

FOR OFFICE USE ONLY	
Branch Name	Branch Code
Intermediary Name	Intermediary Code
Proposal Received On	D M M Y Y Y Y RM Name
GUIDELINES FOR COM	PLETION OF THE FORM (TO BE FILLED BY PROPOSER)
insurance policy that we may policy or its price, terms, con statement, misrepresentation	ns fully and correctly, please mention clearly that the same is not applicable. This proposal will be the basis of any issue. You must disclose all facts relevant to all persons proposed to be insured that may affect our decision to issue a ditions and exclusions. The policy shall become void at our sole discretion, in the event of any untrue or incorrect, non-description or non-disclosure in any material particular in the proposal form/personal statement, declaration any material information having been withheld by the Proposer or any one acting on his behalf.
doubt, please seek the help o	or you to provide information whether as requested or otherwise, please attach a separate sheet. If you are in any of our company representative or your insurance advisor. If we accept a proposal for insurance, it shall be subject to as and we shall have no liability to make any payment under the Policy if premium is not received by Us in full and in posal is not accepted by Us.
All fields/details marked with	n * are mandatory.
PROPOSER DETAILS	
Please fill up this form in C	APITAL LETTERS
Proposer Name*	
Proposer's trade or business	Business Sector Urban Rural
Type of Proposer	Individual Partnership firm Company Government Other (Please specify)
Annual Income (in INR)	Paid up capital of firm (in INR millions)
PAN Number*	GST number
Do you file Income tax return	? Yes No Do you have a bank account? Yes No
Address for	
Correspondence*	City: State:
	Pin Code: Landline:
Mobile No.*	
E Mail ID	
CONTACT PERSON DET	TAILS*
Contact Person's Name*	
Address for	
Correspondence*	City: State:
	Pin Code: Landline: Landline:
Mobile No.*	
E Mail ID	

### **RISK DETAILS**

**Scope of Cover**: This Policy covers hospitalization expenses incurred for diseases contracted or injuries sustained in India. Medical expenses up to 30 days for Pre-hospitalization and up to 60 days for post-hospitalization are also admissible. The sum insured under this Policy for a particular Insured person and/or all the dependent members of his/her family shall be as set out in the Policy.

Major exclusions: Pre Existing Diseases, Diseases contracted During First 30 Days, Cost of Spectacles / Contact Lenses, Dental Treatment, AIDS, Pregnancy and certain specified diseases during first year of the Policy. For a detailed set of exclusions, kindly refer the policy document.

Add ons: In addition certain optional extensions are available, the details of which, are provided in the relevant section of this proposal form.

Note: Please add sheets if space is insufficient.



Period of Insurance Fro		D D M M Y	YYYY			
Base Covers opted (Choose one or more)	Inpatient Care		Hospital Cash	1	Out-patie	ent Cover
Optional Extension Covers	Pre-existing cover Pre & Post Hospitalization ex Domiciliary Cover Maternity Cover	rpenses	Ambulance C AYUSH treatm Health Check Other (Please	nent -up		
If you want to avail exclusion of coverage under the policy with consequent reduction of premium, please specify	Room rent capping Room category limit Accidental Hospitalization cover Other (Please specify)					
Do all the members proposed to be insured form part of One Group or Association or Corporate body?  Yes No						
Please provide list of persons to be insured in following format.						
Name	Relationship with employee/Self	Date of Birth	Age (in years)	Gender	Sum Insured	Existing disease, if any

Please note: Name of dependents should be mentioned immediately below the name of each employee.

### PREVIOUS POLICY & CLAIMS DETAILS

Period of	Insurance	Name of	Policy Number	Cover Details	Total Premium	Total Amount of claims	
From	То	Insurer	rollcy Northber	Cover Details	(INR)	(Paid+ outstanding)	
	D D M M Y Y Y						

#### Important Notes:

- 1. The information that you give to us on this proposal form or in any supplementary information form or documentation supplied by you or on your behalf will influence our decision to offer insurance and the terms upon which to offer it. Further, any policy we issue will be based on what you have communicated to us. It is therefore important that your answers are complete and accurate in all respect.
- 2. The questions in this proposal are indicative rather than exhaustive. You must provide us with all information relevant to the risk to be insured, even if it is not the subject of a question in this proposal. If you are in any doubt as to what information should be given, you should liaise with your insurance advisor/company.
- 3. Acceptance of your proposal would be subject to realization of full premium amount by the company.
- 4. The list of exclusions/ inclusions and other policy details are indicative, for complete list and comprehensive details kindly refer policy wordings.



Bank Name  Amount in words (Rs)  For payment of claims/refund through direct bank transfer, please provide the following details: (please enclose a cancelled cheque along with the proposal form)  Name of the Bank  City  IFSC Code  Account Type  DECLARATIONS  Thereby declare, on my behalf and on behalf of all persons proposed to be insured, that the above statements, answers and/or particulars given by me are true and complete in all respects to the best of my knowledge and that I am authorized to propose on behalf of these other persons.  I whereby also declare and undertake that the amount paid by me/us as premium for the aforementioned proposal is out of my/our lawful and declared source of Income.  I understand that the information provided by me will form the basis of the insurance policy, is subject to the Board approved underwriting policy of the insurer and that the policy will come into force only after full payment of the premium chargeable.  I further declare that I will notify in writing any change occurring in the occupation or general health of the life to be insured/proposer after the proposal has been submitted but before communication of the risk acceptance by the company.  I declare that I consent to the company seeking medical information from any doctor or hospital who/which at any time has attended on the person to be insured/proposer or from any past or present employer concerning anything which affects the physical or mental health of the person to be insured/proposer or from any past or present employer concerning anything which affects the physical or mental health of the person to be insured/proposer or from any past or present employer concerning anything which affects the physical or mental health of the person to be insured/proposer for the purpose of underwriting the proposal and/or claim settlement.  I authorize the company to share information pertaining to my proposal including the medical records of the insurance on the person to be insured/proposer for the sole purpose of under			
Cheque/NEFT/DD Number Bank Name Amount in words (Rs) For payment of claims/refund through direct bank transfer, please provide the following details: (please enclose a cancelled cheque along with the proposal form) Name of the Bank City  DECLARATIONS  - I hereby declare, on my behalf and on behalf of all persons proposed to be insured, that the above statements, answers and/or particulars given by me are true and complete in all respects to the best of my knowledge and that I am authorized to propose on behalf of these other persons.  - I/We hereby also declare and undertake that the amount poid by me/us as premium for the aforementioned proposal is out of my/our lawful and declared source of Income.  - I understand that the information provided by me will form the basis of the insurance policy, is subject to the Board approved underwriting policy of the insurer and that the policy will come into force only after full payment of the premium chargeable.  - I understand that the information provided by me will form the basis of the insurance policy, is subject to the Board approved underwriting policy of the insurer and that the policy will come into force only after full payment of the premium chargeable.  - I understand that the information provided by me will form the basis of the insurance policy, is subject to the Board approved underwriting policy of the insurer and that the policy will come into force only after full payment of the premium chargeable.  - I cluther declare that I will notify in writing any change occurring in the occupation or general health of the life to be insured/proposer or demanded for the purpose of underwriting the proposal health of the life to be insured/proposer or from any past or present employer concerning anything which affects the physical or mental health of the person to be insured/proposer or from any past or present employer concerning anything which affects the physical or mental health of the person to be insured/proposer or from any past or present employer concerning	PAYMENT DETAILS		
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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,	given by me are true and a persons.  I/We hereby also declare a and declared source of Incompolicy of the insurer and the Information of the insurer and the proposal has been submitted as the insured proposal has been submitted being to be insured/proposal has been submitted person to be insured/proposal has been all authorize the company to purpose of underwriting the Date	complete in all respects to the best of my kend undertake that the amount paid by me ome.  I mation provided by me will form the basis at the policy will come into force only after for the policy will come into force only after for the policy will come into force only after for the policy will come into force only after for the post of the risk acceptable to the company seeking medical information poser or from any past or present employed poser and seeking information from any made for the purpose of underwriting the control of the purpose of underwriting the proposal and/or claims settlement and we have the purpose of the purpose of underwriting the proposal and/or claims settlement and we have the purpose of the p	Inowledge and that I am authorized to propose on behalf of these other along the solution of the aforementioned proposal is out of my/our lawful as of the insurance policy, is subject to the Board approved underwriting all payment of the premium chargeable.  The occupation or general health of the life to be insured/proposer after the acceptance by the company.  The any doctor or hospital who/which at any time has attended on the reconcerning anything which affects the physical or mental health of the ye insurer to whom an application for insurance on the person to be proposal and/or claim settlement.  The proposal including the medical records of the insured/proposer for the sole with any Governmental and/or Regulatory authority.  Signature of the Proposer:
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,			Designation:
	I/we hereby confirm that all premiums are not disprop sources of funds and to ca	portionate to my/our income. I / we under cancel the insurance policy in case I / we ar	stand that the Company has the right to call for documents to establish re found guilty by any competent court of law under any of the statutes,
Date: DDMMYYYY  Signature of the Proposer:	Date: DDMMYYY	Y	Signature of the Proposer:



	Are you or any of the proposal applicants PEPs* or a close relative/associate of PEPs*?						
	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.	Type of Organisation: (Applicable where an organisation is the proposer. In case of proposer being Individual, Sole Proprietor or HUF, please select option X)  (I) Corporations (ii) Trust (iii) Government (iv) Partnership / LLP (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 for premium payment:  Business: Salaried: Others (please specify)						
c	ECTION 41 OF THE INSURANCE ACT, 1938 - 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 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 continuing the policy accept any rebate except such rebate as may be allowed in accordance with the published prospectus or tables of the Insurer.						
2.	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.						
	<del>%</del>						
	Acknowledgment (For office use only)						
	Date D D M M Y Y Y Y						
	e acknowledge with thanks the receipt of your proposal and amount by Cash/Cheque/NEFT/Demand Draft/ Others						
wh ter	either the submission to us of a completed proposal for Insurance nor any payment for any policy sought obliges us to agree to issue a policy, nich decision is and always shall be in our sole and absolute discretion. If we accept a proposal for Insurance, it shall be subject to the policy rms and conditions and we shall have no liability whatsoever if premium is not received by us in full and in time or is not realized. If we do not cept the proposal, we will inform you and refund the payment, if any received from you without interest.						

URN: MHDI/Health/Group/GHI/003

UIN: MAGHLGP21234V022021

Signature of the receiver and office seal



Client details		N	EFI/EF	I MANDA	AIE FOR	M		
Client Name								
Address								
	City:					State:		
	Pin Code:			Landline:				
PAN Card No.								
Pan card holder's name								
Account details:								
Bank Name								
Account Number								
Branch Name								
Payee Name								
Account no.								
Account type								
Name as per Bank records								
IFSC Code								
Cancelled Cheque copy:- Y/N*								

(Please attach a blank cancelled cheque copy with payee name printed on the cheque and Pan Card Copy)

If customer name/ account no /IFSC code is not available on cancelled Cheque then NEFT mandate form with Bank Sign & seal and customer signature is mandatory.

I hereby declare that the particulars given above are correct and complete. If the transaction is delayed or not effected at all reasons of incomplete or incorrect information, I would not hold the user institution responsible.

Sign and stamp of the payee

Verified by (Bank Official Stamp and Authorized Signature)

Terms and Conditions for Payments through RTGS/NEFT

- 1. The details provided by the Customers in the Mandate Form shall be considered as final and Magma HDI General Insurance Company Limited shall not be responsible for cross verification of any of the details provided therein.
- 2. The RTGS/ NEFT facility shall be effective for the respective Customer(s) within 15 days of the receipt of the Mandate Form by Magma HDI General Insurance Company Limited and/ or within such period as may be reasonably required by Magma HDI General Insurance Company Limited to activate the RTGS/ NEFT facility.
- 3. The Customer agrees that under the RTGS/ NEFT facility, there may be a risk of non-payment in the Account of Customer on the day of the credit of Payments due to change in the applicable regulations pertaining to RTGS/ NEFT facility or due to any other reasons without any fault/inaction/failure on part Magma HDI General Insurance Company Limited or any factor beyond the control of Magma HDI General Insurance Company Limited.
- 4. The Customer agrees to indemnify, without delay or demur, Magma HDI General Insurance Company Limited and its agents and keep Magma HDI General Insurance Company Limited and its agent indemnified harmless at all times from and against any and all claims, damages, losses, costs, and expenses (including attorney's fees) which Magma HDI General Insurance Company Limited may suffer or incur, directly or indirectly, arising from or in connection with, amongst other things, either of the aforesaid reasons stated in above clauses.
- 5. The Customer agrees that transaction(s) through RTGS/ NEFT facility may attract inward RTGS/ NEFT charges, which if levied by the Customer's bank, shall be borne by the Customer
- 6. Magma HDI General Insurance Company Limited has the absolute discretion to amend or supplement any Terms and Conditions stated herein at any time and will endeavor to give prior notice of Ten days for such changes wherever feasible for the terms and conditions to be applicable. By using the new services, or at the completion of such period, whichever is earlier, the Customer shall be deemed to have accepted the changed terms and conditions.
- 7. Submission of documents or bank details or any other information does not in any way, shape or form, imply or express or suggest admission of liability by the company.
- 8. Notices under these terms and conditions may be given in writing by delivering them by hand or e-mail or on Magma HDI General Insurance Company Limited website www.magmahdi.com or by sending them by post to the last address of the Customer.
- 9. These terms and conditions will be governed by the laws of India and any legal action or proceedings arising out of these Terms and Conditions shall be initiated in the courts or tribunals at Mumbai in India.
- 10. I/We further undertake to refund any excess amount whether demanded by Magma HDI General Insurance Company Limited or not, which has been credited in excess to my account at any time due to any reason within 7 days of such receipt of such communication from Magma HDI General Insurance Company Limited of such excess credit or such information of excess credit coming to the knowledge of the Customer through any other source.
- 11. I/ We agree that my/our claim payment will be credited from the date Magma HDI General Insurance Company Limited gets confirmation from its bankers, This facility will continue unless it is revoked by any party and any issuance of relevant credit instruction from Magma HDI General Insurance Company Limited to its bankers will be valid till such instruction is complete irrespective of the fact that the notice period has expired provided such a credit request has been made by Magma HDI General Insurance Company Limited before the expiry of the notice period of the Customer.
- 12. (Please attach a blank cancelled cheque or photocopy of a cheque for verification of the particulars provided in this regard)

Signature and stamp of customer	
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Magma HDI General Insurance Co. Ltd. | www.magmahdi.com | E-mail: customercare@magma-hdi.co.in | Toll Free: 1800 266 3202 | 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.