

# FARMER'S PACKAGE POLICY (RETAIL) Proposal Form

**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) Do you wish to cover the interest of any financial institution-if yes, give the names of all financial institutions. and the sections for which required |  |
| 9) District in which the risk is located  |  |
| 10) State in which the risk is located  |  |
| 11) Pin code of the location of risk  |  |
| 13) Period of Insurance   | From<br>To                                     |
| 14) Nomination:   | Nominee Name:<br><br>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:<br><br>(When Home Building <u>and</u> 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). | <table border="1"> <thead> <tr> <th>Cover</th> <th>Please tick</th> </tr> </thead> <tbody> <tr> <td>Home Building &amp; Home Contents</td> <td></td> </tr> <tr> <td>Home Building Only</td> <td></td> </tr> <tr> <td>Home Contents Only</td> <td></td> </tr> </tbody> </table> |  | Cover | Please tick | Home Building & Home Contents |  | Home Building Only |  | Home Contents Only |  |
| 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? |  |
|----|------------------------------------|--|

### 1A. 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:

garage, domestic out-houses used for residence, parking spaces or areas, if any;

compound walls, fences, gates, retaining walls, internal roads;

verandah or porch and the like;

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><b>Sum Insured (SI) for Home Building:</b></p> <p><b>Please note the following:</b></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><b>a. For residential structure of Your Home including fittings and fixtures:</b></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><b>a. SI for residential structure of Your Home including fittings and fixtures (in ₹):</b></p> |
|----|--|--|



|                      |  |  |                    |
|----------------------|--|--|--------------------|
|                      | <b>b. For additional structures:</b> the amount that is based on the prevailing rate of cost of construction at the Policy Commencement Date.)   | <b>b. SI for additional structures (in ₹):</b> |                    |
|                      |  | 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  |  |                    |
| <b>Other Details</b> |  |  |                    |
| 10.                  | Age of Home Building   |  |                    |
|                      |  | Less than 5 years                              |                    |
|                      |  | 5-10 years                                     |                    |
|                      |  | 10-20 years                                    |                    |
|                      |  | Above 20 years                                 |                    |
| 11.                  | <b>Construction Details</b><br><br><b>Please note the following:</b><br><br><i>(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.</i><br><br><i>Construction other than Kutcha Construction is a 'Pucca Construction')</i> |  |                    |
|                      |  |  | 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>1A. 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="846 1161 1357 1499"> <thead> <tr> <th data-bbox="846 1161 1151 1232">Items</th> <th data-bbox="1151 1161 1357 1232">Sum Insured</th> </tr> </thead> <tbody> <tr> <td data-bbox="846 1232 1151 1358">Furniture, Fixtures and Fittings (Home Furnishings)</td> <td data-bbox="1151 1232 1357 1358"></td> </tr> <tr> <td data-bbox="846 1358 1151 1430">Electrical/Electronic</td> <td data-bbox="1151 1358 1357 1430"></td> </tr> <tr> <td data-bbox="846 1430 1151 1499">Others</td> <td data-bbox="1151 1430 1357 1499"></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  |   |  |       |             |   |  |                       |  |        |  |

|  |   |
|--|---|
|  | <p><b>1B. Sum Insured Details for Stocks</b></p> <p>For raw Material – Landed Cost</p> <p>For Stock in Process – Input Cost</p> <p>For finished stock - <b>Manufacturing cost</b> of the finished stock <b>or the Contract Price*</b> of goods sold but not delivered, as applicable</p> <p>* <b>Contract Price</b> is in respect only of goods sold but not delivered, for which You are</p> |
|--|---|

|     |   |                    |
|-----|---|--------------------|
|     | <i>responsible and with regard to which under the conditions of the sale, the sale contract is cancelled by reason of any Damage insured under this Policy either wholly or to the extent of the Damage. The Company's liability shall be based on the Contract Price).</i> |                    |
|     | 1B. Sum Insured for Stocks of grains<br>a) In house or closed-godown located at (Please mention the address)<br>b) Open in fields   | ₹ _____<br>₹ _____ |
| 13. | In case of Basement, If there are contents in it, please provide the Sum Insured  |                    |

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

|     |                                    |                          |  |
|-----|------------------------------------|--------------------------|--|
| 14. | Cover for (Please Tick)            |                          | Loss of Rent:<br>I. Sum Insured:<br>II. Number of Months:<br><br>Rent for Alternative Accommodation:<br>I. Sum Insured<br>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<br><br>If Yes,<br><br>Name & age of Your spouse:<br><br>Your age: |
|-----|--|--|



|     |   |   |
|-----|---|---|
| 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?<br/>(Yes/No)</p> |
|-----|---|---|

### Optional Cover – 1B

Do You want to opt for Declaration Policy? -- Yes/No (strike off what is not applicable). If Yes, give details below

Stock which fluctuate in value to be covered on (monthly) declaration basis

Amount (₹):

**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 |
|--------------|---------------|----------------|---|
|              |               |                |   |
|              |               |                |   |
|              |               |                |   |

| <b>SECTION 2</b>   |  |
|--|--|
| <b>Burglary &amp; Theft</b>  |  |
| <p>What protection is provided to:</p> <p style="margin-left: 40px;">(a) Doors<br/>(b) Windows</p> <p>NB: Mention any specific precautions you have adopted for safeguarding your Property</p> <p>2) Sum to be Insured for contents<br/>( <b>The sum insured to be the same as in case of Fire</b>)</p> <p style="margin-left: 20px;">i) Household goods<br/>ii) Stocks<br/>iii) Other items</p> | <p>Rs.....</p> <p>Rs.....</p> <p>Rs.....</p> |

**Section 3  
Agriculture Pump Set**

**a) Owner of the Pump:-**

The pump should be in the name of the farmer or his family members

b) The location of the pump

c) If it is secured in lock & Key [ Applicable for pumps other than Submersible Pumps only]

d) Is the pump in good & working condition

e) The details of the pump:-

| Sr. No. | Type of Pump (Electrical/Diesel) | Submersible/Non-submersible (Y/N) | Manufacturer | Year Of Manufacturing | Reinstatement Value |
|---------|----------------------------------|-----------------------------------|--------------|-----------------------|---------------------|
|         |                                  |                                   |              |                       |                     |
|         |                                  |                                   |              |                       |                     |

**Section 4  
Animal Driven Cart**

**a) Owner of the Animal Cart:-**

The Cart should be in the name of the farmer or his family members

b) The type of Cart

c) The type of animal used to draw it

d) Do you wish to cover the animal also if yes,

i) The Type of animal



- iv Basic
- Wider
- Comprehensive

b. Please give the following details for all persons to be covered under this section (If necessary please attach separate list)

| Name of the person | Relationship with the proposer | Nature of functions | Date of Birth | Sum to be insured (Rs) | Any Existing deformity if any | Name of the Nominee |
|--------------------|--------------------------------|---------------------|---------------|------------------------|-------------------------------|---------------------|
|                    |                                |                     |               |                        |                               |                     |
|                    |                                |                     |               |                        |                               |                     |
|                    |                                |                     |               |                        |                               |                     |

**SECTION 7**

**Bio Gas Plant**

|  |  |
|--|--|
| 1) The address of the plant<br><br>2) The value of the complete plant<br><br>3) The name of the supplier<br><br>4) The Year of Manufacture<br><br>5) The capacity of the plant |  |
|--|--|

**SECTION 8**

**Tractor Insurance including Trailer & Implements to be used for Agriculture purposes**

|  |          |         |                 |
|--|----------|---------|-----------------|
| Proposer's ( Owner's) Full Name: Mr/Mrs  |          |         |                 |
| Address (Address where vehicle is normally kept and used):                                 |          |         |                 |
| Pin Code:  | Tel. No: | Fax No: | E-Mail Address: |
| Occupation / Business:   |          |         |                 |
| Date of Birth:   |          |         |                 |
| Year of issuance of first driving license: and its date of expiry---/--/-- to ---/--/--/-- |          |         |                 |
| Type of Cover required : Package Policy  |          |         |                 |
| Period of Insurance: From..... (time &date) To.....  |          |         |                 |

1. Registration No. and Date of Registration of the Vehicle:
2. Registering Authority & Location:
3. Year of Manufacture:
4. Engine No:
5. Chassis No. :
6. Make of Vehicle:
7. Type of Body/Model:
8. Horse Power
9. Whether use of vehicle is limited to own premises? Yes/No
10. Whether the vehicle is used for Pvt. Purpose (excluding use for hire or reward) ? Yes/No
11. Are you entitled to No Claim Bonus? Yes/No  
If yes, please submit proof thereof.
12. Liability to Third Parties (Property Damage)  
  
Do you wish to to restrict the above limits to the statutory TPPD Liability limit of Rs.6000/- only? Yes/No

NB: The policy provides Third Party Property Damage( TPPD )up to Rs. Rs.7.5 lakhs

13. Do you wish to cover Legal Liability to ?

A) Driver (No. of persons ..... ) Yes/No

B) Other employees (No. of persons.....) Yes/No

C) Non-fare paying passengers( No. of persons.....) Yes/No

14. Do you wish to include Personal Accident (P.A.) Cover for paid drivers?

Yes/No

If yes, give name and Capital Sum Insured (CSI) opted for. The maximum CSI available per person is Rs. 2 lakhs.

14a. Do you use your paid driver for loading/unloading operations, if any?

Yes/No

15. Do you use the vehicle for social, domestic or pleasure purposes?

Yes/No

16. Insured's Declared Value (Please fill up the following table :)

| Insured's Declared Value of vehicle | Non - electrical accessories fitted to the vehicle | Electrical & electronic accessories fitted to the vehicle | Trailers | SPECIFIC ATTACHMENTS /Agriculture Implements | Total Value |
|-------------------------------------|--|---|----------|--|-------------|
| Rs.                                 | Rs.  | Rs.   | Rs.      | Rs.  | Rs.         |

16 a. Pl. furnish make & identification details of trailer/specific attachments:

**Note:**

The **Insured's Declared Value (IDV)** of the vehicle will be deemed to be the 'SUM INSURED' for the purpose of this insurance and it will be fixed at the commencement of each policy period for each insured vehicle.

The IDV of the vehicle is to be fixed on the basis of manufacturers' listed selling price of the brand and model as the vehicle proposed for insurance at the commencement of

insurance /renewal, and adjusted for depreciation (as per schedule specified below). The IDV of the Trailers & Agriculture Implements, if any, fitted to the vehicle but not included in the manufacturer's listed selling price of the vehicle is / are also likewise to be fixed.

The schedule of age-wise depreciation as shown below is applicable for the purpose of Total Loss/ Constructive Total Loss (TL/ CTL) claims only. A vehicle will be considered to be a CTL where the aggregate cost of retrieval and / or repair of the vehicle subject to terms and conditions of the policy exceeds 75% of the IDV.

**SCHEDULE OF DEPRECIATION FOR ARRIVING AT IDV**

| AGE OF THE VEHICLE                          | % OF DEPRECIATION FOR FIXING IDV |
|---|----------------------------------|
| Not exceeding 6 months                      | 5%                               |
| Exceeding 6 months but not exceeding 1 year | 15%                              |
| Exceeding 1 year but not exceeding 2 years  | 20%                              |
| Exceeding 2 years but not exceeding 3 years | 30%                              |
| Exceeding 3 years but not exceeding 4 years | 40%                              |
| Exceeding 4 years but not exceeding 5 years | 50%                              |

**Note.** IDV of obsolete models of vehicles (i.e. Models which the manufacturers have discontinued to manufacture) and vehicles beyond 5 years of age will be determined on the basis of an understanding between the insurer and the insured.

|   |          |
|---|----------|
| 28 Previous History   |          |
| a. Date of Purchase of the vehicle by the proposer                    | _____    |
| b. Whether the vehicle was New or Second Hand at the time of Purchase | _____    |
| c. Is the vehicle in good condition?                                  | (Yes/No) |
| If "No" please give full details                                      |          |



d. Name and address of the previous insurer

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

e. Previous Policy Number \_\_\_\_\_

Period of Insurance from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

f. Type of cover: Liability Only Cover / Package Cover /Others( specify)

g. Claims lodged during Year Number Amount (Rs.) the preceding 3 years

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

i. Has any insurance company ever :

a) declined your proposal (Yes/No)

b) cancelled & refused to renew (Yes/No)  
(if yes, reasons there for)

.....

c) imposed special condition or excess (Yes/No)  
(if yes, reasons and details thereof) .....

29. Details of Hire Purchase / Hypothecation / Lease

a) Is the vehicle proposed for insurance :-

Under Hire Purchase (Yes/No)

Under Lease Agreement (Yes/No)

Under Hypothecation Agreement (Yes/No)

b) If yes, give name and address of concerned parties

\_\_\_\_\_

\_\_\_\_\_

30. Details of Driver :



- (a) Age Owner Driver  
Others
- (b) Does the driver suffer from defective vision or hearing or any physical infirmity. (Yes/No)

If "Yes" please give details.

- (c) Has the driver ever been involved/convicted for causing any accident or loss ? If yes, please give details as under including the pending prosecution, if any :-

| Driver's Name | Date of Accident | Circumstances of Accident/ Claim | Loss/Cost Rs. |
|---------------|------------------|----------------------------------|---------------|
|               |                  |                                  |               |

31. Any other relevant information

|   |                    |
|---|--------------------|
| <b>Premium Payment Details:</b>   |                    |
| 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  Non-Indian  If, Non-Indian, please specify

Country: -----

**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.