

PROPOSAL FORM - PRIVATE CAR & TWO WHEELER

Is the vehicle company maintained?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Will the vehicle be let out on occasional hire?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Whether the vehicle is certified as Vintage Car by Vintage and Classic Car Club of India?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Vehicle used for commercial purposes :	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you want to opt for wider legal liability to Paid Driver	Yes <input type="checkbox"/> No <input type="checkbox"/>	Do you wish to include Personal Accident cover for unnamed occupants of the vehicle in excess of the compuls Personal Accident cover for the Owner/Driver?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Other employees (If Yes, No. of persons to be covered)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Sum Insured per person to be ₹ _____	
Do you want to cover loss of accessories due to burglary, housebreaking or theft? (Applicable only for Two-Wheelers)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Nominee Details : Name _____	
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"/>	Age _____ Relationship _____	
If Yes, please provide the Sum Insured per person		If yes, please indicate the Sum-Insured per person (In multiples of ₹ 10000/- for a maximum of ₹ 1 lakh per person for Two Wheelers and ₹ 2 lakhs per person for Private Cars. The number of persons to be covered for the purpose of this Add-on will be equivalent to the registered carrying capacity of the vehicle)	
Do you wish to include Personal Accident cover for named persons?	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?	

If YES, give name and Capital Sum Insured (CSI) opted for :

Name	CSI Opted (₹)	Nominee	Nominee Age/DOB	Relationship	(Note : The maximum CSI available per person is ₹ 2 lakhs in case of Private Cars and ₹ 1 Lakh in the case of motorized Two wheeler)
1)					
2)					
3)					

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 <input type="checkbox"/> No <input type="checkbox"/>
Vehicle will be used within own premises :	Yes <input type="checkbox"/> No <input type="checkbox"/>
Third Party Property Damage cover restricted to 6000	Yes <input type="checkbox"/> No <input type="checkbox"/>
(Third Party Property Damage cover of ₹ 1 lakh for 2 wheelers and ₹ 7.5 lakhs for Private cars)	
Is the vehicle designed for use of Blind / Handicapped/ Mentally challenged persons and duly endorsed as such by RTA?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you a member of Automobile Association of India?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please state	
a. Name of Association	_____
b. Membership No.	_____
c. Date of expiry	DDMMYY

*Voluntary Deductible :

Private Car :	<input type="checkbox"/> None	<input type="checkbox"/> 2,500/-	<input type="checkbox"/> 5,000/-	<input type="checkbox"/> 7,500/-	<input type="checkbox"/> 15,000/-	
Two Wheeler :	<input type="checkbox"/> None	<input type="checkbox"/> 500/-	<input type="checkbox"/> 750/-	<input type="checkbox"/> 1,000/-	<input type="checkbox"/> 1,500/-	<input type="checkbox"/> 3,000/-

Signature of Proposer _____

13. PREVIOUS INSURANCE DETAILS:

Previous Insurer Name: _____	Type of cover: _____					
Policy/ Cover note number: _____	Period of Insurance: From DDMMYY To DDMMYY					
Has any Insurance Company ever:	Claims reported in last 5 years					
1) Declined the proposal	Year	1	2	3	4	5
2) Cancelled & Refused to renew	Type of Claims (OD/TP)					
3) Required an increase in Premium	No. of Claims					
4) Imposed special conditions or excess	Amount					

14. Third Party Insurance Details (Applicable only for Standalone OD policy):

Name of the Insurer: _____	Policy Number: _____	Period Of Insurance: _____
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15. DRIVER DETAILS: (Mention the details in below for any condition)

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

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.

17. 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 <input type="checkbox"/> Current <input type="checkbox"/>
IFSC Code _____	Cheque/NEFT/DD Number _____
Bank Name _____	Amount in ₹ _____
Deposit Slip No. _____	Credit Card No. _____
Issuing Bank _____	Cheque/NEFT/DD Date DDMMYY
Source of funds: <input type="checkbox"/> Business: <input type="checkbox"/> Salaried: <input type="checkbox"/> Others (please specify) _____	Expiry Date DDMMYY
Total Premium (Including GST) ₹ _____	

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 DDMMYY 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.

