

# ALL RISK INSURANCE POLICY (COMMERCIAL) Proposal Form

Magma General Insurance Limited (erstwhile Magma HDI General Insurance Company Limited) | <u>www.magmainsurance.com</u> | E-mail: <u>customercare@magmainsurance.com</u> | Toll Free: 1800 266 3202 | Registered Office: Development House, 24 Park Street, Kolkata – 700016, West Bengal. | CIN: U66000WB2009PLC136327 | IRDAI Reg. No. 149 | All Risk Insurance Policy (Commercial)| Product UIN: IRDAN149CP0014V01201819 | 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.ARIPC.ver10.12.24)

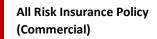


### PROPOSAL FORM – ALL RISK INSURANCE POLICY (COMMERCIAL)

(Acceptance of this proposal is subject to the rules & regulations of Magma General Insurance All Risk Policy. The property is not covered until the proposal is accepted and premium paid.)

Agent/Broke	er Name											
Agent/Broke	er Code											
Agent Mobile Number			Em	ail Address								
Name of the	Proposer											
Address of t	he Proposer											
		City										
Mobile Num	ber		Em	ail Address								
Policy to be	issued in favour of	(List of all the parties v	vho ha	ve insurable intere	est)							
Financial Ins	stitution Interest (if any)	(Attach annexure in case of multiple institutions)										
Business of	the Proposer											
Period of Ins	surance	From	From									
Whether you	u have insured the same	property with any othe	me type	Yes/No								
of coverage.	(Give details)											
Whether you	have insured the same	property for coverage	operty for coverage under Fire Insurance. (Give details)									
Whether Ins	urance was declined by a	any other Company or	impo	osed any Special	Yes/No							
details)												
Details of P	roperty to be Insured											
S.No.	Full Description of Property		C	Quantity S	Sum Insured	l (Full repl	aceme	nt Va	lue)			
	(Jewellery, Mobile ph	ones, laptops etc.)										
	se of multiple categories											
Note: Coverage for any article in excess of INR 1 lac without Valuation Report /Bill will not be accepted.												
-	is proposed for insurance	e please confirm the	Whether the Jewellery is valued by an Yes/No									
following			approved Valuer?									
NB: PI. attach	Valuation Certificate	If yes, Date of valuation?										
Coverage details												
			Within India Worldwide									
			Breakdown(Unless specifically requested and Yes/No									
		accepted by us, Breakdown cover is excluded)										
Premium / Claim details for the past 5 years				Claim An	nount	Pr	emium	Paid				





What precautions ha	ave b	een	ado	opteo	d to	preve	ent s	such	re	curre	enc	e?			
Premium Payment Details:															
Total Premium Amount (Including GST) – INR															
Payee Name -															
Kindly select :	Che	que						DD					<u> </u>	IEF	Cash
Cheque /DD/ PO /UTR No.															
Date							I	FSC							
Amount in Rs.															
Bank Account No.															
Bank Name															Branch
PAN Number															
Aadhaar Number															
Documents to be attached as per requirement for fulfillment of KYC Norms.															
GST Registered Yes/ No									Yes/ No						
								GST	ΊN	Nur	nb	ər			
										GST	S	tate			

# **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:

# All Risk Insurance Policy (Commercial)

# **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

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. <u>Type of Organisation:</u>

- (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)
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# 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: (DD-MM-YYYY)

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.