

STUDENT SURAKSHA - STUDENT OVERSEAS TRAVEL - PROPOSAL FORM

(All fields are mandatory and fill in CAPITALS only)

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

CUSTOMER INFORMATION

Customer ID: Loan Account No: Customers PAN No:
 LG code: LC code:

Proposer Mr. / Ms. / Mrs. (First Name) (Middle Name) (Last Name)

Address:

DOB: Gender: Male Female TG

City: State: Pincode:

Tel.(Res.): (Off.): #Mobile:
STD Code STD Code

E-mail:

Overseas Contact No.: PAN: Passport No:
 ABHA ID (if available) Note: In case any insured person(s) wish to generate his/her ABHA ID. Kindly visit the link: <https://healthid.ndhm.gov.in/register>

LIFE INSURED DETAILS TO BE FILLED INCASE DIFFERENT FROM PROPOSER

Name of Life to be Insured Mr. /Ms. /Mrs. (First Name) (Middle Name) (Last Name)

Address:

DOB: Gender: Male Female TG

City: State: Pincode:

Tel.(Res.): (Off.): #Mobile:
STD Code STD Code

E-mail:

Overseas Contact No.: Passport No:
 ABHA ID (if available) Note: In case any insured person(s) wish to generate his/her ABHA ID. Kindly visit the link: <https://healthid.ndhm.gov.in/register>

FAMILY PHYSICIAN DETAILS

Name of Physician:

Address:
 DOB:

City: State: Pincode:

Tel.(Res.): (Off.): #Mobile:
STD Code STD Code

MEDICAL HISTORY OF LIFE INSURED

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:

Treatment: Institution:

Doctor's Name:

Contact No: Are you presently taking any medication: Yes No

If yes specify please: _____

RISK INFORMATION

Geographic Coverage Excluding USA/Canada Including USA/Canada

Specify Countries of visit:

Departure Date Return Date

PLAN DETAILS

Mandatory Base Plan (Please Tick): Bronze Silver Gold Platinum Standard

Optional: Plus Plan (Please Tick): Yes No

ADDITIONAL INFORMATION

Name of University:

Address of Institute:
Building Name Block No. Street Name Locality

City State Country Zip Code

Name of Program: Program Duration:

SPONSOR DETAILS

Name of the Sponsor Mr. / Ms. / Mrs. / M/s

DOB: Gender: Male Female TG

Address:

City: Pincode:

State: Relationship with Insured:

Tel.(Res.): (Off.): Mobile:
STD Code STD Code

E-mail:

Occupation: ID Proof:

BANK ACCOUNT DETAILS

Name of the Bank Account Holder:

Bank Account No:

Name of Bank: Branch:

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

IFSC Code (11 character code appearing on your cheque leaf) Account: Savings Current

I wish: Any refund due on the premium payment / any payment/claims will be directly credited to my aforesaid Bank Account.*
*As per IRDAI, it is mandatory that all payments are made to the insured only through electronic mode.

PAYMENT DETAILS

Cheque No: Dated: Amount:

Bank Name:

Bank Account/ LOS No.:

NOMINEE DETAILS

Name of Nominee: Relationship to Insured:

PROPOSER DECLARATION

- I hereby declare that the Insured Person 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 prognosis 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 underwriting policy of the Insurance company and that the policy will come into force only after full receipt of 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 doctor or from a hospital who at anytime 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 for 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
 - 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.

Note: 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 your proposal form will be considered only after HDFC ERGO General Insurance Company Limited receives premium payment 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 and the insurance cover shall only be effective from the date as intimated by HDFC ERGO General Insurance Company Limited. 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. Claims payable in INR only

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 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.

I/We hereby understand, declare, consent and authorize the Company to use personal health details and financial information, as provided to the Company for underwriting the risk.

Place:
Date:

Signature of the Proposer

VERNACULAR DECLARATION

Declaration in case the proposal is filled by other than the proposer / the proposer signs in vernacular language / proposer is illiterate (to be certified by someone other than the agent / employee of the company). 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.

Name of the Translator

Place

Date

Signature of the Translator

Name of the Proposer

Place

Date

Signature / Thumb Impression of the Proposer

FOR OFFICE USE ONLY

Channel Partner Code:

Branch Location:

Signature of the Channel Partner