PROPOSAL FORM - COMMERCIAL VEHICLE



Information for fields marked with an asterisk (*) is mandatory.		D-II NI-			
Customer ID *Proposal For: New Policy Roll-Over Renewal	— □ Endorsement	Policy No			
*Coverage Required: Comprehensive Package Cover Third Party and Fire only Cover	Third Party Liability		nly Cover		
* Period of Insurance: DDMMYYYY Time //	To midnight of	MMYYYY			
(Note: Cover shall not commence earlier than the date and time of accep	otance of risk and/or issu	ance of cover note & subsequent to payment of	premium)		
Intermediary Code :		Intermediary Name :			
Aadhaar No : PAN No					
 *PROPOSER DETAILS: Name (Registered Owner of the Vehicle): Mr./Ms./M/s. 	First Name	Middle No	ıme	Last Name	
, , , , , , , , , , , , , , , , , , , ,		*DOB: DDMMYYYY *Ge			
PAN No. Aadhaar No. Marital Status: Single Married Bank Name		Branch Na	ender: M F *Occupation:		
		MICR	IFSC		
Nationality: Indian Non-Indian, If Non-Indian, pls		WIICK			
Are you or any of the proposal applicants PEPs* or a close r		EPs*? Yes No If yes, please shar	re the details of "Politically Exposed P	Persons"(PEPs):	
* (PEDs) are individuals who have been patricted with area		a har a favoien acceptor including the har	and of States or Covernments comis	u malitiainma an	
 (PEPs) are individuals who have been entrusted with prongovernment or judicial or military officers, senior executives of 				or politicians, se	
Type of Organisation: Corporation Government	ment Nor	-Governmental Organisation	ociety Trusty Partners	ship	
Private Limited Company Public Limited Compan	ny 🗌 Others, pleas	specify		•	
2. *ADDRESS WHERE VEHICLE REGISTERED AND BASED:					
Flat/Building:	Road/Stre	eet/Sector	Area —		
Taluka/Village/District/City:	State:	Country:	Pin Code:		
GSTIN No. Tele N E-Mail ID:	io. (K):	Mobile N	40:		
3. *COMMUNICATION ADDRESS (FOR POLICY DISPATCH):					
Flat/Building:	Road/Stre	eet/Sector	Area		
Taluka/Village/District/City:	State:	Country:	Pin Code:		
GSTIN No.			0000.		
4. CITY WHERE THE VEHICLE WILL PRIMARILY BE USED:					
(Copy of Policy enclosed). I/We further undertake that if this d of Section 1 of the Policy will stand forfeited. 6. ABOUT THE MOTOR VEHICLE TO BE INSURED: *Vehicle Type: 2 Wheeler 3 Wheeler 4 Wheeler			_	oposei	
	assis No.		Speedometer reading as on da	ate	
	where vehicle will be	registered	*Vehicle IDV ₹		
	e of Registration / Pur		Trailer(s) Identification No.		
T (D)	nsed Carrying Capac of Passengers Including o		1		
**	our of the vehicle		2		
Vehi	icle Make (Indigenous c	r Imported)	4		
(Note: Either Registration Number or Engine and Chassis N	,,,			_	
*Vehicle Rate Under: Zone - A Zone - B Zone - C *Fu				ify)	
*Purpose of Use: Goods Carrying (Private Carrier) Passen	iger Carrying (Private ca	rrier) Goods Carrying (Public Carrier)	Passenger Carrying (Public Carrier)		
Others (Please specify) Proposed usage of the vehicle? (Applicable only to passenger carry	da a called all a caldida a caldia a ca	and the state of t			
Driven by the owner(s) only, Driven by the owner(s) only			to tourists. For rent to individuals for	or personal use.	
Business purposes by Hotels, Business purposes by Cor	•			p,	
*Type of Permit: Hilly National/ State Highways C					
*Average Monthly Usage: Less Than 50 Kms Between			Kms		
Whether any modification or conversion has been done in t	_	_			
If Yes, please give details of such modifications/conversions					
Is the vehicle in good state of repair? Yes No If N	•	ails			
Nature of Goods carried by vehicle Hazardous Non-H	lazardous				
7. FINANCIER DETAILS:					
Hypothecation Hire Purchase Lease	Financier				
8. NOMINEE DETAILS: (If Nominee is minor (below 18 yrs) Approximate Nominee Name:	ppointee Name is ma	naatory.)	Date of birth:		
	ntee Name :		Age	yrs	
9. INSURED DECLARED VALUE OF THE VEHICLE: The IDV of the vehicle will be deemed to be the Sum-Insured for as the vehicle proposed for insurance at the time of commence.			nanufacturer's listed selling price of th		
			л по эспосою эреспіва реюм.	*	
Age of the Vehicle Not exceeding 6 months	% of Depreciation 5%	*Vehicle Chassis Value Vehicle Body Value		₹	
Exceeding 6 months but not exceeding 1 year	15%	Non- Electrical Accessories (Other than		₹	
Exceeding 1 year but not exceeding 2 years	20%	Electrical Accessories (Other than factor	ry fitted) Details	₹	
Exceeding 2 years but not exceeding 3 years Exceeding 3 years but not exceeding 4 years	30% 40%	Bi- Fuel/ CNG/LPG Kit Trailer(s)/ Side Car Value (only for 2 wh		₹	
Lixceeding 5 years but not exceeding 4 years	40%	i irailerisi/ Side Car Value (only for 2 wh	ieelerci:		

Note – For vehicles more than 5 years old, please contact the Company for fixing the IDV

50%

Exceeding 4 years but not exceeding 5 years

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E	XTENDED COVERS/ EXTRA BENEFITS AT ADDITIONAL PREMIUM: Extension of Geographical Area: Bangladesh Bhutan Nepal Pehicle is fitted with Fibre Glass Fuel Tank: Yes No Ve Morrored vehicle without payment of customs duty: Yes No No		Pakistan Sri used for Driving Tuitio		No 🗌			
H	Compulsory Personal Accident (If owner has a valid driving license) f selected "NO" incase of customer type is individual please tick any one of the hereby declare that: I do not hold a valid driving license. I own more that			o Owner Drive	er cover in th	e other vehicle	e insurance po	olicy.
1	Legal liability to paid driver/ conductor/ cleaner employed in operations of vehing No. of Persons Legal liability to employees travelling in/driving the vehicle other than paid drives of Persons.		Personal Accident Cover (Max ₹ 1 lakh for two-wheelers and ₹ 2 Lakh for other class of vehicles each in multiples of ₹ 10000/-) for paid driver/cleaner/conductors. No. of Persons CSI per person ₹					uctors.
	No. of Persons	Legal liability non-fare paying passengers						
	Additional Towing charges: Amount ₹	No. of Persons CSI per person ₹						
í		No 🗌	Vehicle used for Private and commercial purposes : Yes Do you wish to cover for loss or damage to lamps, tyres, tubes, mudguard, bonnet side parts, bumper and paint work?					
	Do you wish to have an enhanced Personal accident cover for Yourself/ Your Driver / unnamed occupants of the vehicle?	No	(Not applicable for to	axis)			Yes	No
		_ 110	Do you wish to cover					
	f Yes, please provide the Sum Insured per person		for Yourself / Your Dr	river / Unnan	ned occupar	nts of the vehi	cle? Yes	No
11. A	DD-ON COVERAGE AT ADDITIONAL PREMIUM:							
A	Add On Plan Type Opted: 1)2)		3)		4)			
	5) 6) 9) 10)		7)		8) _	ount in (INR)		_
			11)		Amc	ouni in (iink) _		
	ESTRICTIONS OF COVER/ DISCOUNTS:							
\	/ehicle fitted with Anti-theft device approved by ARAI : Yes //ehicle will be used within own premises : Yes // Third Party Property Damage cover restricted to 6000 Yes //	No 🗌	Is the vehicle specially by an institution exc mentally regarded ch	lusively engo	aged in ser			
	*Voluntary Deductible : Amount	₹			-	Signat	ure of Propos	ser
3. P	REVIOUS INSURANCE DETAILS:					olgilai	010 0111000	
F	Previous Insurer Name:	Type of co	ver:					
	Policy/ Cover note number:	Period of I	nsurance: From DD	MMYYY	To D D	MMYYYY		
	Has any Insurance Company ever:	Claims rep	ported in last 5 years					
	1) Declined the proposal	Year		1	2	3	4	5
	B) Required an increase in Premium		aims (OD/TP)					-
	1) Imposed special conditions or excess	No. of Clo	iims					
		Amount						
	RIVER DETAILS: (Mention the details in below for any condition) a. Age & Date of Birth of the Owner: Age Yrs DOB:	TVI	L A D	Cale - Cale - D	··	V DC	ND Falalula	JULULULU
(Does the driver suffer from defective vision or hearing or any physical infirm If YES, please give details of such infirmity	mity? Yes		oirin oi ine Di	river: Age	frs DC	DE: [D] D[M]N	1 1 1 1 1 1
	d. Has the driver ever been involved / convicted for causing any accident of la If YES, give details as under including the pending prosecutions : - Driver's - Date of Accident: □□□MMYYYYY - Loss / Cost (₹):		No Circumstances of	Accident / Lo	oss:			
15. P	AYMENT DETAILS:							
	Direct fund transfer / EFT mandate form: (please enclose an original blank ca Payee Name (as per bank records)	ncelled che		posal form) e Account Nu	ımber			
1	Name of the Bank Name		,		Туре	e of account:	Savings	Current
	FSC Code Cheque/NEFT/DD Number			Amo	unt in ₹			
	Bank Name				Cheque,	/NEFT/DD Do		W Y Y Y Y
[Deposit Slip No. Credit Card No.					Expiry Do	ite DDM	M Y Y Y Y
- 1	ssuing Bank		Total F	Premium (Incl	uding GST)	₹		
S	ource of funds: Business: Salaried: Others (please specify	/)						
6. E	LECTRONIC INSURANCE DETAILS:							
D	o you wish to have this Policy credited to an eIA? Yes 🗌 No 🗌 If yes, please	refer the An	nexure 1, at the end of P	roposal Form	and request	you to provide	e the details a	ccordingly.
DI	ECLARATION:							
bo	We hereby declare that the statements made by me/us in this Proposal Form are tru usis of the contract between me/us and the Magma HDI General Insurance Co. Ltd ould be conveyed to Magma HDI General Insurance Co. Ltd immediately. I/We I tatiled Terms and Conditions available on the website www.magmahdi.com Yes □	. I/We also o nereby agree	leclare that any additions	s or alterations	s carried out	after the submi	ission of this P	roposal For
al ur ur	We further confirm that the existing damages as per the pre inspection report, if any premiums paid / payable in future are from bonafide sources and not paid of iderstand that the Company has the right to call for documents to establish sources der any of the statutes, directly or indirectly governing the prevention of money late whicle mentioned herein and undertake to renew the same during the properties and allow to make welcome calls, Service calls or and allow to make welcome calls, Service calls or	out of proces of funds an aundering lo policy perio	eds of crime and that so ad to cancel the insurance aw in India. I hold a valid ad. I wish to get al	uch premiums e policy in case d and effective I policy rela	s are not dis e I / we are fo e PUC and/o ted commu	proportionate ound guilty by or fitness certifications on	to my/our in any competer cate, as appli My Whatsa	come. I / v nt court of lo cable, for tl op Numbe
I/\ UI	ne salient features of the policy, terms and conditions of this proposal have been exp We hereby give my/our consent to the Company to verify and obtain my/our iden DAI or through any other permitted modes for the purpose of undertaking applicat	olained to me ntity/address	e/us in	language, an	id I/we agree	to the same.		
Plo	ace Date DDMMYYYY			9	Signature of	Proposer		
	ECTION 41 INSURANCE Laws (Amendment) Act, 2015 - PROHIBITION OF							

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 or 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 or continuing a policy accept any rebate except such rebate as may be allowed in accordance with the prospectus or tables of the Insurer.
 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.

Magma HDI General Insurance Co. Ltd. | www.magmahdi.com | E-mail: customercare@magma-hdi.co.in | Toll-free no.: 1800 2663202 | 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.

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Name of Proposer: ___

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Signature of the Proposer

Do you wish to have this Policy credited to an eIA? (Please select anyone)							
No, I do not have an elA and do not wish to open one If yes, Please share existing e -Insurance Account No Please select Insurance Repository Name (you have opened your account with)	y e -Insu	Jrance	accou	unt —			
M/s Protean Egov Technologies Ltd M/s Karvy Insurance Repo	sitory Lii	mited					
M/s Central Insurance Repository Limited M/s CAMS Repository Serv	ices Lim	nited (P	lease	selec	t any	one)	Or
I do not have existing e -Insurance account and I am interested in creating a new e -Insurinsurance account opening form (eIA form) along with relevant documents)	ance a	ccount	(Pleas	se sub	mit el	lectro	nic
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 an	d primo	ary Insu	red)				
Name							
Mr./Ms./M/s. First Name Middle Name			Last N	ame			
*DOB: DDMMYYYY *Gender: M F PAN No.							
Flat/Building:							
Road/Street/Sector Area	c						
Taluka/Village/District/City:		Р	in Co	ode:			
State: City							
Country: Tele No. (R):							
Relationship: Other Relationship							
Mobile No: E-Mail ID:							
UID:							
Authorization for electronic policy fulfillment and service communications (Please read car signing) I hereby consent that the policy documents may be sent to me by email at	propos	al form	s.	calls, s	service	e calls	— s or any