.

Declarants Name _____ Relationship with proposer _____

Date:

Place: _____

Signature of declarant

Signature of applicant in vernacular

4. Intermediary Declaration

I, _____ (Full Name) in my capacity as an Insurance Advisor/Specified Person of the Corporate Agent/Authorized employee of the Broker/Relationship Officer, do hereby declare that I have explained all the contents of this Proposal Form, including the nature of the questions contained in this Proposal Form to the proposer including statement(s), information and responses(s) submitted by him/her in this Proposal Form to questions contained herein or any details sought herein will form the basis of the Contract of Insurance between the Company and the Proposer, if this Proposal is accepted by the Company for issuance of the Policy. I have further explained that if any untrue statement(s)/information/response(s) is/are contained in this Proposal Form / including addendum(s), affidavits, statements, submissions, furnished/ to be furnished, or if there has been a non-disclosure of any material fact, the Policy issued to his/her favour pursuant to this Proposal may be treated by the Company as null and void and all premium paid under the Policy may be forfeited to the Company.

License No./ID (Advisor/Corporate Agent/Broker/Relationship Officer) _____

Date:

Place: _____

Signature of the Insurance Advisor

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[name of proposer]

I _____
confirm that I have understood all the features/benefits available under this Policy.

Date:

Place: _____

Signature of the Proposer

5. Proposer Declaration

(Certification where for any reason, the proposal and other connected papers are not filled in by the Proposer). The contents of the proposal form and connected documents have been fully explained to me and I have fully understood the significance of the proposed contract. The Proposal Form is filled by _____ under my instruction and I found it to be correct.

Date:

Place: _____

Signature of the Proposer

6. AML Guidelines

1. I/we hereby confirm that all premiums paid / payable in future are from bonafide sources and not paid out of proceeds of crime and that such premiums are not disproportionate to my/our income. I / we understand that the Company has the right to call for documents to establish 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 statutes, directly or indirectly governing the prevention of money laundering law in India.

Date: DD MM YYYY

Signature of the Proposer: _____

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: _____ Salaried: _____ Others (please specify) _____

GENERAL INFORMATION:

1. Caution

You are obliged to make a full and frank disclosure of all facts material to the assumption of risk in relation to you and every person proposed to be insured that would influence Our decision to issue the policy or the terms on which it is issued and you must not misrepresent any information to Us. The obligation continues until the policy is issued and does not end with the submission of this proposal form. If, therefore, there is any change in the information given herein or new information comes to light before the policy is issued, then you must inform Us of the same in writing without delay. If there is insufficient space to provide additional information, whether as requested or otherwise, then please attach an extra sheet duly signed. If the disclosure obligations are breached then such breach may render any policy issued void.

Prohibition of Rebates Under Section 41 of Insurance Law (Amendment) Act, 2015

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.

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Acknowledgment

Proposal No. _____

Date

D	D	M	M	Y	Y	Y	Y
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We acknowledge with thanks the receipt of your proposal and amount by Cash/Cheque/NEFT/Demand Draft/

Others _____ of amount of Rs. _____

Dated _____ Drawn on _____

Neither 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, which 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 terms 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 accept the proposal, We will inform you and refund the payment after deducting the charges for pre-policy health checkup, if any, received from you without interest.

Signature of the receiver and office seal

Terms and Conditions:

- The liability of the Company does not commence until this Proposal has been accepted by the Company and premium is realized.