PROPOSAL FORM - GROUP ACCIDENT SURAKSHA



FOR OFFICE USE ONLY										
Branch Name					Branch Cod	de				
Intermediary Name			_		Intermedia	y Code				
Proposal Received On	M M Y Y	YY			RM Name					
GUIDELINES FOR COM	PLETION OF T	HE FORM (TO	O BE FIL	LLED BY	PROPOSER)					
Please answer all the question insurance policy that we may policy or its price, terms, constatement, misrepresentation and connected documents or	ssue. You must di ditions and exclu , non-description	sclose all facts i sions. The polic or non-disclosi	relevant t cy shall b ure in any	o all perso pecome vo y material	ns proposed to id at our sole o particular in th	be insured discretion, ir e proposal f	that may at the event orm/perso	ffect our de of any un nal statem	ecision to true or inc	issue a correct
If there is insufficient space for doubt, please seek the help of the Policy terms and condition time, or is not realized or prop	f our company re s and We shall h	presentative or ave no liability t	your ins	urance ad	visor. If we acce	ept a propos	sal for insur	rance, it sh	nall be sub	oject to
All fields/details marked with	* are mandatory	/.								
PROPOSER DETAILS										
Please fill up this form in Ca	APITAL LETTERS									
Proposer Name*										
Proposer's trade or business				Business	Sector	Urba	n	Rui	ral	
Type of Proposer	Individual	Partnership f	firm	Company	Governm	ent Oth	ner (Please	specify)
Annual Income (in INR)				Paid up	capital of firm	(in INR mi	Ilions)			
PAN Number*				GST nur	mber					
Do you file Income tax return	Yes No			Do you	have a bank d	iccount?	Yes	No		
Address for										
Correspondence*	City:				State	e:				
	Pin Code:		Land	dline:						
Mobile No.*										
E Mail ID										
CONTACT PERSON DET	AILS*									
Contact Person's Name*										
Address for										
Correspondence*	City:				State	e:				
	Pin Code:		Land	dline:						
Mobile No.*										
E Mail ID										
☐ I/ We hereby give my/ our the insured through Central K										roof of

RISK DETAILS

Scope of Cover: The claim under this policy is admissible in case of Accidental death, Permanent Total Disablement, Permanent Partial Disablement and Temporary Total Disablement.

Major exclusions: Suicide, self-injury, Venereal disease, war, nuclear peril, and pregnancy will not be covered under the policy. For a detailed set of exclusions, kindly refer the policy document.

Add ons: In addition certain optional extensions are available, the details of which, are provided in the relevant section of this proposal form.

Note: Please add sheets if space is insufficient.

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Period of Insurance Fro		D M M Y Y Y Y	
Total No. of Persons covered		Total Capital Sum Insured	
Basis for fixing Capital Sum Insured	Flat Basis G	raded As multipl	e of Monthly Salary
Base Covers opted (Choose one or more)	Accidental Death (AD) Permanent Partial Disability (PPD)		t Total Disability (PTD) Total Disability (TTD)
Optional Extension Covers	Accidental Medical expenses	Ambulanc	e cover
	Funeral Benefit	Medical ex	penses
	Modification of residential accom	nmodation & vehicle & Workplace	
	Accidental Hospitalization Daily	Cash benefit	
	Other (Please specify)		
If you want to avail exclusion of coverage under the policy with consequent reduction of premium, please specify	Off Duty cover	cial hours: from hrs. To	
Please provide list of persons to	o be insured in following format.		
Name	Place of employment	Risk Category ^ (I/II/III)	Capital Sum Insured
			

^ Risk categories:

- I) Doctors, Lawyers, Persons engaged in clerical & Administrative staff
- II) Builder, Contractor, Engineer on site, workers, Mechanics, Driver & Manual laborers.
- III) Persons working in mines, explosive units, Electrical installations on line, Racing, Circus, Skiing, Mountaineering, Ballooning, Winter Sports & Polo.

PREVIOUS POLICY & CLAIMS DETAILS

Period of	Insurance	Name of	Policy Number	Cover Details	Total Premium	Total Amount
From	То	Insurer	Tolicy Northber	Cover Delails	(INR)	of claims
D D M M Y Y Y Y	DDMMYYYY					
	D D M M Y Y Y Y					
DDMMYYYY	DDMMYYYY					

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.

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PAYMENT DETAILS																									Ī								
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Bank Name		\mathbb{L}	L													Am	οu	nt	in f	fig	jure	es (Rs.) [Ι	\square	\Box				
Amount in words (Rs)	nount in words (Rs)																																
or payment of claims/refund through direct bank transfer, please provide the following details: (please enclose a cancelled cheque ong with the proposal form)										ie																							
Name of the Bank		\perp																Br	and	ch	_	_					_		_				
City		\mathbb{L}																	\prod	_		\mathbb{L}					\mathbb{L}	\Box					
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 I hereby declare, on my be given by me are true and c persons. I/We hereby also declare a and declared source of Incorpolicy of the insurer and that the information policy of the insurer and that proposal has been submitted. I declare that I consent to the person to be insured/proposers to be insured/proposers insured/proposer has been. I authorize the company to 	hereby declare, on my behalf and on behalf of all persons proposed to be insured, that the above statements, answers and/or particulars iven 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 ersons. 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. Understand that the information provided by me will form the basis of the insurance policy, is subject to the Board approved underwriting olicy of the insurer and that the policy will come into force only after full payment of the premium chargeable. 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. Indeclare that I consent to the company seeking medical information from any doctor or hospital who/which at any time has attended on the erson to be insured/proposer or from any past or present employer concerning anything which affects the physical or mental health of the erson 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. Buthorize 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.																																
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Place															Na	me c	of P	ro	pos	se	r:_						_		_				
Company Seal :															Des	igno	atio	on:	:														
premiums are not dispropo sources of funds and to ca directly or indirectly govern	ML Guidelines 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 M M Y Y Y Y Y Y Y Y																																

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	Are you or any of the proposal applicants PEPs* or a close relative/associate of PEPs*?
	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: Others (please specify)
9	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.
	Acknowledgment
Pr	oposal No
W	e acknowledge with thanks the receipt of your proposal and amount by Cash/Cheque/NEFT/Demand Draft/ Others
wł tei	either 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, nich 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 rms 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

PROPOSAL FORM GROUP ACCIDENT SURAKSHA



Client details							١	1E	F1	Γ/Ι	EF	T	M	Al	N	D/	٩T	Έ	FC)R	M																
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Pan card holder's name																				Γ					Τ		Τ		\top	Т	T	\Box					
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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 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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Magma HDI General Insurance Co. Ltd. | www.magmahdi.com | E-mail: customercare@magma-hdi.co.in | Toll Free: 1800 266 3202 | Registered Office: Development House, 24 Park Street, Kolkata – 700016. | CIN: U66000WB2009PLC136327 | IRDAI Reg. No. 149 | Trade Logo displayed above belongs to Magma Ventures Private Limited and HDI Global SE, and is used by Magma HDI General Insurance Company Limited, under license (PF.GPA.ver14.08.24).