

Form for earning Fitness Reward Points

(The issuance of this Form is not to be taken as admission of liability)

Please fill a single form for all the Fitness activities undertaken in one policy year by an insured person to earn Fitness Reward Points. Please fill separate forms for each insured person wishing to earn these Fitness Reward Points

| Please fill separate forms t | or — | еа — | .cr | า ir — | ารเ | Jre — | ed — | ре | ers | on | WI | sn | ınç | g to | э e | ear | n 1 | rne | se | ΓIŤ | ne | ess | Ke | ewe | arc | ר ג | OII | ารร | | | | | | | | | | | | |
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| POLICY DETAILS: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Policyholder's Name: | | \mathbb{L} | \perp | | | \prod | | | | | | | | | | | | | | | | | | | | | | | L | Ι | \perp | \Box | | | \mathbb{L} | \perp | \perp | \perp | | \perp |
| Policyholder's Customer ID: (if available) | | L | I | \Box | _ | L | | | | | | | | | | | | Ро | licy | / Ni | um | nbe | er: | | | | | | L | I | \perp | | | | I | I | \perp | \perp | | |
| Policy Start Date: | D | D |) | M | M |) | (| Υ | Υ | Υ | | Ро | lic | у Е | nd | Do | ate | ::[| | D | M | M | Y | / | Y | Υ | Υ |] | | | | | | | | | | | | |
| INSURED PERSON'S DETA | AIL: | S: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name: | | T | T | \exists | _ | T | T | | | | T | T | T | | | | T | | T | T | | | | T | Ī | | | Π | T | T | T | Ŧ | _ | T | T | T | T | T | T | $\overline{\top}$ |
| Date of Birth: | D | D |) [| M | M | | | Υ | Υ | Υ | j | | (| Эеі | nde | er: | Ī | 1 | Mo | ale | | | F | en | nal | е | | | | | | | | | | | | | | |
| Relationship with Policyholder | -[| Ī | Ì | Ī | | Ì | Ì | Ì | | | | | | | | | Ī | | | | | | | | | | | | \mathbb{L} | I | \perp | \prod | _ | \Box | \perp | \perp | \perp | \prod | | \perp |
| Occupation: | | S | er | vic | е | | | Sel | elf employed Homemaker Student Others (plea | | | | | | | | | | ease | sk s | pec | ify) | | | | | | | | | | | | | | | | | | |
| Contact No: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| E-mail ID: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Address: | | floor | \perp | | | \perp | | | | | | | | | | | | | | | | | | | | | | | \mathbb{L} | | \perp | \Box | | | floor | \perp | \perp | \perp | | |
| | | | \perp | \Box | | \perp | | | | | | | | | | | | | | | | | | | | | | L | | \perp | \perp | \prod | | | \perp | \perp | \perp | \perp | | \perp |
| DETAILS OF THE BILLS: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Pi | | 100 | | ادر | | v#10 | a ch | 2 6 | on | | ۰ŧ (| ^_ | rtif | icc | nto. | ~ . | f C | on | nnl | ٥ŧi | ion | f | or : | Fito | | | act | ivit | v i | / 0 | or. | at. | l | hor | COV | or | an | ماند | able |
| Please attach original bills. Please also attach copy of Certificat | | | | | | | | | | | | Bill No. | | | | | | | | | 101 | 1 | | | | | | | | | | | | | | | | | | |
| Activity | | | | | | | | | | | | | DIII INO. | | | | | | | | | | | Bill Date | | | | | | | | | | | | | | | | |
| Availing our Health Check- | | | | | _ | | | , | | | | - | | | | + | | | | | | | | | | | | | _ | | | _ | | | | | | | | |
| Participation and completion | | | | | | | | | | | | | | | | + | | | | | | | | | | | | | L | | | _ | | | | | | | | |
| Gym / Yoga / Zumba / Dan membership for at least one | | | or (| any | у с | oth. | er | fitr | nes | s c | ent | res | 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Participation and completion of any other professional sport event | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Participation in any health programme sponsored by us | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DECLARATION: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I hereby declare that the informatian statement, suppressed or conforfeited. I hereby declare that claim for Fitness Reward Point I understand and agree that the | nced t I h ts in e re | ale nav n th | ed re i ne ipt | of incl sa of | an luc ime | ny i ded e p | ma d a ooli Cla | itei II t icy iim | ria he ye Fa | l fa bil ar | ict v ls / for ar | re the | h r cei e s relo | esp pts am | peo fo ne i | et to or th insi | o q ne ure um | pui ed p nent | stic pc per | ons ose rsor | of n. | ske this | d i s c | in r lair | rela m & | atio & tl | on nat | to t | this vill a G | no no en | aim ot be | n, r e m | my nal | / riç kinç ırar | ght g a nce | t to any Lin | cla sup nite | aim ople | sho eme | all be entary |
| of liability and that the Comp | any | / ai | na | 1/0 | r II | is | I PA | A re | ese | erve | e fh | e r | igh | nts | †O | rec | ווטף | re 1 | ruri | ther | r/o | idd | 11110 | onc | 11 11 | ntc | orm | | on | ın — | res | <u>—</u> | ;Cf | 10 | the | : CIC | mال | - | | |
| Date: D D M M Y Y | <u> </u> | Y | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Place: | | | | | | | | | | | Signature | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | _ | _ | | | | | _ | _ | | _ | | _ | | | | _ | | _ | _ | | | | | | | | | | | | | | |
| Please send this duly filled Family Health Plan Insuran | | | _ | | | | m f | for | m | to | our | TF | PA | at | be | low | / a | ddı | res | s: | | | | | | | | | | | | | | | | | | | | |

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Srinilaya - cyber spazio suite, 101,102,Ground Floor, Road No. 2, Banjara Hills, Hyderabad, Telangana 500034