

PROPOSAL FORM - COMMERCIAL VEHICLE



Information for fields marked with an asterisk (*) is mandatory.

Customer ID _____ Policy No. _____

*Proposal For: New Policy Roll-Over Renewal Endorsement

*Coverage Required: Comprehensive Package Cover Third Party Liability only Cover Third Party, fire & theft only Cover
 Third Party and Fire only Cover Third Party and Theft only Cover

* Period of Insurance: Time / To midnight of

(Note: Cover shall not commence earlier than the date and time of acceptance of risk and/or issuance of cover note & subsequent to payment of premium)

Intermediary Code : _____ Intermediary Name : _____

Aadhaar No : PAN No :

1. *PROPOSER DETAILS: First Name _____ Middle Name _____ Last Name _____

Name (Registered Owner of the Vehicle): Mr./Ms./M/s. _____

PAN No. Aadhaar No. *DOB: *Gender: M F *Occupation: _____

Marital Status: Single Married Bank Name _____ Branch Name _____

A/c Type: Savings Current Account No. MICR _____ IFSC _____

Nationality: Indian Non-Indian, If Non-Indian, pls specify the country _____

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.

Type of Organisation: Corporation Government Non-Governmental Organisation Society Trusty Partnership
 Private Limited Company Public Limited Company Others, please specify _____

2. *ADDRESS WHERE VEHICLE REGISTERED AND BASED:

Flat/Building: _____ Road/Street/Sector _____ Area _____

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

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

E-Mail ID: _____

3. *COMMUNICATION ADDRESS (FOR POLICY DISPATCH):

Flat/Building: _____ Road/Street/Sector _____ Area _____

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

GSTIN No.

4. CITY WHERE THE VEHICLE WILL PRIMARILY BE USED:

5. HAVE YOU PREVIOUSLY INSURED THIS VEHICLE? Yes No Policy No. _____

If so, are you entitled to No Claim Bonus from your previous Insurer? Yes No

If Yes, Kindly indicate the percentage: 20%; 25%; 35%; 45%; 50%; 65%

I/We hereby declare that the rate of NCB claimed by me/us is correct and that NO CLAIM has arisen in the expiring policy period (Copy of Policy enclosed). I/We further undertake that if this declaration is found incorrect, all benefits under the Policy in respect of Section 1 of the Policy will stand forfeited.

Signature of Proposer

6. ABOUT THE MOTOR VEHICLE TO BE INSURED:

*Vehicle Type: 2 Wheeler 3 Wheeler 4 Wheeler More than four wheels *Vehicle insured is: New Used

*Make _____	*Model _____	*Chassis No. _____	Speedometer reading as on date _____
*Year of Manufacture _____	_____	RTO where vehicle will be registered _____	*Vehicle IDV ₹ _____
*CC/GVW _____	_____	Date of Registration / Purchase _____	Trailer(s) Identification No. _____
*Registration No. _____	_____	Licensed Carrying Capacity _____	1 _____
Type of Body _____	_____	(No of Passengers Including driver)	2 _____
*Engine No. _____	_____	Colour of the vehicle _____	3 _____
_____	_____	Vehicle Make (Indigenous or Imported) _____	4 _____

(Note: Either Registration Number or Engine and Chassis Number is mandatory)

*Vehicle Rate Under: Zone - A Zone - B Zone - C *Fuel Used: Petrol Diesel Bi Fuel CNG LPG Electric Hybrid Others (please specify) _____

*Purpose of Use: Goods Carrying (Private Carrier) Passenger Carrying (Private carrier) Goods Carrying (Public Carrier) Passenger Carrying (Public Carrier)

Others (Please specify) _____

Proposed usage of the vehicle? (Applicable only to passenger carrying vehicles with seating capacity not exceeding 6)

Driven by the owner(s) only, Driven by the owner(s) only along with other drivers, Driven by other drivers, For rent to tourists, For rent to individuals for personal use,

Business purposes by Hotels, Business purposes by Corporates, Official purposes by foreign embassy/ consulate

*Type of Permit: Hilly National/ State Highways City/ Town Road District Roads Others _____

*Average Monthly Usage: Less Than 50 Kms Between 50 and 100 Kms Between 101 and 250 Above 251 Kms

Whether any modification or conversion has been done in the vehicle from the maker's standard specification? Yes No

If Yes, please give details of such modifications/conversions _____

Is the vehicle in good state of repair? Yes No If No, please furnish details _____

Nature of Goods carried by vehicle Hazardous Non-Hazardous

7. FINANCIER DETAILS:

Hypothecation Hire Purchase Lease Financier Name : _____

8. NOMINEE DETAILS: (If Nominee is minor (below 18 yrs) Appointee Name is mandatory.)

Nominee Name : _____ Date of birth:

Relationship : _____ Appointee Name : _____ Age _____ yrs

9. INSURED DECLARED VALUE OF THE VEHICLE:

The IDV of the vehicle will be deemed to be the Sum-Insured for the purpose of the Policy and will be fixed on the basis of the manufacturer's listed selling price of the brand and model as the vehicle proposed for insurance at the time of commencement of insurance / renewal and adjusted for depreciation as per the schedule specified below.

Age of the Vehicle	% of Depreciation	*Vehicle Chassis Value	₹
Not exceeding 6 months	5%	Vehicle Body Value	₹
Exceeding 6 months but not exceeding 1 year	15%	Non- Electrical Accessories (Other than factory fitted):Details	₹
Exceeding 1 year but not exceeding 2 years	20%	Electrical Accessories (Other than factory fitted) Details	₹
Exceeding 2 years but not exceeding 3 years	30%	Bi- Fuel/ CNG/LPG Kit	₹
Exceeding 3 years but not exceeding 4 years	40%	Trailer(s)/ Side Car Value (only for 2 wheelers):	₹
Exceeding 4 years but not exceeding 5 years	50%	Total IDV:	

Note – For vehicles more than 5 years old, please contact the Company for fixing the IDV

UNI: Commercial Vehicles Proposal Form - IRDANTI 49RR0006V02201213 / Motor Ad Only Policy - IRDANTI 49RR0003V01201213

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10. EXTENDED COVERS/ EXTRA BENEFITS AT ADDITIONAL PREMIUM:

Extension of Geographical Area: Bangladesh Bhutan Nepal Maldives Pakistan Sri Lanka
 Vehicle is fitted with Fibre Glass Fuel Tank: Yes No Vehicle will be used for Driving Tuitions: Yes No
 Imported vehicle without payment of customs duty: Yes No

Compulsory Personal Accident (If owner has a valid driving license)
 If selected "NO" incase of customer type is individual please tick any one of the below. Yes No
 I hereby declare that: I do not hold a valid driving license. I own more than 1 vehicle and have opted for PA to Owner Driver cover in the other vehicle insurance policy.

Legal liability to paid driver/ conductor/ cleaner employed in operations of vehicle No. of Persons _____	Personal Accident Cover (Max ₹ 1 lakh for two-wheelers and ₹ 2 Lakh for other class of vehicles each in multiples of ₹ 10000/-) for paid driver / cleaner / conductors. No. of Persons _____ CSI per person ₹ _____
Legal liability to employees travelling in/driving the vehicle other than paid driver. No. of Persons _____	Legal liability non-fare paying passengers No. of Persons _____ CSI per person ₹ _____
Additional Towing charges: Amount ₹ _____	Vehicle used for Private and commercial purposes : Yes <input type="checkbox"/> No <input type="checkbox"/>
Cover for overturning of Mobile Cranes, Mechanical Navies, Shovels, Grabs, Rippers and Excavators, Dragline Excavators, Mobile Drilling Rigs and Mobile Plants? Yes <input type="checkbox"/> No <input type="checkbox"/>	Do you wish to cover for loss or damage to lamps, tyres, tubes, mudguard, bonnet side parts, bumper and paint work? (Not applicable for taxis) Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you wish to have an enhanced Personal accident cover for Yourself/ Your Driver / unnamed occupants of the vehicle ? Yes <input type="checkbox"/> No <input type="checkbox"/>	Do you wish to cover Hospital Cash for hospitalisation arising out of accident for Yourself / Your Driver / Unnamed occupants of the vehicle? Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, please provide the Sum Insured per person _____	

11. ADD-ON COVERAGE AT ADDITIONAL PREMIUM:

Add On Plan Type Opted: 1) _____ 2) _____ 3) _____ 4) _____
 5) _____ 6) _____ 7) _____ 8) _____
 9) _____ 10) _____ 11) _____ Amount in (INR) _____

12. RESTRICTIONS OF COVER/ DISCOUNTS:

Vehicle fitted with Anti-theft device approved by ARAI : Yes No
 Vehicle will be used within own premises : Yes No
 Third Party Property Damage cover restricted to 6000 Yes No
 Is the vehicle specially designed for the use by a handicapped person and/ or owned by an institution exclusively engaged in service of the blind, handicapped and mentally regarded children or adults? Yes No
 *Voluntary Deductible : Amount ₹ _____ Signature of Proposer _____

13. PREVIOUS INSURANCE DETAILS:

Previous Insurer Name: _____ Type of cover: _____
 Policy/ Cover note number: _____ Period of Insurance: From To
 Has any Insurance Company ever:
 1) Declined the proposal
 2) Cancelled & Refused to renew
 3) Required an increase in Premium
 4) Imposed special conditions or excess
 Claims reported in last 5 years

Year	1	2	3	4	5
Type of Claims (OD/TP)					
No. of Claims					
Amount					

14. DRIVER DETAILS: (Mention the details in below for any condition)

a. Age & Date of Birth of the Owner: Age Yrs DOB:
 b. Age & Date of Birth of the Driver: Age Yrs DOB:
 c. Does the driver suffer from defective vision or hearing or any physical infirmity? Yes No
 If YES, please give details of such infirmity _____
 d. Has the driver ever been involved / convicted for causing any accident of loss? Yes No
 If YES, give details as under including the pending prosecutions : - Driver's Name : _____
 - Date of Accident: - Loss / Cost (₹): _____ - Circumstances of Accident / Loss: _____

15. 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
 Bank Name _____ Cheque/NEFT/DD Number
 Deposit Slip No.
 Issuing Bank _____ Credit Card No.
 Source of funds: Business: Salaried: Others (please specify) _____ Total Premium (Including GST) ₹ _____
 Cheque/NEFT/DD Date
 Expiry Date

16. 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.

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 General Insurance Limited. I/We also declare that any additions or alterations carried out after the submission of this Proposal Form would be conveyed to Magma General Insurance Limited 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.magmainsurance.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 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. 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.
 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.

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 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.

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First Name

Middle Name

Last Name

*DOB:

D	D	M	M	Y	Y	Y	Y
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*Gender:

M F

PAN No.

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Flat/Building:

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Road/Street/Sector

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Area

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Taluka/Village/District/City:

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Pin Code:

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State:

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City

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Country:

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Tele No. (R):

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Relationship:

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Other Relationship

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Mobile No:

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E-Mail ID:

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UID:

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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 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: _____

Place _____

Date

D	D	M	M	Y	Y	Y	Y
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Signature of the Proposer

Name of Proposer: _____