



## Proposal Form for Private Car/Two Wheelers Package

\*Proposal For:  New  Roll- Over  Renewal  Endorsements

\*Type of Vehicle:  Two Wheeler  Private Car  Three Wheeler \*Vehicle insured is:  New  Used

\*Coverage Required:  Comprehensive Package Cover  Third Party Liability only Cover  Third Party, fire & theft only Cover  Third Party and Fire only Cover  Third Party and Theft only Cover

Intermediary Code : \_\_\_\_\_ Intermediary Name : \_\_\_\_\_

\* Period of Insurance: \_\_\_/\_\_\_/\_\_\_ Time: \_\_\_|\_\_\_, To Midnight of \_\_\_/\_\_\_/\_\_\_  
(Note: Cover shall commence not earlier than the date and time of acceptance of risk and/or issuance of cover note subsequent realisation of premium)

**1. \*Proposer Details:** (Information for fields marked with asterisk [\*] is mandatory)

Insured Name:  Mr  Ms  M/s.

First Name	Middle Name	Last Name

\* Mother's Maiden Name: \_\_\_\_\_ PAN No: \_\_\_\_\_

\*Date of Birth: \_\_\_/\_\_\_/\_\_\_ \*Gender: Male  Female  \*Educational Qualification: \_\_\_\_\_

\*Occupation: \_\_\_\_\_ \*Marital Status: \_\_\_\_\_

**2. \*Address where Vehicle is Registered and Based**

Flat Building: \_\_\_\_\_ Road/ Street/Sector \_\_\_\_\_

Area: \_\_\_\_\_

Taluka/Village/District/City: \_\_\_\_\_ Pin Code: \_\_\_\_\_ State: \_\_\_\_\_

Country: \_\_\_\_\_ Tele No. (Resi): \_\_\_\_\_

Mobile No: \_\_\_\_\_ E-Mail ID: \_\_\_\_\_ @ \_\_\_\_\_

**3. \*Communication Address (For policy despatch)**

Flat Building: \_\_\_\_\_ Road/ Street/Sector \_\_\_\_\_

Area: \_\_\_\_\_

Taluka/Village/District/City: \_\_\_\_\_ Pin Code: \_\_\_\_\_ State: \_\_\_\_\_

Country: \_\_\_\_\_ Tele No. (Resi): \_\_\_\_\_

Mobile No: \_\_\_\_\_ E-Mail ID: \_\_\_\_\_ @ \_\_\_\_\_

4. City where the vehicle will primarily be used: .....

5. Have you been previously insured in respect of this vehicle?  Yes  No

If so, are you entitled to No Claim Discount from your previous Insurer?  Yes  No

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If Yes, Kindly indicate the percentage:  20%;  25%;  35%;  45%;  50%;  55%

Are you a Member of any Automobile Association of India?  Yes  No

If Yes, please provide the Membership No and date of expiry.....

I/We hereby declare that the rate of NCB claimed by me/us is correct and that NO CLAIM has arisen in the expiring policy period (Copy of Policy enclosed). I/We further undertake that if this declaration is found incorrect, all benefits under the Policy in respect of Section1 of the Policy will stand forfeited.

.....  
(Signature of Proposer)

### 6. About the Motor Vehicle to be Insured

*Make	*Model	*Year of Manufacture	*Cubic Capacity	*Registration No.
*Engine No	*Chassis No	RTO where vehicle will be registered	Date of Registration	Seating Capacity Including Driver
Colour of the vehicle	Type of Body	Vehicle Make (Indigenous or Imported)	Speedometer reading as on date	*Vehicle IDV

(Note: Either Registration no or Engine and Chassis Number is mandatory)

\*Vehicle Rate Under:  Zone -A  Zone - B

\*Fuel Used:  Petrol  Diesel  Bi Fuel  CNG  LPG  Electric  Hybrid  Others (please specify).....

\*Type of Permit:  Express Way  National/ State Highways  City/ Town Road  District Roads  Private Road.

\*Average Monthly usage:  Less Than 50 Kms;  Between 50 and 100 Kms;  Between 101 to 250 Kms ;  
 Above 251 Kms

Whether any modification or conversion has been done in the vehicle from the maker's standard specification?  Yes  No

If yes, please give details of such modifications/conversions.....

Is the vehicle in good state of repair?  Yes  No

If No, please furnish details.....

Where will the vehicle be generally parked?

- Roadside Public Parking  Road Outside Parking  Parking lot open or covered  
 Within compound of residence open  Within compound of residence covered

7. Financer Details:  Hypothecation  Hire Purchase  Lease

Financer Name :
Financer Address :

### 8. Nominee Details :

Nominee Name	Age	Relationship

## 9. Insured Declared value of the Vehicle:

The IDV of the vehicle will be deemed to be the Sum-Insured for the purpose of the Policy and will be fixed on the basis of the manufacturer's listed selling price of the brand and model as the vehicle proposed for insurance at the time of commencement of insurance / renewal and adjusted for depreciation as per the schedule specified below.

Age of the Vehicle	% of Depreciation
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 – For vehicles more than 5 years old, please contact the Company for fixing the IDV

*The Vehicle Value	
Electrical Accessories Details (Other than factory fitted)	
Non- Electrical Accessories Details (Other than factory fitted)	
Bi- Fuel/ CNG/LPG Kit	
Trailer(s)/ Side Car Value (only for 2 wheelers):	
Total IDV:	

## 10. Extended Covers/ Extra Benefits at Additional Premium:

<b>Extension of Geographical Area:</b> <input type="checkbox"/> Bangladesh <input type="checkbox"/> Bhutan <input type="checkbox"/> Nepal <input type="checkbox"/> Maldives <input type="checkbox"/> Pakistan <input type="checkbox"/> Sri Lanka	<b>Vehicle is fitted with Fibre Glass Fuel Tank</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Vehicle will be used for Driving Tuitions</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Imported vehicle without payment of customs duty</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Compulsory Personal Accident (If owner has a valid driving license)</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Is the vehicle Company Maintained?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Will the vehicle be let out on occasional Hire?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Whether the vehicle is certified as Vintage Car by Vintage and Classic Car Club of India ?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Vehicle used for commercial purposes :</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Do you want to opt for wider legal liability to</b> <b>Paid Driver</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Other Employees</b> <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes , No. Of persons to be covered ..... )	<b>Do you wish to include Personal Accident cover for unnamed occupants of the vehicle in excess of the compulsory Personal Accident cover for the Owner/Driver?</b> Yes/No <b>Sum Insured per person to be Rs .....</b> <b>Nominee Details: Name.....</b> <b>Age..... Relationship.....</b>
<b>Do you want to cover loss of accessories due to burglary, housebreaking or theft?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No ( Applicable only for Two-Wheelers)	<b>If Yes, please indicate the Sum-Insured per person (In multiples of Rs 10,000/- for a maximum of Rs 1 lakh per person for Two Wheelers and Rs 2 lakhs per person for Private Cars. The number of persons to be covered for the purpose of this Add-on will be equivalent to the registered carrying capacity of the vehicle)</b>
<b>Re-imbursalment of Depreciation deducted as per Policy from own damage claims?</b> <b>Cover is available for vehicles upto 3 years of age</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Return to Invoice in case the vehicle meets with total loss within the first 2 years of manufacture</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Do you want to protect your No Claim Bonus in case of a single accident in the Policy period?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Do you want to protect your Auto Loan Amount</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If Yes, kindly provide your Principal Outstanding Amount as on date</b> ₹ .....
<b>Do you wish to have an enhanced Personal accident cover for Yourself/ Your Driver / unnamed occupants of the vehicle?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If Yes, please provide the Sum Insured per person.....</b>	<b>Do you wish to cover Hospital Cash for hospitalisation arising out of accident for Yourself / Your Driver / Unnamed occupants of the vehicle?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No

## 11. Restrictions of Cover/ Discounts:

Vehicle fitted with Anti-theft device approved by ARAI : <input type="checkbox"/> Yes <input type="checkbox"/> No	Is the vehicle designed for use of Blind / Handicapped/ Mentally challenged persons and duly endorsed as such by RTA ? <input type="checkbox"/> Yes <input type="checkbox"/> No
Vehicle will be used within own premises : <input type="checkbox"/> Yes <input type="checkbox"/> No	
Third Party Property Damage cover restricted to ₹ 6000 <input type="checkbox"/> Yes <input type="checkbox"/> No <small>(Third Party Property Damage cover of Rs 1 lakh for 2 wheelers and Rs 7.5 lakhs for Private cars)</small>	
<b>Voluntary Excess : Standard Minimum Deductible ( Std Min Deductible is Rs 50/- for two wheelers, Rs 500/- for Pvt Cars with upto 1500 and Rs 1000/- for Pvt Cars above 1500 CC from each and every claim-</b>	
Private Car : <input type="checkbox"/> None <input type="checkbox"/> 2,500/- <input type="checkbox"/> 5,000/- <input type="checkbox"/> 7,500/- <input type="checkbox"/> 15,000/-	
Two Wheeler : <input type="checkbox"/> None <input type="checkbox"/> 500/- <input type="checkbox"/> 750/- <input type="checkbox"/> 1,000/- <input type="checkbox"/> 1,500/- <input type="checkbox"/> 3,000/-	

## 12. Previous Insurance Details:

Previous Insurer Name & Address:	Type of cover:					
Policy/ Cover note number:	Period of Insurance: From ..... To .....					
Has any Insurance Company ever: 1) Declined the proposal 2) Cancelled & Refused to renew 3) Required an increase in Premium 4) Imposed special conditions or excess	Claims reported in last 5 years					
	Year	1	2	3	4	5
	Type of Claims (OD/TP)					
	No. of Claims					
	Amount					

## 13. Driver Details:

Vehicle to be driven by : <input type="checkbox"/> Self – The Insured only <input type="checkbox"/> Self & Spouse <input type="checkbox"/> Self, Spouse and any other persons (Mention the details in below for any condition)						
Sr. No	Full Name	Relationship with Proposer	Age/ Date of Birth	Driving Experience	Driving License No	No. of accidents in previous 5 years
1						
2						
3						

**\*Premium Paid by: Cash/Cheque/DD No. \_\_\_\_\_ Date \_\_\_\_\_ Bank \_\_\_\_\_**  
**MICR No. \_\_\_\_\_ Amount ₹ \_\_\_\_\_**

### Declaration:

I/We hereby declare that the statements made by me/us in this Proposal Form are true to the best of my / our knowledge and belief and I/We hereby agree that this declaration shall form the basis of the contract between me/us and the Magma HDI General Insurance Co. Ltd.

I/We also declare that any additions or alterations carried out after the submission of this Proposal Form would be conveyed to Magma HDI General Insurance Co. Ltd immediately.

Place:

Date:

\_\_\_\_\_  
Signature of Proposer

### INSURANCE ACT 1938, SECTION 41 – PROHIBITION OF REBATES

- 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
- Any person making default in complying with the provisions of this section shall be punishable with fine, which may extend to five hundred rupees.