

MONEY INSURANCE POLICY (RETAIL) PROPOSAL FORM



Version no. PF.MON.ver01.08.24



PROPOSAL FORM - MONEY INSURANCE POLICY (RETAIL)

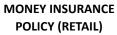
(Acceptance of this proposal is subject to the rules & regulations of MHDI Money Policy. The property is not covered until the proposal is accepted and premium paid.)

Agent/Broker Name									
Agent/Broker Code									
Agent Mobile Number		Email Address							
Name of the Proposer									
Address of the Proposer									
			D: 0 .						
	City		Pin Code						
Mobile Number		Email Address							
Policy to be issued in favour of	(List of all the	parties who have insurable i	nterest)						
Business of the Proposer									
Period of Insurance		To							
Whether you have insured in respect details)	of loss of Mon	ey with any other Insuran	ce Company (Give	Yes/No					
Whether Insurance was declined by any other Company or imposed any Special Conditions (Give details) Yes/No									
Risk Location/s to be Insured –									
Give complete address with	Give complete address with City StatePin Code								
pincode	City	Pin Code							
Occupancy of the Risk Location									
	(Describe the activities carried out in the premises)								
Note – in case of multiple locations please attach annexure indicating risk location addresses and occupancies of each location.									
Property to be insured:	Definition: - It	means Cash, Bank Drafts, C	urrent coins, Bank and Cur	rency Notes,					
	Treasury Notes, Cheques, Postal Order, Current postage stamps which are not part of								
	collection and luncheon Voucher.								
ESTIMATED TOTAL AMOUNT OF CASH IN TRANSIT per annum: INR									
Please state the reasons for such anticipated s	shortfall in estimate	ed total amount of Money in trar	sit in the ensuring period of Institution Estimated total amou						
Money in Transit Coverage		Limit of Liability Any One Occurrence	(other than crossed of transit during ensuing months.	cheques) in					
For payment of Wages/ salaries									
Being other than Wages/ salaries									
Others (to be described)									



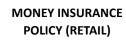
MONEY INSURANCE POLICY (RETAIL)

Money in premises: In safe In Counter										
Note – in case of multiple locations please attach annexures/additional sheets										
Details of Transit:										
Is there any Transit to or from branch, contracts or elsewhere? If so, give paincluding address.										
Mode of Transit: Details if public Transport are being used	Own	Owned Car Public transport								
Are the persons carrying the money accompan guard? If not state what protection is provided f	-									
Are the employees engaged in the ha Policy?	ndling of wages and	or Money guarante	ed under a Fidelity	Yes/No						
Approximate distance between Bank	and proposer's prem	ises		Kms						
Extension Coverage details		Riot, Strike & Mal	Yes/No							
		Infidelity cover for cash Employees up to disco	Yes/No							
What Protection is Provided to	Doors									
	Windows									
	ts,									
	Air Conditioners, Trap	rs, Trap Doors								
	Any other openings									
Are the whole of the premises occupie	ed by you? If not air	ve particulars of other	er tenants	Yes/No						
Will the premises at any time be left u		•	Yes/No							
Is a security present for 24 hours and	•		Yes/No							
Alarm System Details	,	Is the premises fitt system	Yes/No							
		Is it under a mainte	enance contract?	Yes/No						
Details of Safe/ strong room	Address of premise	s where safe / stron	ng room is kept							
installed at Risk Location.	Is the safe fixed to		<u> </u>							
	No. of Keys availab	le and with whom								
(Note – in case of multiple locations	-	opened by a single	key or by a	Yes/No						
please attach annexure)	combination of two	or more keys?								
	Are the keys remov	ed from the premise	es after business hours	Yes/No						
	Specification:		Safe	Counter						
	Maker's Name									
	Depth									
	Width									





					We	eigh	nt																						
					He	eigh	t																						
Premium / Claim o	details	s for	the	pas	t 5	yea	rs						С	laim	n An	าดเ	ınt					Pre	∍mi	ium	Ра	id			
Date of Occurrence	Deta	ils of	Los	SS																									
What precautions h	nave b	een	ado	ptec	l to p	ore	/en	t sı	ıch	rec	urre	ence	e?																
Premium Paymen	t Deta	ils:																											
Total Premium Am			dinc	ı GS	T) –	- IN	R																						
Payee Name -			<u></u>	,	- /																								
Kindly select:	7 Che	aue					Г	1	DD				Г	7 N	IEF	Т						[C	ash	 1
Cheque /DD/ PO /	_	•					Ļ																Ļ				_		
Date								IF	SC														\perp			$oldsymbol{\perp}$	Ш		
Amount in Rs.	Щ	Щ									ı				ı														
Bank Account No.		\perp	\perp																										
Bank Name										ı		_					Bı	and	ch										
PAN Number													_																
Aadhaar Number																													
Documents to be atta	ached a	эѕ ре	r rec	quire	men	t for	ful	fillm	ent (of K	(YC	Nor	ms.																
GST Registered																	Ye	s/ l	Vо										
										_		IN		mbe	er														
										C	SST	Sta	ate																
ELECTRONIC INSL	JRAN(CE D)ET/	AILS	<u> </u>																								
Do you wish to have	this F	olicy	/ cre	edite	d to	an	el/	۱? ((Plea	ase	se	lect	an	yon	e)														
□ No, I do not	have a	an el	IA a	nd d	o no	ot w	vish	to	ope	n o	ne	□Y	es,	Cre	edit t	this	Po	olicy	/ to	m	y e	-Ins	sura	anc	e a	ссо	unt		
If yes, please share	existir	ıg e-	Insu	ırand	ce A	cco	un	t No	o																				
Please select Insura	ince R	enos	sitor	v Na	ıme	(vo	u h	ave	e on	ene	ı be	/OUr	ac	COLI	nt w	/ith	١												





□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 DAN number:

INTERMEDIARY DECLARATION

Intermediary I Alt humber.									
Intermediary Aadhaar number:									
Agent/Authorized employee of the Br contents of this Proposal Form, incluproposer including statement (s), info questions contained herein or any det the Company and the Proposer, if this further explained that if any untrue staticuluding addendum(s), affidavits, stated disclosure of any material fact, the Pol	capacity as an Insurance Advisor/Specified Person of the Corporate oker/Relationship Officer, do hereby declare that I have explained all the uding the nature of the questions contained in this Proposal Form to the rmation and responses(s) submitted by him/her in this Proposal Form to ails sought herein will form the basis of the Contract of Insurance between a Proposal is accepted by the Company for issuance of the Policy. I have attement(s)/information/response(s) is/are contained in this Proposal Form / ements, submissions, furnished/ to be furnished, or if there has been a non-icy issued to his/her favour pursuant to this Proposal may be treated by the nium 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 HDI General Insurance Co. Ltd

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 HDI General Insurance Company 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



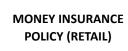
Date Signature of Proposer

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 Si	gnature of the Proposer:								
	Are you or any of the proposal applicant	ts PEPs* or a close relative/associate of PEPs*?								
	☐ YES ☐ NO									
	If yes, please share the details of "Polit	ically Exposed Persons"(PEPs):								
	including the heads of States or Govern	n entrusted with prominent public functions by a foreign country ments, senior politicians, senior government or judicial or military ed corporations and important political party officials								
2.	2. Additional Information:									
	Nationality: Indian Non-	Indian If, Non-Indian, please specify Country:								
3.	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 HDI General Insurance Company 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					

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.

