PROPOSAL FORM - PRIVATE CAR & TWO WHEELER



		ormation for fields marked with an asterisk (*) is mando	atory.	2 11 11									
		stomer ID oposal For:	D Endersoment	Policy No* *Type of Vehicle: Two Wheeler P	viverto Cov. *Vahiala Ingurad In	□ Nov. □ Head							
_		overage Required: Package Cover Third Party											
		oduct Name: Private Car Package Policy Private Car Policy - Bundled - 3 Year Act only and 1 Year Own Damage Two Wheeler Package Policy Two Wheeler cy - Bundled - 5 Year Act only and 1 Year Own Damage Act only Policy Private Car - 3 Year Act only Two wheeler - 5 Year Motor Act Policy Third Party Long Term											
		Wheeler Insurance Policy Long Term Two Wheeler Package Policy Stand Alone Own Damage Policy for Private Car Stand Alone Own Damage Policy for Two Wheeler											
		cy Tenure for Long Term Two Wheeler Package Policy: 2 Years 3 Years											
50		Intermediary Code : Intermediary Name : Part of Intermediary Name Pa											
۷۸.		Ihaar No: PAN No: *Period of Insurance: DDMMYYYYY To midnight of DDMMYYYYY te: 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)											
-5	1. *	PROPOSER DETAILS:	First Name	Middle Name	- /	Last Name							
RP00		Name (Registered Owner of the Vehicle):Mr./Ms./M/s.											
412		AN No. Aadhaar No. *DOB: DDMMY YYYY *Gender: M F *Occupation:											
RDA		Marital Status: Single Married Bank Name		Branch Name									
. ż		A/c Type: Savings Current Account No Nationality: Indian Non-Indian, If Non-Indiar		MICR	IFSC								
ly Pol		Are you or any of the proposal applicants PEPs* or a cl		EPs*? Yes No If ves, please share th	e details of "Politically Exposed P	ersons"(PEPs):							
Motor Act Only Policy- IRDAN149RP0003					, ,	, ,							
٥. ۲		* (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.											
Motor To	-	Type of Organisation: Corporation Go	vernment Non	n-Governmental Organisation Socie	ty 🗌 Trusty 🗌 Partners	hip							
213/	Į.	Private Limited Company Public Limited Cor	mpany	e specify									
2201		ADDRESS WHERE VEHICLE REGISTERED AND BASED											
200		Flat/Building:		eet/SectorCountry:	Area —								
9RP0002V0220		GSTIN No. Tele No. (R	State:	Mobile No:									
149F		COMMUNICATION ADDRESS (FOR POLICY DISPATO		Mobile 140.	L-Mail ID.								
Policy- IRDAN 14		Flat/Building:		eet/Sector	Area								
<u>~</u>		Taluka/Village/District/City:	State:	Country:	Pin Code:								
Policina Pol		GSTIN No.											
kage	4.	CITY WHERE THE VEHICLE WILL PRIMARILY BE USED):										
r Pac	5.	HAVE YOU PREVIOUSLY INSURED THIS VEHICLE?	Yes No	Policy No.									
Wheeler		If so, are you entitled to No Claim Bonus from your pre	evious Insurer? Yes 🗌 I	No [
} } }		If Yes, Kindly indicate the percentage: 20%; 2											
3/4		I/We hereby declare that the rate of NCB claimed by me policy period (Copy of Policy enclosed). I/We further und under the Policy in respectof Section 1 of the Policy will sta	e/us is correct and that NO	CLAIM has arisen in the expiring									
121			ind forfeited.	orris rooma meorreer, an benefits	Signature of Pr	oposer							
0220	6	ABOUT THE MOTOR VEHICLE TO BE INSURED:			T								
> [0]		*Make*Model *Year of Manufacture	*Chassis No.	d	Speedometer reading as on do	ıte							
3RPO		*Year of Manufacture *CC/GVW	RTO where vehicle will be Date of Registration / Pur	•	*Vehicle IDV ₹								
Z Z		*Registration No.	Licensed Carrying Capac		Trailer(s) Identification No.								
cy- IRDAN149RP0001V02201213 / Two		Type of Body	(No of Passengers Including d	river)									
licy-		Engine No.	Engine No Colour of the vehicle										
ge Po		Vehicle Make (Indigenous or Imported) 4											
acka	,	*Vehicle Rate Under: 7 7 7 7 7 7 7 7 7 7 7 7 7 7 8 1 7 7 7 7	Colour of the vehicle Vehicle Make (Indigenous or Imported) 4 Vehicle Make (Indigenous or Imported) 4 Vehicle Make (Indigenous or Imported) 4 Vehicle Registration Number or Engine and Chassis Number is mandatory) Vehicle Roads Petrol Diesel Bi Fuel CNG LPG Electric Hybrid Others (please specify) Very of Permit: Express Way National/State Highways City/Town Road District Roads Private Road Very of Permit: Express Way National/State Highways City/Town Road District Roads Private Road Very of Very of Permit: Express Way National/State Highways City/Town Road District Roads Private Road Very of Very of Very Very										
Car		Vehicle Rate Under: Zone - A Zone - B *Fuel Used: Petrol Diesel Bi Fuel CNG LPG Electric Hybrid Others (please specify) Type of Permit: Express Way National/State Highways City/Town Road District Roads Private Road											
vate	,	Average Monthly Usage: Less Than 50 Kms Between 50 and 100 Kms Between 101 and 250 Above 251 Kms											
5/ Pri		Whether any modification or conversion has been done in the vehicle from the maker's standard specification? Yes No No if Yes, please give details of such modifications/conversions											
74	,	s the vehicle in good state of repair? Yes No If No, please furnish details Where will the vehicle be generally parked? Roadside Public Parking Road Outside Parking lot open or covered											
0120		Within		pen Within compound of residence cove	red								
2025	7.	FINANCIER DETAILS:											
9RPO		Hypothecation Hire Purchase Lease	Financier	Name :									
Z 4	8.	NOMINEE DETAILS: (If Nominee is minor (below 18 y	rs) Appointee Name is ma	ndatory.)									
RDA	- 1	Nominee Name :	into - Nove -		Date of birth:								
	9	INSURED DECLARED VALUE OF THE VEHICLE:	opointee Name :		Age	yrs							
ce Pe	٠.	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 mo											
suran		as the vehicle proposed for insurance at the time of comn	e schedule specified below.										
er ii.		Age of the Vehicle	% of Depreciation	*Vehicle Chassis Value		₹							
Wheel		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	₹							
		Exceeding 1 year but not exceeding 2 years	20%	Electrical Accessories (Other than factory fi		₹							
ar I		Exceeding 2 years but not exceeding 3 years	30%	Bi- Fuel/ CNG/LPG Kit	,	₹							
Long Te		Exceeding 3 years but not exceeding 4 years	40% 50%	Trailer(s)/ Side Car Value (only for 2 wheel Total IDV:	ers):	₹							
<u> </u>		Exceeding 4 years but not exceeding 5 years Note – For vehicles more than 5 years old, please cont											
<u> </u>		EXTENDED COVERS/ EXTRA BENEFITS AT ADDITION		y me iDv									
5		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											
-													
<u> </u>		Imported vehicle without payment of customs duty: Ye	ported 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	• ,	below. Yes No									
		I harabu da clara that: 🔲 I do not hold a valid driving lie	anna laum maara 45 au	1 vahisla and have anted for PA to Own - Dai		man maliau							

UN: Private Car Policy - Bundled - 3 year Act Only and 1 year Own Damage - IRDAN1 49RP0003V01201819/ Act only Policy Private Car - 3 year - IRDAN149RP0004V01201819/ Two Wheeler Policy- Bundled - 5 year Act only and 1 year Own Damage - IRDAN149RP0006V01201819/ Act only Policy Private Car - 3 year - IRDAN149RP0004V01201819/ Act only Policy Private Car - 3 year - IRDAN149RP0004V01201819/ Act only Policy Private Car - 3 year - IRDAN149RP0004V01201819/ Act only Policy Private Car - 3 year - 1 year

PROPOSAL FORM - PRIVATE CAR & TWO WHEELER



Is the vehicle company maintained?	Yes No			et out on occasional	hire?	Yes				
Whether the vehicle is certified as Vintage Car by Vintage and Classic Car Club of India?	Yes No		Vehicle used for commercial purposes : Yes \(\subseteq \text{No} \) Do you wish to include Personal Accident cover for unnamed occupants of the vehicle in							
Do you want to opt for wider legal liability to Paid Driver Other employees	u want to opt for wider legal liability to Paid Driver Yes No				excess of the compuls Personal Accident cover for the Owner/Driver? Yes No					
(If Yes, No. of persons to be covered)	Yes No		Sum Insured per person to be ₹ Nominee Details : Name							
Do you want to cover loss of accessories due to burglary, housebreaking or theft? (Applicable only for Two-Wheelers)	Yes No		Age Relationship							
Do you wish to have an enhanced Personal accident cover for	Yes No		If yes, please indicate the Sum-Insured per person (In multiples of ₹ 10000/- for a maxin of ₹ 1 lakh per person for Two Wheelers and ₹ 2 lakhs per person for Private Cars.							
Yourself/ Your Driver/Unnamed occupants of the vehicle? If Yes, please provide the Sum Insured per person		n	number of persons to be covered for the purpose of this Add-on will be eq							
Do you wish to include Personal Accident cover for	Yes No	D	registered carrying capacity of the vehicle) Do you wish to cover Hospital Cash for hospitalisation arising out of accident							
named persons? If YES, give name and Capital Sum Insured (CSI) opted for:					Yourself/Your Driver/Unnamed occupants of the vehicle?					
Name CSI Opted (₹	Nominee	Non	ninee Age/DOB	Relationship	(Nata - The m	naximum CSI availabl				
1)					is ₹ 2 lakhs in a	case of Private Cars o	ınd ₹1 Lakh			
3)					in the case of r	motorized Two wheele	er)			
Add On Plan Type Opted: 1)	2)		3)		4)					
5)	6)		7)		8)	(INID)				
9)	U)		11)		Amount in	n (INK)				
Vehicle fitted with Anti-theft device approved by ARAI :	Yes	No [*Volu	ntary Deductible :						
Vehicle will be used within own premises: Third Party Property Damage cover restricted to 6000	Yes Yes		= Priva	te Car : None	2 ,500/-	5,000/- 7,50	00/-			
(Third Party Property Damage cover of ₹ 1 lakh for 2 wheelers of			e cars)	_ 15,00		_				
Is the vehicle designed for use of Blind / Handicapped/ Mentally challenged persons and duly endorsed as such by RTA?	Yes	No	_			750/- 1,000/-				
Are you a member of Automobile Association of India? If yes, please state	Yes	No		1,500	/ 3,000/-					
a. Name of Association										
b. Membership No. c. Date of expiry					S	Signature of Proposer				
. PREVIOUS INSURANCE DETAILS:										
Previous Insurer Name:										
Has any Insurance Company ever:	// Cover note number: Period of Insurance: From DDMMYYYYY To DDMMYYYYY Claims reported in last 5 years									
1) Declined the proposal 2) Cancelled & Refused to renew				ear 1 2 3 4 5 ype of Claims (OD/TP)						
Required an increase in Premium Imposed special conditions or excess	uired an increase in Premium									
F. Third Party Insurance Details (Applicable only for Standalone	OD!:	Amoun								
Name of the Insurer:	OD policy):		Policy Number:		Perio	od Of Insurance:				
DRIVER DETAILS: (Mention the details in below for any condition										
a. Age & Date of Birth of the Owner: Age Yrs DOB: C. Does the driver suffer from defective vision or hearing or an		′∐Y mitv? Yes		ate of Birth of the D	river: Age	Yrs DOB: DDM/	M Y Y Y Y			
If YES, please give details of such infirmity										
d. Has the driver ever been involved / convicted for causing an If YES, give details as under including the pending prosecut	•		No L							
- Date of Accident: □□MMYYYY - Loss / Cost (₹)	:		- Circumstan	ces of Accident / Lo	ss:					
. ELECTRONIC INSURANCE DETAILS: Do you wish to have this Policy credited to an eIA? Yes No	If vest please	refer the 4	Annexure 1 at the	end of Proposal Form	and request your	to provide the details o	accordingly			
PAYMENT DETAILS:	, 55, picuse	. 5.51 11107								
Direct fund transfer / EFT mandate form: (please enclose an or Payee Name (as per bank records)	iginal blank ca	incelled c	neque along with	the proposal form) Payee Account Nu	ımber 🔠					
Name of the Bank Name				,	Type of c	account: Savings	Current			
IFSC Code Cheque/NEFT/DD No. Bank Name	ımber			Amo	unt in ₹ Cheque/NEF	T/DD Date DDM	MYYYY			
Deposit Slip No. Credit Car	d No.				•	Expiry Date DDM	MYYYY			
Issuing Bank				Total Premium (Incl	uding GST) ₹					
	(please specif	y)								
DECLARATION: 1/We hereby declare that the statements made by me/us in this Proportion 1/We hereby declare that the statements made by me/us in this Proportion 1/We hereby declare that the statements made by me/us in this Proportion 1/We hereby declare that the statements made by me/us in this Proportion 1/We hereby declare that the statements made by me/us in this Proportion 1/We hereby declare that the statements made by me/us in this Proportion 1/We hereby declare that the statements made by me/us in this Proportion 1/We hereby declare that the statements made by me/us in this Proportion 1/We hereby declare that the statements made by me/us in this Proportion 1/We hereby declare that the statements made by me/us in this Proportion 1/We hereby declare that the statements made by me/us in this Proportion 1/We hereby declare that the statements made by me/us in this Proportion 1/We hereby declare that the statements made by me/us in this Proportion 1/We hereby declare the statement of the statement	osal Form are tra	ue to the h	est of mv / our know	vledge and belief and	I/We hereby gare	ee that this declaration	shall form the			
I/We hereby declare that the statements made by me/us in this Proparties of the contract between me/us and the Magma General Insurvould be conveyed to Magma General Insurance Limited immediate	ance Limited. I/	We also a agree to	leclare that any ad receive a One Page	ditions or alterations Motor Insurance Poli	carried out after the	he submission of this F m, to be read along wi	Proposal Form			
Terms and Conditions available on the website www.magmainsuran I/We further confirm that the existing damages as per the pre inspect	ce.com Yes 🗆 ion report, if any	No□. v. have du	v been shared with	me & mv consent has	been obtained fo	or the same. I/we hereb	v confirm tha			
all premiums paid / payable in future are from bonafide sources understand that the Company has the right to call for documents to	and not paid o	out of pro s of funds	ceeds of crime and and to cancel the ir	that such premium	s are not disproped in the second of the sec	ortionate to my/our in auilty by any compete	ncome. I / we			
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 under any of the statutes, directly or indirectly governing the preven vehicle mentioned herein and undertake to renew the sam and allow to make welcome calls,	tion of money le e during the	aundering policy p	law in India. I hole eriod. I wish to	d a valid and effective get all policy relat	PUC and/or fitned communicati	ess certificate, as appl ions on My Whatsa	icable, for the pp Number			
and allow to make welcome calls, The salient features of the policy, terms and conditions of this propos	Service calls or	any other	communication (el	ectronic or otherwise)	subject to the pro d I/we agree to th	ovision of applicable la	w.			
I/We hereby give my/our consent to the Company to verify and obt	ain mv/our ider	ntitv/addre					YC Registry o			
ÚIDAI or through any other permitted modes for the purpose of under Place	riaking applica	uie KYC.		9	Signature of Prop	ooser				
SECTION 41 INSURANCE Laws (Amendment) Act, 2015 - PRO						in respect of anylkind o	.1.1.2			
a ki i i i i i i i i i i i i i i i i i i	0 1									

No person shall allow or ofter 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.

PROPOSAL FORM - PRIVATE CAR & TWO WHEELER



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 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 (elA form) along with relevant documents)										
My CKYC No. (Central Know Your Customer registry number) is (if available): Representative Details (only if elA is to be opened for any other person other than Proposer and primary Insured)										
Name Name										
Mr./Ms./M/s. First Name Middle Name Last Name										
*DOB: DDMMYYYY *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										
Name of Proposer:										