



**ELECTRONIC INSURANCE DETAILS - ANNEXURE 1**

Do you wish to have this Policy credited to an eIA? (Please select anyone)

No, I do not have an eIA and do not wish to open one  Yes, Credit this Policy to my e -Insurance account

If yes, Please share existing e -Insurance Account No \_\_\_\_\_  
 Please select Insurance Repository Name (you have opened your account with)

- M/s Protean Egov Technologies Ltd  M/s Karvy Insurance Repository Limited
- M/s Central Insurance Repository Limited  M/s CAMS Repository Services Limited (Please select any one) Or
- I do not have existing e -Insurance account and I am interested in creating a new e -Insurance account (Please submit electronic insurance account opening form (eIA form) along with relevant documents)

My CKYC No. (Central Know Your Customer registry number) is (if available): \_\_\_\_\_

Representative Details (only if eIA is to be opened for any other person other than Proposer and primary Insured)

Name \_\_\_\_\_  
 Mr./Ms./M/s. \_\_\_\_\_  
First Name Middle Name Last Name

\*DOB: [D][D][M][M][Y][Y][Y][Y] \*Gender:  M  F PAN No. \_\_\_\_\_

Flat/Building: \_\_\_\_\_

Road/Street/Sector \_\_\_\_\_ Area \_\_\_\_\_

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

State: \_\_\_\_\_ City: \_\_\_\_\_

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

Relationship: \_\_\_\_\_ Other Relationship: \_\_\_\_\_

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

UID: \_\_\_\_\_

**Authorization for electronic policy fulfillment and service communications (Please read carefully and put a check mark against before signing)**

I hereby consent that the policy documents may be sent to me by email at \_\_\_\_\_  
 (Please provide us your e-mail id) or via sms at my mobile no. provided above" can be added to all proposal forms.

I hereby consent to and authorize Magma HDI General Insurance Company Limited (" Company") to make welcome calls, service calls or any other communication (electronic or otherwise) with respect to the proposed or existing policy of Company from time to time and subject to the provisions of applicable law.

I wish to get all policy related communications on My WhatsApp number

Whatsapp Number: \_\_\_\_\_

Place \_\_\_\_\_

Date [D][D][M][M][Y][Y][Y][Y]

Signature of the Proposer

Name of Proposer: \_\_\_\_\_