

## LOAN GUARD PROPOSAL FORM

Proposal No: \_\_\_\_\_

FOR OFFICE USE ONLY			
Branch Name		Branch Code	
Intermediary Name		Intermediary Code	
Proposal Received On			

### GUIDELINES FOR COMPLETION OF THE FORM (TO BE FILLED BY PROPOSED INSURED)

Please answer all the questions fully and correctly. This proposal will be the basis of any insurance policy that We may issue. You must disclose all facts relevant to all persons proposed to be insured that may affect Our decision to issue a policy or its price, terms, conditions, and exclusions. The policy shall become void at Our sole discretion, in the event of any untrue or incorrect statement, misrepresentation, non-description or non-disclosure in any material particular in the proposal form/personal statement, declaration and connected documents or any material information having been withheld by the Proposed Insured or anyone acting on his behalf.

If there is insufficient space for you to provide information whether as requested or otherwise, please attach a separate sheet. If you are in any doubt, please seek the help of Our company representative or your insurance advisor. If We accept a proposal for insurance, it shall be subject to the Policy terms and conditions, and We shall have no liability to make any payment under the Policy if premium is not received by Us in full and in time or is not realized or non-fulfillment of pre-policy medical check-up or proposal is not accepted by Us.

**All fields/details marked with \* are mandatory.**

### Please fill up this form in CAPITAL LETTERS

<b>Name*</b> (Mr./Ms./Mrs./Other)	(First Name)			(Middle Name)			(Last Name)		
<b>Applicant Status*</b>	<input type="checkbox"/> Primary Borrower			<input type="checkbox"/> Co-borrower					
<b>Marital Status</b>	<input type="checkbox"/> Single			<input type="checkbox"/> Married					
<b>Gender</b>	<input type="checkbox"/> Male			<input type="checkbox"/> Female			<input type="checkbox"/> TG		
<b>Nationality*</b>				<b>Date of Birth*</b>					
<b>Occupation</b>	<input type="checkbox"/> Salaried			<input type="checkbox"/> Self-employed			<input type="checkbox"/> Professional		
	<input type="checkbox"/> Others (please specify).....								
<b>Annual Income (in Rs.)</b>	<input type="checkbox"/> < 3,00,000			<input type="checkbox"/> 3,00,000 – 10,00,000			<input type="checkbox"/> 10,00,001 – 25,00,000		
	<input type="checkbox"/> >25,00,000								
<b>Address for Correspondence*</b>									
<b>Landmark</b>									
<b>City</b>				<b>State</b>			<b>Pin Code</b>		
<b>Phone No.</b>	<b>STD Code:.....</b>		<b>Landline No.:.....</b>				<b>Mobile No.*</b>		
<b>E Mail ID</b>									
<b>PAN No.</b>				<b>AADHAR No.</b>					
<b>Passport No</b>				<b>CKYC No</b>					
<b>ID Proof Type*</b>	<input type="checkbox"/> PAN <input type="checkbox"/> Passport <input type="checkbox"/> Voter's Card <input type="checkbox"/> Driving License <input type="checkbox"/> Aadhaar <input type="checkbox"/> Others If others, please specify _____								

Please share ID and address proof for KYC purpose. If Pan is provided, please share Passport / Voter's card / Driving License / Aadhaar number or any other officially valid document.

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.

LOAN DETAILS*			
Loan Type		Loan Tenure	
Loan Commencement Date		Loan Disbursement Date	
Loan Amount		EMI amount as on loan commencement date	

RISK DETAILS
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Note: Please add sheets if space is insufficient

Period of Insurance	<input type="checkbox"/> 1 Years <input type="checkbox"/> 2 Years <input type="checkbox"/> 3Years <input type="checkbox"/> 4 Years <input type="checkbox"/> 5 Years
Sum Insured	
Sum Insured Basis	<input type="checkbox"/> Equal to original Amount. <input type="checkbox"/> Can be less than original Amount <input type="checkbox"/> Can be More than original Amount
Base Covers opted. (Choose one or more)	<input type="checkbox"/> Critical Illness <input type="checkbox"/> Infectious Diseases <input type="checkbox"/> Personal Accident <input type="checkbox"/> EMI <input type="checkbox"/> Hospicash <input type="checkbox"/> Loss of Job <input type="checkbox"/> Fire and Allied Perils Dwelling & Household content <input type="checkbox"/> Business Interruption
Optional Extension Covers (Critical Illness)	<input type="checkbox"/> Survival Period <30 days/ Not Applicable>
Optional Extension Covers (Personal Accident)	<input type="checkbox"/> Permanent Partial Disablement (PPD) Cover <input type="checkbox"/> Funeral Cover <input type="checkbox"/> Emergency Road Ambulance Cover <input type="checkbox"/> Double Benefit <input type="checkbox"/> Education benefit
Optional Extension Covers (EMI Cover)	<input type="checkbox"/> Maternity EMI Cover
Optional Extension Covers (Hospital Cash)	<input type="checkbox"/> Maternity Hospital Cash
Optional Extension Covers (Personal Accident)	<input type="checkbox"/> Cover for Valuable Contents on Agreed Value Basis (under Home Contents cover) <input type="checkbox"/> Personal Accident

NOMINATION			
<b>Name of Nominee</b>	First	Middle	Last
<b>Relationship with Insured</b>		<b>Date of Birth</b>	DD MM YYYY
<b>Contact Number of Nominee</b>			

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

<b>Appointee Name</b>	<b>Relationship with Nominee</b>	<b>Contact Number of Appointee</b>

### ASSIGNMENT

I agree to assign this policy to the financial institution from which the loan, to which this policy is attached, has been taken.

### HEALTH DECLARATION

1. Please provide details of any health condition that you have suffered in past 4 years:

Name of condition: \_\_\_\_\_

Whether hospitalization was taken: \_\_\_\_\_

2. **Good Health Declaration**

I confirm that I am in good health and have not currently or in the past 5 years been suffering or receiving medication in respect of high blood pressure, diabetes or any other serious illness. I also confirm that I have never been postponed or declined for Critical Illness coverage and that I have never been diagnosed or received medical care for any of the following conditions:

1. Stroke (including Transient Ischemic attack)
2. Hepatitis B or C
3. Alcoholism
4. Drug Abuse
5. Cancer or any tumour
6. Melanoma
7. Abnormal Kidney Functions
8. Alzheimer's or Senile Dementia
9. Recurrent Human Papilloma Virus (HPV) or Sexually Transmitted Disease (within the past 5 years)
10. Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC). Human Immunodeficiency, infection (symptomatic or asymptomatic)
11. Any Disease or Disorder of the Nervous System
12. Heart Attack
13. Diabetes
14. Hypertension

I, the undersigned hereby declare and warrant that the above statements are true, accurate and complete. I desire to effect an insurance as described herein with the Company and I agree that this proposal and declarations hereto shall be the basis of contract between me and the Company and I agree to accept a Policy subject to the conditions prescribed by the Company.

I agree that the Policy shall become voidable at the option of the Company, in the event of any untrue or incorrect statement, misrepresentation, non-description or non-disclosure in any material particular in the proposal from / personal statement, declaration and connected documents, or any material

information has been withheld by me or anyone acting or my behalf to obtain any benefit under this Policy.

Name of Insured : .....

Signature of Insured : .....

**PREVIOUS POLICY & CLAIMS DETAILS**

Period of Insurance		Name of Insurer	Policy Number	Cover Details	Total Premium (INR)	Total Amount of claims (Paid+ outstanding)
From	To					

**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.

**PAYMENT DETAILS**

**Please tick mode of payment option**

- Cash                       Cheque / NEFT/DD Payment Option                       Digital Payment

Cheque/NEFT/DD Number-                      Cheque/NEFT/DD Date

Bank -                      Amount in figures (Rs.) -

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 -

IFSC Code-                      Account Number-

Account Type-

**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/We hereby also declare and undertake that the amount paid by me/us as premium for the aforementioned proposal is out of my/our lawful 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 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: DD MM YYYY

Signature of the Proposer: \_\_\_\_\_

Place: \_\_\_\_\_

Name of Proposer: \_\_\_\_\_

Company Seal:

Designation: \_\_\_\_\_

**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)

\_\_\_ I hereby consent to and authorize MAGMA HDI Health Insurance Company 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.

Date: DD MM YYYY

Signature of the Proposed Insured: \_\_\_\_\_

Place: \_\_\_\_\_

Name of Proposed insured: \_\_\_\_\_

**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 HDI Health Insurance Company Limited to the proposed Insured 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 proposed Insured. Replies have been read out to, fully understood and confirmed by the proposed insured.

Declarants Name \_\_\_\_\_

Relationship with proposed Insured \_\_\_\_\_

Signature of declarant: \_\_\_\_\_ Signature of applicant in vernacular: \_\_\_\_\_

Date:

#### 4. 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**

**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.

**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.

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**Acknowledgment (For office use only)**

Proposal No.

Date **DD MM YYYY**

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, if any, received from you without interest.

**Signature of the receiver and office seal**

### NEFT/EFT MANDATE FORM

#### Client details

Client Name			
Address			
City		State	
Pin code		PAN Card No.	
Pan card holder's name			

#### Account details:

Bank Name	
Account Number	
Branch Name	
Payee Name	
Account no.	
Account type	
Name as per Bank records	
IFSC Code	
Cancelled Cheque copy: - Y/N*	

**(Please attach a blank cancelled cheque copy with payee name printed on the cheque and Pan Card Copy)**

If customer name/ account, no /IFSC code is not available on cancelled Cheque then NEFT mandate form with Bank Sign & seal and customer signature is mandatory.

I hereby declare that the particulars given above are correct and complete. If the transaction is delayed or not effected at all reasons of incomplete or incorrect information, I would not hold the user institution responsible.

Sign and stamp of the payee  
  
Signature)

Verified by  
(Bank Official Stamp and Authorized

#### Terms and Conditions for Payments through RTGS/NEFT

1. The details provided by the Customers in the Mandate Form shall be considered as final and Magma HDI General Insurance Company Limited shall not be responsible for cross verification of any of the details provided therein.
2. The RTGS/ NEFT facility shall be effective for the respective Customer(s) within 15 days of the receipt of the Mandate Form by Magma HDI General Insurance Company Limited and/ or within such period as may be reasonably required by Magma HDI General Insurance Company Limited to activate the RTGS/ NEFT facility.



3. The Customer agrees that under the RTGS/ NEFT facility, there may be a risk of non-payment in the Account of Customer on the day of the credit of Payments due to change in the applicable regulations pertaining to RTGS/ NEFT facility or due to any other reasons without any fault/inaction/failure on part Magma HDI General Insurance Company Limited or any factor beyond the control of Magma HDI General Insurance Company Limited.
4. The Customer agrees to indemnify, without delay or demur, Magma HDI General Insurance Company Limited and its agents and keep Magma HDI General Insurance Company Limited and its agent indemnified harmless at all times from and against any and all claims, damages, losses, costs, and expenses (including attorney's fees) which Magma HDI General Insurance Company 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.
5. 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 HDI General Insurance Company 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.
7. 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 company.
8. Notices under these terms and conditions may be given in writing by delivering them by hand or e-mail or on Magma HDI General Insurance Company Limited website [www.magmahdi.com](http://www.magmahdi.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 HDI General Insurance Company 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 HDI General Insurance Company 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 HDI General Insurance Company 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 HDI General Insurance Company 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 HDI General Insurance Company 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

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