

UIN: MAGPAIP21642V012021

**Saral Suraksha Bima, Magma HDI**  
**Policy Schedule**

Please note detailed terms and conditions of this Policy contract on our website  
[www.magmahdi.com](http://www.magmahdi.com)

Policyholder Details		
Customer ID		
Policyholder Name		
Occupation		
Annual Income		
Policyholder Address		
Phone number	Landline	Mobile
Email ID		

Policy Details			
Branch Name		Branch Code	
Address			
Helpline Number			
Proposal Number			
Product Name	Saral Suraksha Bima, Magma HDI		
Policy Number			
Policy Start Date and time	00.01 hrs on dd/mm/yyyy	Policy Expiry Date and time	23.59 hrs on dd/mm/yyyy
Basic Cover Sum Insured			
Optional Cover	YES <input type="checkbox"/> NO <input type="checkbox"/> If Yes, please specify Optional Cover type		
Optional Cover Type	<input type="checkbox"/> Temporary Total Disablement <input type="checkbox"/> Hospitalization expenses due to accident <input type="checkbox"/> Education Grant		
Policy Type	<Individual> <Family Floater 1A+1 kid> <....>		

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Name of Insured Person	Date of Birth	Age	Gender	Member ID	Relationship with Policyholder	Optional cover “ Temporary Total Disablement, Hospitalization expenses, Education Grant”
						<Applicable/ Not applicable>

Nominee Details *			
Nominee Name	Relationship to Policyholder	Date of Birth	Contact No.

If Nominee is a minor,

Appointee Name	Relationship to Nominee	Contact No.

Agent Details				
Agent Name	Agent Code	Agent Contact Number	Agent landline number	Agent address

Premium Details	
Premium excluding service tax ( Rs)	
Premium payment mode	
Loading (Rs)	
Discounts ( applicable on Premium excluding service tax)	
Employee discount (Rs)	
Other Discount	
SGST	
CGST	

**Policy Schedule**

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<b>Gross Premium</b>	
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Stamp duty of Rs \_\_\_\_\_/- paid

For and behalf of Magma HDI General Insurance Company Limited

Location:

Date:

Authorized Signatory

Service tax registration no : < to be added >

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<b>Premium Certificate</b>
For the purpose of deduction under section 80D of Income Tax amendment act, 1961 and any amendments made thereafter

To,

<Name of Policyholder>

<Address of Policyholder>

This is to certify that the Company has received the premium of Rs.<Premium of accidental hospitalization cover> for health insurance coverage under the policy no. < policy no. > vide <mode of premium payment> dated <date of premium realization>

The premium paid under this product is eligible for deduction u/s 80D of the Income Tax act 1961 and any amendments made thereafter.

**For Magma HDI General Insurance Company Ltd., IRDA Regn. No. 149**

**Authorized Signatory**

Date: \_\_\_\_\_

Place: \_\_\_\_\_

**Note:** This certificate must be surrendered to the insurance Company in case of cancellation of policy. In the event of incorrect representation of this declaration, the liability shall be upon the policyholder.