

HDFC ERGO General Insurance Company Limited



HDFC ERGO Explorer - Proposal Form

Application No

1. Please fill the form in BLOCK LETTERS.
2. Please answer all the questions fully and correctly. If a particular question is not applicable to you please mark that question as not applicable "N/A". Please leave one box blank between two words.

Our liability does not commence until the acceptance of the proposal has been formally intimated to the insured and full premium has been realized by Us.

For Office Use Only	
Imd code	<input type="text"/>
Imd Name	<input type="text"/>
Mobile No	<input type="text"/>

Photograph

PROPOSER DETAILS

Name of the Proposer: (First Name) (Middle Name) (Last Name)

Address:

Landmark: City: Pin Code:

Nationality: Date of birth: D D M M Y Y Y Y Gender: Male Female Third Gender

Contact Number: Permanent Account Number (PAN No.)

Email ID:

Aadhaar details:

CKYC No.

Occupation: Salaried Self Employed Student if Others please specify _____

Industry Type (Occupation)

Purpose of Visit: Leisure Business Employment Study Family/ Relative Visit If Others please specify _____

Kindly enlist all the countries you are planning to visit during the trip

Annual Income: GST No.:

Employee ID

(Full time Employees of HDFC Limited Group and Munich Re Group)

Policy Number of any active HDFC ERGO Policy where you are the Policyholder

I have eIA No: I would like to apply foreIA with Karvy / CAMS / NSDL / CDSL.

DETAILS OF PERSONS PROPOSED TO BE INSURED

S. No.	Name	Date of Birth (dd/mm/yyyy)	Gender (M/F/TG)	Passport No.	Relationship with Proposer	OCI No.	Height (cms.)	Weight (kgs.)	Pre-Existing Disease details
1									
2									
3									
4									
5									
6									

Is the Proposer or any of the Persons proposed to be Insured a Politically Exposed Person: Yes No

If Yes, please furnish the details in the below table for all Politically Exposed Persons

Name of Politically Exposed Person(s)			
Type of Organization	Corporation <input type="checkbox"/>	Government <input type="checkbox"/>	Society <input type="checkbox"/>
	International Organization <input type="checkbox"/>	Partnership <input type="checkbox"/>	Trust <input type="checkbox"/>
Source of funds	Salary <input type="checkbox"/>	Business <input type="checkbox"/>	If others, please specify _____

POLICY DETAILS

Trip Type	Single Trip <input type="checkbox"/>					
	Annual Multi Trip [Policy tenure for AMT policies shall be 1 year] <input type="checkbox"/>					
Policy Period - applicable only for Single Trip Policies	Departure Date From India : [DD/MM/YY]			Arrival Date Back to India : [DD/MM/YY]		
No. of countries to be visited during the trip - applicable only for Single Trip Policies	_____					
Maximum trip duration in days (per trip) - applicable only for Annual Multi Trip (AMT) Policies	15 <input type="checkbox"/>	30 <input type="checkbox"/>	45 <input type="checkbox"/>	60 <input type="checkbox"/>	90 <input type="checkbox"/>	120 <input type="checkbox"/>
Plan variants	Silver <input type="checkbox"/>					
	Gold <input type="checkbox"/>					
	Platinum <input type="checkbox"/>					
Sum Insured (USD)	40,000 <input type="checkbox"/>		50,000 <input type="checkbox"/>		1,00,000 <input type="checkbox"/>	
	2,00,000 <input type="checkbox"/>		5,00,000 <input type="checkbox"/>		10,00,000 <input type="checkbox"/>	
Geographical Scope (Excluding INDIA)	Asia (Excluding Japan) <input type="checkbox"/>					
	Europe including Schengen <input type="checkbox"/>					
	Worldwide <input type="checkbox"/>					
	Worldwide except United States of America and Canada <input type="checkbox"/>					

OPTIONAL COVERS (AVAILABLE OF PAYMENT OF ADDITIONAL PREMIUM)

Optional Covers available with Silver Variant	1. Extension of Coverage for adventure sport activities	<input type="checkbox"/>
	2. Extension of Pre Existing Disease (PED) coverage	<input type="checkbox"/>
	3. Emergency Travel Expenses for Insured Person's minor Children	<input type="checkbox"/>
	4. Emergency Travel Expenses for Immediate Family member	<input type="checkbox"/>
	5. Emergency Accommodation Expenses for Immediate Family member	<input type="checkbox"/>
	6. Funeral Expenses	<input type="checkbox"/>
	7. Extension of Coverage for Terrorism	<input type="checkbox"/>

Optional Covers available with Gold & Platinum Variant	1. Automatic Extension	<input type="checkbox"/>
	2. Bounced Booking - Hotel & Airline	<input type="checkbox"/>
	3. Back at home cover	<input type="checkbox"/>
	4. Extension of Coverage for adventure sport activities	<input type="checkbox"/>
	5. Extension of Pre Existing Disease (PED) coverage	<input type="checkbox"/>
	6. Fraudulent transactions on payment cards	<input type="checkbox"/>
	7. Theft of Electronic Gadget	<input type="checkbox"/>
	8. Visa Rejection	<input type="checkbox"/>
	9. Emergency Travel Expenses for Insured Person's minor Children	<input type="checkbox"/>
	10. Emergency Travel Expenses for Immediate Family member	<input type="checkbox"/>
	11. Emergency Accommodation Expenses for Immediate Family member	<input type="checkbox"/>
	12. Golfer's hole in one	<input type="checkbox"/>
	13. Funeral Expenses	<input type="checkbox"/>
	14. Extension of Coverage for Terrorism	<input type="checkbox"/>
	15. Removal of restriction to only flights	<input type="checkbox"/>

Note: Optional coverages are allowed to be opted at channel level only. Individual customers might therefore not be able to opt for the same. The respective optional covers if in force shall be mentioned in your Policy Schedule.

NOMINEE DETAILS

In the event of the death of the Proposer, claim shall be paid to the Nominee. For other insured persons, Proposer is the nominee.

Nominee Name	Date of Birth	Relationship with the Proposer	Address and contact details of Nominee

Where Nominee is a minor, please give the details of Appointee

Name of the Appointee	Relationship with Nominee	Address of the Appointee

MEDICAL HISTORY

Have you received any Treatment / Advice / Consultation for any Medical Condition in the last 4 years: Yes No

If Yes, please fill in the details in the table below

Name	Treatment	Institution

Are you presently taking any medication: Yes No

If Yes, please fill in the details in the table below

Name	Medication

LIFESTYLE QUESTIONS (ONLY WHEREVER APPLICABLE)

- Are you and your family members covered under any Mediclaim/Health Insurance Policy?
 - Yes, I am covered but my family is not covered
 - Yes, both my family members and myself are covered
 - Yes, only my family members are covered
 - Neither my family members nor I am covered
- If Yes, what is the total amount of coverage (Total Sum Insured) across all members?
 - _____ in figures
- Do you own a Car or a two wheeler?
 - Yes, I own a Car only
 - Yes, I own a bike only
 - Yes, I own both a Car and a Bike
 - No, I neither own a Car nor a Bike
- If Yes, kindly provide your vehicle number for the vehicles Applicable
 - CAR _____
 - Two Wheeler _____
- Kindly provide details on the type of accommodation you currently reside in?
 - I live in a rented house
 - I live in my own house
- Please provide Family member details in the table below

	Name	Relationship with Policyholder	Age	Pre-Existing diseases (if any)
Member 1				
Member 2				
Member 3				
Member 4				
Member 5				
Member 'n'				

PAYMENT & BANK ACCOUNT DETAILS

Premium Details (Amount in INR)						
Premium Payment Mode	Cash <input type="checkbox"/>	Cheque <input type="checkbox"/>	Demand Draft <input type="checkbox"/>	Card <input type="checkbox"/>	ECS <input type="checkbox"/>	whats up number
Instrument Details				Date		

WOULD YOU LIKE YOUR REFUND (EXCESS PREMIUM/PPC REIMBURSEMENT) BY CHEQUE* OR CREDITED DIRECTLY INTO YOUR BANK ACCOUNT?

*Cheque will be issued in the name of the Proposer only

In case of payment made through credit card there fund amount would be reversed in Credit Card account directly or through cheque. Please provide the following bank details and a copy of a Cancelled Cheque if you opt for direct credit into your bank account: (Cancelled Cheque should be of the same bank account in which the refund needs to be credited directly)

Cheque No		Name as in Bank Account	
Bank Name		Bank Account No	
Branch Name		IFSC Code	
Cheque Date		MICR Code	
Cheque Amount for ₹			

*Note: The Proposer agrees and undertakes to intimate in writing to HDFC ERGO about any change in bank account details. If ECS is selected, please submit the standing instruction form available at our branches.

DECLARATION & WARRANTY ON BEHALF OF ALL PERSONS PROPOSED TO BE INSURED

I hereby declare that the Insured Person(s) listed above

- Is/ Are not traveling against the advice of a physician
- Is/ Are not on the waiting list for any medical treatment
- Is/ Are not traveling for the purpose of medical treatment
- Have not received a terminal diagnosis for a medical condition before this day
- I/We have read the Policy Terms and Condition and have accepted the same
- I/We accept that this policy does not cover treatment for Pre Existing Medical Conditions/Diseases/Ailments that are declared or undeclared
- 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 hereby declare on my behalf and on behalf of all persons proposed to be insured that the above statements are true and complete in all respects to the best of my knowledge and that I/We am/are authorized to propose on behalf of these other persons.
- I understand that the information provided by me will form the basis of insurance policy, is subject to the Board approved under writing policy of the Insurance company and that the policy will come into force only after full receipt to the premium chargeable.
- I/We further declare that I/We 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/We declare and further consent to the company. Seeking medical information from any hospital who at any time has attended on the life to be insured/proposer or from any past or present employer concerning anything which affects the physical and mental health of the life to be assured/proposer and seeking information from any insurance company to which an application or insurance on the life to be assured/proposer has been made for the purpose of underwriting the proposal and/or claim settlement.
- I/We authorize the company to share information pertaining to my proposal including the medical records for the sole purpose of proposal underwriting and/or claims settlement and with any Governmental and/or Regulatory Authority.
- I authorize HDFC ERGO General Insurance and associate partners to contact me via email, phone, SMS
- I hereby grant consent to Agent/Broker/Corporate Agent or any other licensed intermediary to share my KYC (Know your Customer) and customer due diligence information with HDFC ERGO General Insurance Company Limited for the purpose of my insurance proposal.

Place: _____ Date: _____ Signature of the Proposer: _____

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.

We are under no obligation to accept any proposal for insurance. The Proposer agrees that the receipt of the Proposal Form by HDFC ERGO General Insurance Company Limited along with the premium payment does not tantamount to the acceptance of the Proposal for insurance by HDFC ERGO General Insurance Company Limited and does not result in a concluded contract of insurance. The acceptance of the Proposal for insurance shall be at the Company's sole and absolute discretion and upon full realization of the premium payment. In the event of acceptance of the Proposal for insurance by HDFC ERGO General Insurance Company Limited, such acceptance shall be specifically intimated to the Proposer by HDFC ERGO General Insurance Company Limited along with the date from which the insurance Cover shall become effective. HDFC ERGO General Insurance Company Limited shall not be liable for any claim in respect of an event giving rise to a claim covered under the Policy of Insurance that has occurred prior to policy issuance is not covered under this policy (Your proposal form will be considered after HDFC ERGO General Insurance Company Limited receives premium payment.)

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 fraud the insurance company or any other person, files a proposal for insurance containing any false information, or conceals or 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.

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 to 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. Violation of Section 41 of the Insurance Act 1938, as amended, shall be punishable with a fine which may Separate to INR 10 Lakhs.

AGENT'S DECLARATION

I, _____(Full Name) in my capacity as an Insurance Advisor/ Specified Person of the Corporate Agent/Authorized employee of the Broker/Relationship Officer, do hereby declare that I have explained all the contents of this Proposal Form, Including the nature of the questions contained in this Proposal Form to the Proposer including statement(s), information and response(s) submitted by him/her in this Proposal Form to questions contained herein or any details sought here in will form the basis of the Contract of Insurance between the Company and the Proposer, if this Proposal is accepted by the Company for issuance of the Policy. I have further explained that if any untrue statement(s)/information/response(s) is/are contained in this Proposal Form/ including addendum(s), affidavits, statements, submissions, furnished/ to be furnished, the company shall have the right to vary the benefits which may be payable and further more if there has been a non-disclosure of any material fact, the policy issued to his/her favor pursuant to this Proposal may be treated by the Company as null and void and all premiums paid under the Policy may be forfeited to the company.

License No. (Advisor/Corporate Agent/Broker/Relationship Officer)			
Place		Date	

Signature of Agent: _____

FOR OFFICE USE ONLY

Channel Partner Code	
Branch Location	
Signature of Channel Partner	

ACKNOWLEDGEMENT CUSTOMER COPY

Received from Mr. / Ms. / MINR _____ Cheque No: _____

Dated _____ Drawn on _____ Bank for a sum of ₹ _____

towards payment of premium on behalf of HDFC ERGO General Insurance Company Ltd.

Date Signature & seal _____

Neither 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, which 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 terms and conditions and we shall have no liability to make any payment if premium is not received by us in full and in time, or is not realized. If we do not accept the proposal, we will inform you and refund any payment received from you without interest within next 15 days.