

HDFC ERGO General Insurance Company Limited



Cardsure Package Policy - Proposal Form

(All fields are mandatory and fill in CAPITALS only)

HDFC ERGO location code

Application No.

Pre Issuance

Tele sales Branch Sales Quality DSA 3 Months EMI Option Yes No

Relationship No.

*Issuance of Policy is subject to the approval of HDFC Bank Credit Card. Total Premium of Rs. 900 (Premium of Rs 900 will be debited on your HDFC Bank Credit Card.)

PROPOSER DETAILS

Name of Insured (First Name) (Middle Name) (Last Name)

Correspondence Address

Contact No. (Off.) STD Fax STD *Mobile

Date of Birth D D M M Y Y Y Y Pan No. ABHA ID

E-mail ID

*Please provide correct mobile number of the proposed insured, to receive information relating to policy servicing and premium acknowledgement.

Note: In case any insured person(s) wish to generate his/her ABHA ID. Kindly visit the link: <https://healthid.ndhm.gov.in/register>

COVERAGE INFORMATION

Section I	Personal Accident Cover (PA + PTD)	5 lakhs
Section II	Loss Card Liability (1 DAY Date of loss)	Upto Credit Card limit
Section III	Credit Shield Liability (PA only)	Upto 5 lakhs
Section IV	Dependent Child Education	25000
Premium Amount (Inclusive of GST)		Rs. 900

Nominee Name

Nominee Relationship

Note: "Loss Card Liability" subject to per card limit to a max of INR Rs. 3,50,000/-

SOURCES OF FUND

Salary Business Other (Please Specify)

BANK ACCOUNT DETAILS

Name of the Bank Account Holder

Bank Account No. Name of Bank Account: Savings Current

MICR Code (9 digit MICR code number of the bank and branch appearing on the cheque issued by the bank) Branch

IFSC Code (11 character code appearing on your cheque leaf)

I wish: Any refund due on the premium payment / any payment/claims will be directly credited to my aforesaid Bank Account.*

*As per the IRDAI, its mandatory that all payments made to the insured only through electronic mode.

Note:

- Please provide a cancelled copy of cheque of your bank account.
- The Company will not be responsible in case of non credit or delay in processing of payout due to incomplete/incorrect information provided by the customer. Please ensure that you provide accurate details to the Company.

BANK RELATIONSHIP DETAILS

Customer ID Bank Account No.

LOS No. Credit Card No.

I propose to opt for Cardsure Package Policy from HDFC ERGO General Insurance Co Ltd & authorize HDFC Bank to charge the premium as applicable through my HDFC Bank Credit Card account.

CLAIM PROCESS

Please call on our Customer Service No: 022 - 6234 6234 / 0120 - 6234 6234

Email: care@hdfcergo.com

Also, please submit all the requisite documents at the nearest HDFC ERGO General Insurance Office.

PROPOSER DECLARATION

I/We hereby declare that the statements made by me/us in this Proposal Form are true to the best of my/our knowledge and belief and I/we hereby agree that this declaration shall form the basis of the contract between me/us and HDFC ERGO General Insurance Company Limited. I/We also declare that, if any additions or alterations are carried out after the submission of this proposal form, then the same would be conveyed to the insurers immediately. I/We hereby declare that the contents of the form and documents have been fully explained to me/us and that I/we have fully understood the significance of the proposed contract. I/we authorize HDFC ERGO General Insurance and associate partners to contact me via email, phone, SMS.

Anti-Rebating Warning: As per Section 41 of the Insurance Act 1938, as amended, the practice of rebating is prohibited, as follows: 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 policy 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 renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectus or tables of the insurer. Violations of Section 41 of the Insurance Act 1938, as amended, shall be punishable with a fine which may extend to ₹10 Lakhs.

This policy shall be voidable at the option of the Company in the event of mis-representation, mis-description or non-disclosure of any material particulars by the Proposer. Any person who, knowingly and with intent to defraud the Insurance Company or other persons, files a proposal for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent act which will render the policy voidable at the Company's sole discretion and result in a denial of insurance benefits.

FRAUD WARNING: This policy shall be voidable at the option of the company in the event of mis-representation, mis-description or non-disclosure of any material particulars by the proposer. Any person who, knowingly and with intent to defraud the insurance company or any other person, files a proposal for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which will render the policy voidable at the sole discretion of the insurance company and result in a denial of insurance benefits. If a claim is in any respect fraudulent, or if any fraudulent or false plan, specification, estimate, deed, book, account entry, voucher, invoice or other document, proof or explanation is produced, or any fraudulent means or devices are used by the insured, policyholder, beneficiary, claimant or by anyone acting on their behalf to obtain any benefit under this policy, or if any false statutory declaration is made or used in support thereof, or if loss is occasioned by or through the procurement or with the knowledge or connivance of the insured, policyholder, beneficiary, claimant or other person, then all benefits under this policy shall be forfeited.

Ayushman Bharat Health Account (ABHA) Declaration: I/We provide my/ our consent to access my/ our (all insured) medical and personal records/ details, as are available in my/ our Ayushman Bharat Health Account (ABHA) and share the same with Third Party Administrators, Reinsurer (if applicable), Service Provider/s of HDFC ERGO and/or with any Governmental and/or Regulatory authority for the sole purposes of underwriting my/ our proposal and/ or for checking the authenticity of claims lodged by me/ us and/ or to comply with the applicable Law/ Regulations.

Place

Date D D M M Y Y Y Y

Signature of the proposer (as per bank record)

ACKNOWLEDGEMENT COPY

Name

Date D D M M Y Y Y Y

Period of Coverage Premium Amount

Note: The liability of the company does not commence until the acceptance of the proposal has been formally intimated by the insured and full premium has been realized by the company.