

PROPOSAL FORM

GROUP PERSONAL ACCIDENT

INSURANCE

General Insurance Company Ltd.

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(The person(s) 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 (Policy to be issued in favor of)	
4) Address of the Proposer	
5) Phone Number	
6) Email id	
7) Bank Account No.[Optional if desired by the proposer]	
8 (a) Profession; Occupation, Trade or Business of the Proposer:(Please describe fully with nature of duties)	
(b) Does your occupation require your employees to be engaged in manual labour?.	Yes/No
(c) Do your employee(s) engage in: i) Racing on wheels or Horseback ii) Big game hunting iii) Mountaineering iv) Winter sports, skiing or ice hockey v) Ballooning or polo or Sports of similar nature vi) Any other adventurous sports	Yes/No
9) Is this proposal for insurance to your employees in addition to: (a) Any other Accident Policy / Life Insurance (If so, give name of the Insurance Company and Amount of Insurance.) (b) Any other Employee Scheme (If so, please furnish the details)	Yes/No

10) Has any Company i) Declined to issue a policy to you? ii) Declined to continue your Insurance? iii) Not invited the renewal of your Policy? iv) Imposed any restriction or special conditions? (If yes, please furnish the details)	Yes/No Yes/No Yes/No Yes/No
11) Have you ever claimed/received compensation under any Accident Policy? (If yes, please furnish the details)	Yes/No
13) Period of Insurance	From..... To.....

14) Please attach a separate list of employees/members you wish to cover in either of the following format

Format A: (normal format)

Name of the Employee	Salary Roll No./Identification No	Age	Nature of Duty performed	Annual Income in RS.	Capital Sum Insured in Rs.	Name of the Nominee

a) Type of cover Opted: Basic/Wider/Comprehensive

NB: i) Basic Cover - covers against Death only

ii) Wider Cover - covers against Death, Permanent Total Disablement & Permanent Partial Disablement.

iii) Comprehensive Cover - covers against Death, Permanent Total Disablement, Permanent Partial Disablement & Temporary Total Disablement

b) Do you like to avail additional cover against Medical Expenses?

NB: Applicable to Comprehensive cover only

c) Do you like to avail Hospital Confinement Allowance Extension?

NB: Applicable to Comprehensive cover only

Format B: (applicable for selected Corporate clients only)

Category of the employees	Nature of Duty performed	Number	Average number in each Age bracket from age of 20 increasing multiples of 10	Average Earnings	Capital Sum Insured in Rs.

a) Type of cover Opted: Basic/Wider /Comprehensive

NB: i) Basic Cover—covers against Death only

ii) Wider Cover—covers against Death, Permanent Total Disablement & Permanent Partial Disablement.

iii) Comprehensive Cover—covers against Death, Permanent Total Disablement , Permanent Partial Disablement & Temporary Total Disablement

b) Do you like to avail additional cover against Medical Expenses?

NB: Applicable to Comprehensive cover only

c) Do you like to avail Hospital Confinement Allowance Extension?

NB: Applicable to Comprehensive cover only

15) Please attach a separate list in the following format of the spouses /dependent children and parents of the employees/members if the cover is required for them?

Name of family members	Relationship with Employee/Member	Name and Identification No. of the employee to whom related	Scope of Cover (Basic/Wider)	Capital Sum Insured

NB: Comprehensive cover not available to family members

Declaration:

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

We, also declare that any changes in the nature of profession or any such material changes after the submission of this proposal form would be conveyed to you immediately.

Place
Date

Signature of Proposer

SECTION 41 OF INSURANCE ACT, 1938

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 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 published prospectuses 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.

 **MAGMA HDI**
General Insurance Company Ltd.