



HOUSEHOLDER'S PACKAGE POLICY

Proposal Form

Magma General Insurance Limited (erstwhile Magma HDI General Insurance Company Limited) | www.magmainurance.com | E-mail: customercare@magmainurance.com | Toll Free: 1800 266 3202 | Registered Office: Development House, 24 Park Street, Kolkata – 700016, West Bengal. | CIN: U66000WB2009PLC136327 | IRDAI Reg. No. 149 | Householder's Package Policy (Retail) | Product UIN: IRDAN149RP0010V02201314 | For complete list of details on exclusions, risk factors, terms & conditions, please read the policy documents carefully before concluding a sale. | Trade Logo displayed above belongs to Magma Ventures Private Limited and is used by Magma General Insurance Limited under license. | Chat with MIRA on our website or say "Hi" on WhatsApp No. 7208976789 (PF.HHP.ver10.12.24)

PROPOSAL FORM

(The property proposed for insurance is not covered until the proposal is accepted and premium paid)

1) Agent/Broker Name	
2) Agent/Broker Code	
3) Name of the Proposer	
4) Address of the proposer	
5) Phone Number	
6) Email id	
7) Bank Account No.	
8) Occupation/ Business of the proposer	
9) Do you wish to cover the interest of any financial institution-if yes, give the names of all financial institutions and details of property in which the financial institution is interested	
10) District in which the risk is Located	
11) State in which the risk is located	
12) Pin code of the location of risk	
13) Period of Insurance	From To
14) Nomination:	Nominee Name: Relationship with Insured

COVERAGE PROPOSED
(PLEASE FILL IN THE RELEVANT SECTIONS YOU REQUIRE)

SECTION 1

Fire and Allied Perils- Building & Contents

Covers Opted

1.	Is there any policy in place for the same property?	Yes/No	
	If Yes, please provide the details		
2.	Cover/s required: (When Home Building and Home Contents are opted for, cover for General Contents of Home for Sum Insured equal to 20% of the Sum Insured for Home Building Cover subject to a maximum of ₹ 10 Lakh [Rupees Ten Lakh] is automatically provided).	Cover	Please tick
		Home Building & Home Contents	
		Home Building Only	
		Home Contents Only	

Location of Home Building

3.	Location of Home Building - full postal address with Pin Code.	
		Pin Code:
4	Is it in a multi-storey building or is it a standalone house?	
5	In case of multi-storey building, please provide the floor number of Your house	

6.	Is there a basement to Your house?	
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Details of Home Building

Please note:

Your Home Building is a building consisting of a residential unit, having an enclosed structure and a roof, basement (if any) and fixtures and fittings permanently attached to the floor, walls or roof, like fixed sanitary fittings, electrical wiring and other permanent fittings etc.

It also includes 'additional structures' if they are on the same site, are used as part of Your Home Building:

- a. garage, domestic out-houses used for residence, parking spaces or areas, if any;
- b. compound walls, fences, gates, retaining walls, internal roads;
- c. verandah or porch and the like;
- d. septic tanks, bio-gas plants, fixed water storage units or tanks, solar panels, wind turbines and air conditioning systems, central heating systems and the like, if not included in Home Contents Cover, any other structure.



7.	<p>Sum Insured (SI) for Home Building:</p> <p>Please note the following:</p> <p><i>(The amount required to construct Your Home Building at the policy Commencement Date. This amount is calculated as follows:</i></p> <p>a. For residential structure of Your Home including fittings and fixtures:</p> <p><i>Carpet area of the structure in square metres X Rate of Cost of Construction at the policy Commencement Date.</i></p> <p><i>The Rate of Cost of Construction is the prevailing rate of cost of construction of Your Home Building at the policy Commencement Date.</i></p>	<p>a. SI for residential structure of Your Home including fittings and fixtures (in ₹):</p>
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	b. For additional structures: the amount that is based on the prevailing rate of cost of construction at the Policy Commencement Date.)	b. SI for additional structures (in ₹):	
		Additional Structure	Sum Insured (in ₹)
8.	Carpet area of structure of Home in square metres		
9.	Rate of Cost of Construction per square metre at the policy Commencement Date		
Other Details			
10.	Age of Home Building		
		Less than 5 years	
		5-10 years	
		10-20 years	
		Above 20 years	
11.	Construction Details Please note the following: (Building(s) having walls and/or roofs of wooden planks/thatched leaves and/or grass/hay of any kind/bamboo/plastic cloth/asphalt/ canvas/tarpaulin and the like are treated as Kutcha Construction. Construction other than Kutcha Construction is a 'Pucca Construction')		
			Construction *
		Walls	Kutcha/Pucca
		Floor	Kutcha/Pucca
		Roof	Kutcha/Pucca
		(*strike out what is not applicable)	



Details of Home Contents

Please note the following:

i) Home Contents refer to articles or things in Your Home that are not permanently attached or fixed to the structure of Your Home. Home Contents may consist of General Contents and/or Valuable Contents.

ii) **General Contents** are all the contents of household use in Your Home, e.g., furniture, electronic items and goods, antennas, solar panels, water storage equipment, kitchen equipment, electrical equipment (including those fitted on walls), clothing and apparel and items of similar nature.

iii) **Valuable Contents** of Your Home consist of items such as jewellery, silverware, paintings, works of art, antique items, curios and items of similar nature.

iv) If You have opted for Home Building and Home Contents cover, the General Contents of Your home equal to 20% of the Sum Insured for Home Building Cover subject to a maximum of ₹ 10 Lakhs (Rupees Ten Lakh) are automatically covered.

12.	<p>If You want to opt out of in-built cover for General Contents as mentioned in (iv) above and want to have higher Sum Insured</p> <p>Or</p> <p>If You have opted for Home Contents Only cover, please provide item wise Sum Insured for General Contents.</p> <p>(Sum Insured represents Cost of Replacement)</p>	<p>Item wise Sum Insured for General Contents (in ₹):</p> <table border="1" data-bbox="860 1094 1341 1409"> <thead> <tr> <th data-bbox="860 1094 1149 1157">Items</th> <th data-bbox="1157 1094 1341 1157">Sum Insured</th> </tr> </thead> <tbody> <tr> <td data-bbox="860 1163 1149 1276">Furniture, Fixtures and Fittings (Home Furnishings)</td> <td data-bbox="1157 1163 1341 1276"></td> </tr> <tr> <td data-bbox="860 1283 1149 1346">Electrical/Electronic</td> <td data-bbox="1157 1283 1341 1346"></td> </tr> <tr> <td data-bbox="860 1352 1149 1409">Others</td> <td data-bbox="1157 1352 1341 1409"></td> </tr> </tbody> </table>	Items	Sum Insured	Furniture, Fixtures and Fittings (Home Furnishings)		Electrical/Electronic		Others	
Items	Sum Insured									
Furniture, Fixtures and Fittings (Home Furnishings)										
Electrical/Electronic										
Others										
13.	<p>In case of Basement, If there are contents in it, please provide the Sum Insured</p>									

In-Built Covers (Loss of Rent & Rent for Alternative Accommodation)

14.	Cover for (Please Tick)		Loss of Rent: I. Sum Insured: II. Number of Months: Rent for Alternative Accommodation: I. Sum Insured II. Number of Months
	Loss of Rent	<input type="checkbox"/>	
	Rent for Alternative Accommodation	<input type="checkbox"/>	

Optional Covers (available on payment of additional premium)

15.	Do You require 'Personal Accident Cover' for Yourself and Your spouse?	Yes/No If Yes, Name & age of Your spouse: Your age:
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16.	<p>Do You require 'Cover for Valuable Contents on Agreed Value Basis (under Home Contents cover)':</p> <p><i>(Valuable Contents of Your Home consist of items such as jewellery, silverware, paintings, works of art, antique items, curios and items of similar nature.)</i></p> <p><i>(You have to submit a Valuation Certificate. However, the requirement of valuation certificate is waived if the Sum Insured opted for is upto ₹ 5 Lakh and Individual item value does not exceed ₹ 1 Lakh).</i></p>	<p>Yes/No</p> <p>If Yes, please attach list of items and Sum Insured:</p> <p>Valuation certificate attached? (Yes/No)</p>
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Additional/Add-on Covers (over and above optional covers available on payment of additional premium)

Sl.No	Name of Add-on cover	Sum insured

Claims details

Please specify details of any loss to the proposed Property in last 3 years:

Date of Loss	Cause of Loss	Claimed Amount	Settled Amount/please specify if claim is outstanding

SECTION 2 Burglary & Robbery	
<p>1. What protection is provided to: (a) Doors (b) Windows</p> <p>NB: Mention any specific precautions you have adopted for safeguarding your Property</p> <p>2. Does the premises have a boundary wall?</p> <p> a) Is the premises guarded by Watchmen? b) If so by how many and during what time?</p> <p>3. Are all jewellery & valuables secured in a secured place normally?</p> <p>4. <i>Value at risk and limit of liability</i> for contents: (The sum insured for the contents has to</p>	

<p>be the same as in case of fire section)</p> <ul style="list-style-type: none"> i) Furniture (wooden & Steel) (On reinstatement value basis) ii) Clothing iii) Kitchen Utensils & cutlery iv) Gas Stove v) Bed linen & other similar items vi) Other items (Please attach a separate list 	<p>Value at Risk</p>	<p>Limit of Liability (Full value basis / 40% of the value at Risk. if sum insured has to be same, there cannot be lower limit of liability(We mean to say that the Sum Insured should be 40% of the full SI under fire section in case the cover is opted on first loss basis.)</p>
<p>of all items)</p> <ul style="list-style-type: none"> vii) Domestic Appliances/Electronic Equipment (Reinstatement Value) viii) is it intended to be covered(Yes, Please guide in view of our observations above) 	<p>Rs.....</p> <p>Rs.....</p> <p>Rs.....</p> <p>Rs.....</p> <p>Rs.....</p> <p>Rs.....</p>	

**SECTION 3
ALL RISK (JEWELLERY & VALUABLES)**



Description of the articles Gold/Silver/Diamond is any valuation certificate required above certain value, if yes, specify the limit(We would like to keep a limit of Rs.50000/- as limit for any one item/set. Please advise.) 1) Necklace 2) Rings 3) Ear Rings 4) Bangles 5) Other items	No. Of articles	Wt. Of the articles	Sum Insured

SECTION 4	
Plate Glass & Neon Sign	
Plate Glass	
(i) Description ,Size & location	
(ii) Insured Value of Plain Glass (pl. provide Replacement value)	
(iii) The cost of tinting, lettering, painting, embossing, silvering or any other ornamental work, if propose to insure	

SECTION 5					
Breakdown of Domestic Appliances					
(Only Equipments which are less than 10 years of old from the date of manufacture can be covered. Following details must be provided in respect of each equipment)					
Description	Make of the Appliance	Model of the Appliance	Sr.No. /Identification no. Of the Appliance	Year of Manufacture	Reinstatement Value
Details of breakdown and Repair cost incurred during the last 3 years for the above Equipments:					

SECTION 6	
Electronic Equipment Insurance	
(Only Equipments which are less than 10 years of old from the date of manufacture can be covered. Following details must be provided in respect of each equipment)	



Description of the Equipment	Make of the Equipment	Model No.	Sr.No. /Identification no. Of the Equipment	Year of Manufacture	Reinstatement Value

Do you require cover for data media and system software? If so, provide	
(i) Reinstatement value of data media	Rs.....
(ii) Repurchase cost for system software	Rs.....
Do you require cover for reproduction of data lost following identifiable damage to data media? If 'Yes', what is the limit required?	Rs.....
Details of breakdown and Repair cost incurred during the last 3 years for the above Equipments:	

SECTION 7 PERSONAL ACCIDENT					
(Please give the following details for all persons to be covered under this section) Sum Insured for the non earning spouse is to be restricted to Rs.1 Lac only and only wider cover to be offered to the dependant children)					
Name of the Person	Relationship with the proposer	Occupation	Date of Birth	Nominee	Sum to be insured (Rs)

SECTION 8 Workmen's Compensation			
Serial No.	Type of work	Number of workers	Annual Wage for each Category or workers put together



SECTION 9	
Public Liability	
(The maximum amount of Limit of liability can be Rs 10 lakhs only)	
Limit of Liability (Any one Accident Any one Year)	Rs.....

Premium Payment Details:	
Total Premium Amount (Including GST) – INR _____	
Payee Name - _____	
Kindly select : <input type="checkbox"/> Cheque <input type="checkbox"/> DD <input type="checkbox"/> NEFT <input type="checkbox"/> Cash	
Cheque /DD/ PO /UTR No.	_____
Date	_____ IFSC _____
Amount in Rs.	_____
Bank Account No.	_____
Bank Name	_____ Branch _____
PAN Number	_____
Aadhaar Number	_____
<i>Documents to be attached as per requirement for fulfillment of KYC Norms.</i>	
GST Registered	Yes/ No
	GSTIN Number
	GST State

ELECTRONIC INSURANCE DETAILS

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 Yes, Credit this Policy to my e-Insurance account

If yes, please share existing e-Insurance Account No

Please select Insurance Repository Name (you have opened your account with)

- M/s NSDL Database Management Limited 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 (eIA form) along with relevant documents)

My CKYC No. (Central Know Your Customer registry number) is (if available):

Representative Details (only if eIA is to be opened for any other person other than Proposer and primary Insured)

First Name

Middle Name

Last Name

Gender

DOB

PAN

Address Line 1

Address Line 2

Address Line 3

Pin code

Telephone Number

Mobile Number

Relationship

Other Relationship

Email Id

UID

Landmark

State

City

Country

Authorization for electronic policy fulfillment and service communications (Please read carefully and put a check mark against each before signing)

INTERMEDIARY DECLARATION

Intermediary PAN number:

Intermediary Aadhaar number:

I, _____ (Full Name) in my capacity as an Insurance Advisor/Specified Person of the Corporate Agent/Authorized employee of the Broker/Relationship Officer, do hereby declare that I have explained all the contents of this Proposal Form, including the nature of the questions contained in this Proposal Form to the proposer including statement (s), information and responses(s) submitted by him/her in this Proposal Form to questions contained herein or any details sought herein will form the basis of the Contract of Insurance between the Company and the Proposer, if this Proposal is accepted by the Company for issuance of the Policy. I have further explained that if any untrue statement(s)/information/response(s) is/are contained in this Proposal Form / including addendum(s), affidavits, statements, submissions, furnished/ to be furnished, or if there has been a non-disclosure of any material fact, the Policy issued to his/her favour pursuant to this Proposal may be treated by the Company as null and void and all premium paid under the Policy may be forfeited to the Company.

License No./ID (Advisor/Corporate Agent/Broker/Relationship Officer)

Date: DD MM YYYY

Signature of the Insurance Advisor:

DECLARATION BY INSURED

I/We hereby declare and warrant that the above statements are true and complete in all respects and that there is no other information which is relevant to my application for insurance that has not been disclosed to you. I/We agree that this proposal and the declarations shall be the basis of the contract between me/us and Magma General Insurance Limited

I/We, also declare that if any additions or alterations are carried out in the risk proposed after the submission of this proposal form then the same would be conveyed to the insurers immediately.

I/We hereby declare and undertake that the amount paid by me/us as premium for aforementioned policy is out of my/our lawful and declared source of income.

I hereby consent to and authorize Magma General Insurance Limited 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.

"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."

I wish to get all policy related communications on my Whatsapp (other app) number.

Place

Date

Signature of Proposer

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
Country: -----

Non-Indian

If, Non-Indian, please specify

3. Type of Organisation:

- (i) Corporations
- (ii) Trust
- (iii) Government
- (iv) Partnership
- (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:

Business: ----- Salaried:----- Others (please
specify)-----

VERNACULAR DECLARATION

I hereby declare that I have fully explained the contents of the proposal form and all other documents incidental to availing the insurance from **Magma General Insurance Limited** to the proposer in the language understood by him/her. The same has been fully understood by him/her and the replies have been recorded as per the information provided by the proposer. Replies have been read out to, fully understood and confirmed by the proposer.

Place: Proposer's Signature _____

Company stamp

Date: Name: _____ Designation _____
(DD-MM-YYYY)

Prohibition of Rebates Under Section 41 of Insurance Law (Amendment) Act, 2015

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 renewing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectus or tables of the insurer.

Any person making default in complying with the provisions of this section shall be punishable with fine which may extend to ten lakhs rupees.