PROPOSAL FORM - LOAN GUARD

MAGMA HDI
General Insurance Company Ltd.

Proposal No: ____________________

FOR OFFICE USE ONLY

Branch Name ________________________________ Branch Code

Intermediary Name ________________________________ Intermediary Code

Proposal Received On D D M M Y Y Y Y

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 any one 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.*

PROPOSED MEMBER DETAILS

Please fill up this form in CAPITAL LETTERS

Name*
(Mr./Ms./Mrs./Other) (First Name) (Middle Name) (Last Name)

Applicant Status* ☐ Primary Borrower ☐ Co-borrower

Marital Status ☐ Single ☐ Married

Gender ☐ Male ☐ Female ☐ TG

Nationality* **Date of Birth*** D D M M Y Y Y Y

Occupation ☐ Salaried ☐ Self-employed ☐ Professional ☐ Others (please specify) ______________

Annual Income (in Rs.) ☐ < 3,00,000 ☐ 3,00,000 – 10,00,000 ☐ 10,00,001 – 25,00,000 ☐ >25,00,000

Address for Correspondence*

Landmark

City: State:

Pin Code:

Phone No. STD Code: **Landline No.** **Mobile No.***

E Mail ID

PAN No.# **AADHAR No.** Please mention last 4 digits only

ID Proof Type* ☐ PAN ☐ Passport ☐ Voter's Card ☐ Driving License ☐ Aadhaar

☐ Others If others, please specify ________________________________

☐ 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.

 # Mandatory if premium under this proposal is Rupees 50,000 or more)

LOAN DETAILS*

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

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PLAN DETAILS*

Policy Period	☐ 1 Year ☐ 2 Years ☐ 3 Years ☐ 4 Years ☐ 5 Years	**Critical Illness cover**	☐ 1 Star ☐ 2 Star ☐ 3 Star ☐ 4 Star
Premium Amount (incl. GST)			

NOMINATION

Name of Nominee _____ _____ _____
First Middle Last

Relationship with Insured _____ **Date of Birth** D D M M Y Y Y Y

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

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 : _____

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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: D D M M Y Y Y Y Signature of the Proposed Insured: _____

Place: _____ Name of Proposed insured: _____

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: D D M M Y Y Y Y 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: D D M M Y Y Y Y

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: D D M M Y Y Y Y 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.

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.