iCan
Proposal Form

Application No. : _____

This plan is not available to persons who have/ ever had any cancer (including Leukemia, Lymphoma & Sarcoma) or any precancerous condition or ever had/ awaiting organ transplantation

Please read all questions carefully and provide complete and correct information. Incomplete/incorrect/partially correct information may lead to cancellation of proposal and policy, even after issuance. It is not obligatory for us to accept any risk or issue policy to anyone.

Regulations mandate that the coverage can incept only after we have received the full amount of premium and have explicitly accepted the risk.

Note: In case any details mentioned in this Proposal Form is incorrect, please contact us immediately.

1. PROPOSER DETAILS

Proposer : (Mr./Ms./Mrs.)																																		
First Name														Middle Name													Last Name								
Date of Birth (DD/MM/YYYY)																								Gender*:		M		F		T				
Telephone																			Mobile No.:														
GSTIN/ UIN (if any) of Policy Holder																			E Mail :														
Current Address:																																		
District:															City/Town :																		
Pin Code:															State :																		

*** Gender Code - M (Male), F(Female), T(Third Gender)**

Please submit a certified copy of any of the below Officially Verified Document (OVD):

ID Proof Type : Pan ☐ Aadhar ☐ Passport ☐ Driving License ☐ Voter's Card ☐ NREGA Job Card ☐

If Others (Any document notified by Central Government), please specify_____

ID Proof No.: | | | | | | | | | | | | | | | |

Highest Qualification: Under Matriculate ☐ Matriculate ☐ Graduate ☐ Post-Graduate ☐ Higher ☐

Profession: Salaried ☐ Self Employed ☐ Others ☐ Details _____

Nationality _____ Marital Status _____ Annual Income_____

Please tell us how would you like to have Policy Schedule –

In case multiple "Yes" options are chosen, the first option would be considered by default.

I choose to have verified & digitally signed policy document accessible anytime, anywhere at my fingertips. Yes ☐ No ☐

I choose e-insurance account to view or download policy details from an Insurance Repository & hereby give my consent to share my KYC details including Aadhaar No.(if provided) & PAN with the Insurance Repository. Yes ☐ No ☐

PLAN DETAILS

Proposed Policy Period:	From	D	D	M	M	Y	Y	Y	Y	To	D	D	M	M	Y	Y	Y	Y

Variant	Essential ☐	Enhanced ☐
Plan	Standard ☐	Advanced ☐

2. DETAILS OF THE PERSON PROPOSED TO BE INSURED

S. No.	Name of Insured Person	Height (cms)	Weight (kgs)	Relationship with Proposer	Gender* (M/F/T)	Date of Birth (dd/mm/yyyy)	Mobile Number	Sum Insured	ABHA ID (if available)
1									
2									
3									
4									
5									
6									

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

3. NOMINEE DETAILS

In the event of the death of the proposer any payment due under the Policy shall become payable to the nominee in accordance with the Policy terms and conditions. The nominee must be an immediate relative of the Proposer. Nominee for any of the persons proposed to be insured shall be the Proposer.

Nominee Name	Relationship	Address of the Nominee

*If the Nominee is minor, Name and Address of Appointee and Relationship with Minor:

Appointee Name	Relationship	Address of the Appointee

4. EXISTING/PREVIOUS INSURANCE DETAILS*

Is the proposer or the persons proposed, already insured under a plan with HDFC ERGO General Insurance Company Limited or any other insurance company Yes /No? If YES, please indicate below the Policy/ Application number(s) (Please mention application number in case of pending proposal)

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Since when are continuously insured:

Policy No./ Application No.	Insurer	Period of Insurance												Sum Insured (Rs.)	Claims lodged during the preceding years	Status of previous application(s) if any
		From						To								
		D	D	M	M	Y	Y	D	D	M	M	Y	Y			
		D	D	M	M	Y	Y	D	D	M	M	Y	Y			
		D	D	M	M	Y	Y	D	D	M	M	Y	Y			
		D	D	M	M	Y	Y	D	D	M	M	Y	Y			
		D	D	M	M	Y	Y	D	D	M	M	Y	Y			
		D	D	M	M	Y	Y	D	D	M	M	Y	Y			

Do you want Us to consider these details for continuity*? ☐ Yes ☐ No

If yes, please provide details as per the portability form

5. MEDICAL & LIFESTYLE INFORMATION:

Please read, understand and confirm the details below accurately and truthfully in the space mentioned below, as this would be the ONLY basis of issuance of your policy with us and the subsequent claim admissibility, if any.

ANY MIS-DECLARATION OR NON –DISCLOSURE WILL RENDER YOUR COVERAGE NULL & VOID.

SECTION A:

In respect of any of the persons proposed to be insured, please answer the below mentioned questions individually in Yes(Y)/No (N) along with the details:

	Member 1	Member 2	Member 3	Member 4	Member 5	Member 6
Does your occupation expose you to radiation, corrosive substances, harmful chemicals, mining, asbestos or explosives?						
Have you used tobacco in any form in the last one year or do you consume alcohol, or any narcotic/habit forming/recreational drug?						
If YES, please indicate the Type, No. of units per day and since when have you been using?						

	Smoke (1 Unit = No. of Beedi, cigarette, Cigar, Cheroot, sheesha or Any other form of tobacco per day)	Pan Masala/ Gutkha (1 Unit = No. of Pouches per day)	Alcohol (1 units = 30 ml of hard liquor ; 150ml of wine; 330ml of beer) per week	Others
Member 1	Type: Units: Since:	Type: Units: Since:	Type: Units: Since:	Type: Units: Since:
Member 2	Type: Units: Since:	Type: Units: Since:	Type: Units: Since:	Type: Units: Since:
Member 3	Type: Units: Since:	Type: Units: Since:	Type: Units: Since:	Type: Units: Since:
Member 4	Type: Units: Since:	Type: Units: Since:	Type: Units: Since:	Type: Units: Since:
Member 5	Type: Units: Since:	Type: Units: Since:	Type: Units: Since:	Type: Units: Since:
Member 6	Type: Units: Since:	Type: Units: Since:	Type: Units: Since:	Type: Units: Since:

SCETION B: Medical History

In respect of any of the persons proposed to be insured, please answer the below mentioned questions individually in Yes(Y)/No (N):

Please note the term "CANCER", WHENEVER USED INCLUDES LEUKEMIA, LYMPHOMA & SARCOMA

	Member 1	Member 2	Member 3	Member 4	Member 5	Member 6
Have you ever been diagnosed with any form of cancer or tumor (includes Lymphoma, Leukemia, and Sarcoma)?						
Has any of your Parents or Siblings or more than one of your parent's siblings (including your parents) been diagnosed with cancer?						
Have you ever been suspected to have or investigated for cancer or have been under follow up for cancer or a condition that doctors suspected may become cancerous?						
Have you ever been diagnosed with Human Immunodeficiency virus (HIV), Human Immunodeficiency virus (HPV), Epstein–Barr virus (EBV), Hepatitis B or Hepatitis C						
Have you ever experienced weight loss of more than 5 Kilos over 3 months						
Did you ever had blood in stool or any bleeding from any other opening for more than 5 days OR fits, Persistent headache or cough for last 2 years						

6. PREMIUM PAYMENT DETAILS:

Mode of Payment Cash ☐ Cheque ☐ Debit Card ☐ Credit Card ☐ Net Banking ☐ Electronic Clearing System* ☐ Others _____

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Instrument No.	Name of the Premium Payor	Relationship of Payor with Proposer	Bank Details	Date	Amount (in Rs.)

*If ECS is selected, please submit the standing instruction form available at our branches.
Please make a A/c Payee Cheque/DD/Pay Order in favour of 'HDFC ERGO General Insurance Company Limited' only.
In case Premium is more than 50,000 please provide PAN details

Section 41 of Insurance Act1938 (Prohibition of Rebates):

1. 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 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 prospectuses or tables of the insurers.
2. Any person making default in complying with the provision of this section shall be liable for a penalty which may extend to ten lakh rupees.

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

☐ I hereby declare, on my behalf and on behalf of all persons proposed to be insured, that the above statements, answers and/or particulars given by me are true and complete in all respects to the best of my knowledge and that I am 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 underwriting policy of the Insurer and that the policy will come into force only after full receipt of the premium chargeable.

I further declare that I 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 declare and consent to the company seeking medical information from any doctor or hospital who/which at any time has attended on the person to be insured/ proposer or from any past or present employer concerning anything which affects the physical or mental health of the person to be insured/proposer and seeking information from any Insurer to whom an application for insurance on the person to be insured/ proposer has been made for the purpose of underwriting the proposal and/or claim settlement.

I authorize the company to share information pertaining to my proposal including the medical records of the Insured/Proposer for the sole purpose of underwriting the proposal and/or claims settlement and with any Governmental and/ or Regulatory Authority.

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.

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.

Signature of Proposer: _____

8. AGENT'S/ SPECIFIED PERSON DECLARATION (FOR SALES THROUGH THIRD PARTY PARTNERS)

I, _____ (Full Name) in my capacity as an Insurance Advisor/ Specified Person of the Corporate Agent/Authorised employee of the Broker/Relationship Officer, do hereby declare that I have explained all the contents of this Proposal Form (in vernacular if required), 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 herein 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 favour 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) :

Signature of Agent:

Place:

Date: D D M M Y Y Y Y

9. VERNACULAR DECLARATION

Certification in case the proposer has signed in vernacular (to be witnessed by someone other than agent/ employee of the company).

Name of the Proposer : _____

The content of this form and its particulars have been explained by me in vernacular to the proposer who has understood and confirmed the same :

Signature of the Proposer :

Signature of the witness :

Date : D D M M Y Y Y Y

Name of the witness :

Place :

10. CHECKLIST

Please check the following documents are attached along with the proposal form

i. ID Proof : Passport/ Pan Card/Voter id card/Driving License/ Letter from a recognized public authority/Adhaar card
ii. Proof of residence : Telephone Bill/ Bank Account Statement/ letter from any recognized public authority/Electricity Bill/ Ration Card
iii. Age Proof : Passport/PAN card/Driving licence/School or college certificate/Birth Certificate/Government issued ID proof
iv. Renewal Notice with claim details
v. Certification of previous insurer for previous claim details
vi. Photocopies of all previous policies and endorsements

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NEFT details

Mandatory details required to process all payment due in relation to your policy including refunds (if any) and / or claims directly to your bank account

Please select any one of the below options

I hereby declare that below bank details are correct and should be used to process all payment due in relation to my insurance policy:

- ☐ Bank account details as mentioned on the cheque* being submitted along with the Proposal Form towards premium payment for insurance Policy should be used by the Company for electronic fund transfer as mode of payment.
- ☐ I do not have any existing bank account. I agree to open a bank account and provide my bank account details to the Company for electronic fund transfer as mode of payment. I shall provide these details before renewal of my insurance policy or before any payment becomes due in relation to my insurance policy (whichever is earlier). I understand that as per regulatory requirement, Company shall process any payment in relation to my insurance policy only through electronic fund transfer after receipt of aforesaid pending bank details from me.
- ☐ Bank account details as provided below and for which I am submitting a cancelled cheque, should be used by the Company for electronic fund transfer as mode of payment. (Cancelled Cheque should be of the same bank account in which the refund needs to be credited directly)

Particulars of Bank Account:

Name as in Bank Account:	
Bank Name:	
Bank Branch:	
Bank Account Number:	
MICR No. :	**IFSC Code:**

I agree and undertake to intimate in writing to HDFC ERGO General Insurance Company Limited about any change in bank account details. I also hereby certify that the particulars furnished above are correct to the best of my knowledge.

Proposer/Policy holder's Signature ☑

Date : D D M M Y Y Y Y

DISCLAIMER: HDFC ERGO General Insurance Company Limited shall not be liable to anybody, in any manner, whatsoever if the NEFT transaction does not complete for any reason whatsoever including without limitation- failure on part of the Bank/s involved to perform any of their obligations for aforesaid NEFT transaction or incomplete/incorrect information by Customer/Policy Holder. Aforesaid NEFT transaction shall be governed by applicable Reserve Bank of India rules, directions & guidelines and shall be subject to participating Bank user terms and conditions related to NEFT facility. HDFC ERGO General Insurance Company Limited shall be indemnified against any loss/damage/claims caused to HDFC ERGO General Insurance Company Limited in carrying out your aforesaid NEFT instructions.

Instructions:

- It is important for these electronic payment systems that the Policy Holder's name in the Policy must exactly match with the name in the Bank Account records/details given above.
- In cases where beneficiary's bank account number & name is printed on the cheque, bank attestation is not required. For all other cases bank attested NEFT mandate is required.
- The customer who is willing to transfer the funds will be required to provide the 11 digits valid IFS Code, which is applicable for NEFT only. (a number allotted to each participating banks branch) of the branch where the funds need to be transferred.
- Cancelled cheque should be attached along with the NEFT format.
- In case cancelled blank cheque does not bear account holder's name, please provide photocopy of bank statement / passbook with latest entries updated or else Bank attestation is required
- NEFT Form needs to be complete in all respect.

* in case the premium payment cheque does not have all the details required for electronic fund transfer, please fill the above table

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Acknowledgement

Application No : _____ Date : _____

Name of Proposer : _____

We acknowledge with thanks the receipt of your application and amount by cash/cheque/Demand Draft/others _____ of amount of Rs. _____.

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 realised or non-fulfillment of Pre Policy Check-up. If we do not accept the proposal, we will inform you and refund any payment received from you without interest within next 30 days.

Signature of the receiver and official seal