HDFC ERGO General Insurance Company Limited

E@SECURE INSURANCE PROPOSAL FORM - RETAIL

- Please answer all questions in full and if not applicable insert "N/A"
- If you have insufficient space to complete any of your answers, please attach a separate signed and dated sheet and identify the question number concerned.
- This proposal forms part of the Policy Documents
- The liability of the Company does not commence until the proposal has been accepted by the Company and the same has been duly conveyed to the Applicant.
- The liability of the Company does not commence until the acceptance of premium has been realized by the Company.

DETAILS OF THE APPLICANT

Name of the Applicant (as per Aadhaar Card):
(First Name) (Middle Name) (Last Name)

Applicant Address:

City/Town: District: Pin Code:

State: #Mobile

Contact No. Email:

Politically Exposed Person (PEP) State: I am PEP ☐ I am related to PEP ☐ Not Applicable ☐

PEP are defined as individual who are or have been entrusted with prominent public functions in a foreign country e.g. Heads of State or of Governments, senior politicians, senior Government /judicial/ military officers, senior executives of state owned corporations, Important political party officials etc.

Do you wish to include insured's family within the purview of this policy ☐ Yes ☐ No
i. *Please note: Family is restricted and limited to spouse and dependent children only
ii. *Please note: Add on cover is available only for Limit of Liability ₹500,000 and above

Do you wish to opt for Data restoration costs for the loss of data due to malware introduction? Cover is limited to 10% of the Limit of liability opted ☐ Yes ☐ No

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

AGGREGATE LIMIT OF LIABILITY REQUIRED (IN INR)

₹50,000 ☐	₹500,000 ☐	₹5,000,000 ☐
₹100,000 ☐	₹2,000,000 ☐	₹10,000,000 ☐

SECURITY INCIDENT AND LOSS HISTORY

Have any Computer System (e.g. incl. Smartphone) owned by you or your family (if applicable) ever got hacked or compromised in past? ☐ Yes ☐ No
If "Yes", please provide details _____

Have you or your family (if applicable) ever made a demand, claim, and complaint or filed a lawsuit against any third party alleging invasion or interference of rights of privacy or the inappropriate disclosure of personal information. ☐ Yes ☐ No
If "Yes", please provide details of matter, current status of the claim and amount of damage.

Are you or your family (if applicable) aware of any circumstances which is likely to lead to you suffering a loss or a claim being made against you which would be covered under this policy you applying for? ☐ Yes ☐ No
If "Yes", please provide details.

Have you or your family (if applicable) ever been a victim of online-fraud and/or online-defamation? ☐ Yes ☐ No

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. Any person making default in complying with the provisions of this section shall be punishable with fine which may extend to ₹10 Lakhs.

ANTI-MONEY LAUNDERING

The Company believes in adherence to Anti Money Laundering (AML) guidelines/rules as it aids in ensuring that financial institution like ours are not used as vehicle for money laundering. The policyholder/ nominee are thus bound to provide such information as may be required by the Company for ensuring the adherence of AML guidelines/rules.

SHARING OF INFORMATION

The information sought from the insured is strictly for the purpose of policy issuance and policy servicing. This information sought and the details of policy are kept confidential and will not be shared with any external party in any circumstances whatsoever. However, in instances when such information/ details is sought by any governmental bodies / regulatory authorities or when the Company is directed to share such information in accordance with any law/ regulations or direction from any such governmental bodies / regulatory authorities, the Company will be bound to abide to such directions.

PF /Ver - 1 JULY2023
Printing Code: E@SR/PF/145/JULY2023

PREMIUM DETAILS

Amount Rs. Rupees

BANK ACCOUNT DETAILS

Name of the Bank Account Holder:

Bank Account No.: Name of Bank:

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) Account: Savings ☐ Current ☐

I agree: ☐ 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.

SOURCES OF FUND

Salary ☐ Business ☐ Other ☐ (Please Specify)

DECLARATION

I/We, the undersigned, declare and acknowledge:

- that I understand that I am required to disclose in this form, fully and faithfully, all the facts that I know or ought to know, otherwise the policy issued hereunder shall become voidable at the option of the Insurer;
- that I undertake not to use any illegal software that undermine the security of my system.
- that after enquiry, all information supplied in this proposal and any supporting documents attached to this proposal or supplied separately, is true and correct and that until a contract of insurance is entered into, I am obliged to inform the Company of any changes to any information supplied or of any new information that is relevant;
- that I understand Company relies on the accuracy of the information and documentation supplied proposing this insurance;
- that if a contract is entered into, all information and documentation supplied for proposing this insurance shall be incorporated into and form part of such contract of insurance;
- that I have read and understood the important notices which form part of this proposal;
- that I have understood, no insurance is in force until a contract of insurance is entered into, which is conditional upon acceptance of my proposal for insurance by the Company;
- that signing of this proposal does not bind the undersigned to purchase the insurance, but it is agreed that this proposal shall be the basis of insurance should a policy be issued and will be attached to form part of the insurance policy. I/we 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

Name:

Signature

Date D D M M Y Y Y Y

CONSENT FOR LINKAGE OF AADHAR AND PAN

(Please fill in all columns in CAPITAL LETTER)

I. PAN Details:

a. Documents required (If PAN not provided):

Passport ☐ Election Card ☐ Govt.ID ☐ Driving License ☐ UIDAI Card ☐ NREGA Card ☐ Others ☐

b. Identification No. Of the documents provided: -

II. Aadhaar Details (Ensure all details are as per Aadhaar Card)

Aadhaar Number	Date of Birth	Pin Code	Mobile no	Enrolment Proof#

If Aadhaar Number is applied for, please enclose proof of enrolment.

CONSENT

I hereby give my consent to HDFC ERGO General Insurance Company Limited to use my Aadhaar details, authenticate my details with UIDAI.

HDFC ERGO has informed me and I hereby give my consent to update my Aadhaar number and Aadhaar information for my existing insurance policy, the policy applied by me and any future policies with HDFC ERGO and for the purposes of e-KYC. Further, my Aadhaar details may also be updated in all the policies where my Name/ PAN is mapped as a Proposer/ Joint policy holder / Nominee.

I also give my consent for verification of my PAN with Income Tax department.

Place:

Date: D D M M Y Y Y Y

Signature