

Proposal Form

Travelsure (Group)

Application No. _____

For Office Use Only		
Icd Code:	Icd Name	Mobile No.

- Please fill the form in BLOCK LETTERS.
- 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.

PROPOSER DETAILS

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

Address

City Pincode

State

Contact No. Group Type: Employer- Employee Non-Employer-Employee

Permanent Account number (PAN No.) GST NO.

I have eIA No: I would like to apply foreIA withKarvy / CAMS / NSDL / CDSL

DETAILS OF PERSON PROPOSED TO BE INSURED

Sr. No.	Name	Date of Birth	Gender (M/F/TG)	Height (in cms)	Weight (in kgs)	Relationship with Proposer	Occupation
1							
2							
3							
4							
5							
6							

POLICY DETAILS

Policy Type	Individual
Policy Tenure	<<Maximum upto 1 year>>
Maximum trip duration (per trip)	15/30/60/90/120/180/Full year
Policy Period	From _____ To _____

COVERAGE AND SUM INSURED

Section 1 – Checked Baggage Loss – Indemnity based: Y N

Sec	Sub Sec	Coverage		Sum Insured/ Sum Insured Limits	Sum Insured
1		Checked Baggage Loss – Indemnity based		Domestic <input type="checkbox"/> International <input type="checkbox"/>	INR (1000 – 10Lakh) USD (10 – 15,000) INR _____ USD _____
		Sub-limits	<input type="checkbox"/>	Per bag sub-limit (%) <input type="checkbox"/> 25 <input type="checkbox"/> Per article sub-limit (%) <input type="checkbox"/> 5 <input type="checkbox"/>	50 <input type="checkbox"/> 75 <input type="checkbox"/> 10 <input type="checkbox"/> 15 <input type="checkbox"/> 20 <input type="checkbox"/> 25 <input type="checkbox"/> 50 <input type="checkbox"/>

Section 2 – Baggage Delay – Indemnity based: Y N

Sec	Sub Sec	Coverage		Sum Insured/ Sum Insured Limits	Sum Insured
2		Baggage Delay – Indemnity based		Domestic <input type="checkbox"/> International <input type="checkbox"/>	INR per no. of hour (100 – 20,000) USD per no. of hour (5 – 500) INR _____ USD _____
		Deductible options	<input type="checkbox"/>	Deductible hours <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 6 <input type="checkbox"/> 12 <input type="checkbox"/> 24 <input type="checkbox"/>
			<input type="checkbox"/>	Maximum no. of hours <input type="checkbox"/>	12 <input type="checkbox"/> 24 <input type="checkbox"/> 48 <input type="checkbox"/> 72 <input type="checkbox"/>
			<input type="checkbox"/>	Per no. of hours <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 6 <input type="checkbox"/> 12 <input type="checkbox"/>

Section 3 – Loss of Baggage & Personal Documents – Indemnity based: Y N

Sec	Sub Sec	Coverage			Sum Insured/ Sum Insured Limits	Sum Insured	
3		Loss of Baggage & Personal Documents – Indemnity based		Domestic <input type="checkbox"/>	INR (1000 – 10Lakh)	INR _____	
			International <input type="checkbox"/>	USD (10 – 15,000)	USD _____		
		Sub-limits	<input type="checkbox"/>	Per bag sub-limit (%) <input type="checkbox"/>	25 <input type="checkbox"/>	50 <input type="checkbox"/>	75 <input type="checkbox"/>
				5 <input type="checkbox"/>	10 <input type="checkbox"/>	15 <input type="checkbox"/>	
				Per article sub-limit (%) <input type="checkbox"/>	20 <input type="checkbox"/>	25 <input type="checkbox"/>	50 <input type="checkbox"/>

Section 4 – Missing of Connecting Flight During Transit - Indemnity Based: Y N

Sec	Sub Sec	Coverage			Sum Insured/ Sum Insured Limits	Sum Insured	
4		Missing of Connecting Flight During Transit - Indemnity Based		Domestic <input type="checkbox"/>	INR (1000 – 5 Lakhs)	INR _____	
			International <input type="checkbox"/>	USD (100 – 10,000)	USD _____		
		Deductible options	<input type="checkbox"/>	INR	2000 <input type="checkbox"/>	5000 <input type="checkbox"/>	10000 <input type="checkbox"/>
				USD	50 <input type="checkbox"/>	100 <input type="checkbox"/>	150 <input type="checkbox"/>

Section 5 – Hijacking: Y N

Sec	Sub Sec	Coverage			Sum Insured/ Sum Insured Limits	Sum Insured	
5		Hijacking		Domestic <input type="checkbox"/>	INR per 6 hours (1,000 – 1 Lakh)	INR _____	
			International <input type="checkbox"/>	USD per 6 hours (10 – 1500)	USD _____		
		Maximum no. of hours	<input type="checkbox"/>	12 <input type="checkbox"/>	24 <input type="checkbox"/>	48 <input type="checkbox"/>	72 <input type="checkbox"/>
				96 <input type="checkbox"/>	120 <input type="checkbox"/>	150 <input type="checkbox"/>	180 <input type="checkbox"/>

Section 6 – Flight Delay – Indemnity based: Y N

Sec	Sub Sec	Coverage			Sum Insured/ Sum Insured Limits	Sum Insured
6		Flight Delay – Indemnity based		Domestic <input type="checkbox"/>	INR per no. of hour (100 – 20,000)	INR _____
			International <input type="checkbox"/>	USD per no. of hour (5 – 500)	USD _____	
		Deductible options	<input type="checkbox"/>	Deductible hours <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>
				6 <input type="checkbox"/>	12 <input type="checkbox"/>	24 <input type="checkbox"/>
			Maximum no. of hours <input type="checkbox"/>	12 <input type="checkbox"/>	24 <input type="checkbox"/>	48 <input type="checkbox"/>
				72 <input type="checkbox"/>		
			Per no. of hours <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	6 <input type="checkbox"/>
				12 <input type="checkbox"/>		

Section 7 – Emergency Medical Expenses: Y N

Sec	Sub Sec	Coverage			Sum Insured/ Sum Insured Limits	Sum Insured	
7		Emergency Medical Expenses		Domestic <input type="checkbox"/>	INR (10,000 – 10 Crore)	INR _____	
			International <input type="checkbox"/>	USD (100 – 10Lakhs)	USD _____		
		Deductible options	<input type="checkbox"/>	INR	1000 <input type="checkbox"/>	2000 <input type="checkbox"/>	5000 <input type="checkbox"/>
				10,000 <input type="checkbox"/>	25,000 <input type="checkbox"/>	50,000 <input type="checkbox"/>	
			USD	25 <input type="checkbox"/>	50 <input type="checkbox"/>	100 <input type="checkbox"/>	150 <input type="checkbox"/>
				200 <input type="checkbox"/>	250 <input type="checkbox"/>		

Section 8 – Accidental Death: Y N

Sec	Sub Sec	Coverage			Sum Insured/ Sum Insured Limits	Sum Insured	
8	A	Accidental Death	<input type="checkbox"/>	Domestic <input type="checkbox"/>	INR (10,000 – 50 Crore)	INR _____	
				International <input type="checkbox"/>	USD (75 – 75Lakhs)	USD _____	
8	B	Accidental Death - Air	<input type="checkbox"/>	Domestic <input type="checkbox"/>	INR (10,000 – 50 Crore)	INR _____	
				International <input type="checkbox"/>	USD (75 – 75Lakhs)	USD _____	
8	C	Accidental Death - Road	<input type="checkbox"/>	Domestic <input type="checkbox"/>	INR (10,000 – 50 Crore)	INR _____	
				International <input type="checkbox"/>	USD (75 – 75Lakhs)	USD _____	
8	D	Accidental Death - Rail	<input type="checkbox"/>	Domestic <input type="checkbox"/>	INR (10,000 – 50 Crore)	INR _____	
				International <input type="checkbox"/>	USD (75 – 75Lakhs)	USD _____	
8	E	Accidental Death – All Common Carrier	<input type="checkbox"/>	Domestic <input type="checkbox"/>	INR (10,000 – 50 Crore)	INR _____	
				International <input type="checkbox"/>	USD (75 – 75Lakhs)	USD _____	
8	F	Optional Covers - Accidental Death/Air/Road/Rail/All Common Carrier					
	a	Removal of Flat 25% Sub – limit for comatose: Y <input type="checkbox"/> N <input type="checkbox"/>					

Section 9 – Key Replacement: Y N

Sec	Sub Sec	Coverage			Sum Insured/ Sum Insured Limits	Sum Insured
9		Key Replacement		Domestic <input type="checkbox"/>	INR (1000 – 5 Lakhs)	INR _____
			International <input type="checkbox"/>	USD (100 – 75,000)	USD _____	
		Minimum No. of days of hospitalization required for benefit to trigger	<input type="checkbox"/>	5 <input type="checkbox"/>	10 <input type="checkbox"/>	15 <input type="checkbox"/>

Section 10 – Home Protection Cover: Y N

Sec	Sub Sec	Coverage		Sum Insured/ Sum Insured Limits	Sum Insured
10		Home Protection Cover	Domestic <input type="checkbox"/> International <input type="checkbox"/>	INR (10,000 – 5 Crores)	INR _____

Section 11 – Hole in One: Y N

Sec	Sub Sec	Coverage		Sum Insured/ Sum Insured Limits	Sum Insured
11		Hole in One	Domestic <input type="checkbox"/> International <input type="checkbox"/>	INR (1000 – 25 Lakhs) USD (100 – 25,000)	INR _____ USD _____

DETAILS AS PROVIDED BY MASTER POLICYHOLDER

Details as provided by master policyholder

Categories	No. of persons	Estimated total no. of trips	Average duration per trip	Maximum duration per single trip	Estimated no. of travel days per annum

Countries generally visited _____

PAYMENT DETAILS

Premium Details: Amount INR
Premium Payment Options - Monthly / Quarterly / Half Yearly / Annual
Premium Payment Options - Cash / Cheque / DD / Card /ECS
Cheque No: _____ date _____ Bank Name _____ Amount: Rs _____
Credit Card/ Debit Card No _____ Card Type: Master _____ Visa _____ Expiry Date _____
Relationship with Proposer _____

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, CONSENT & WARRANTY ON BEHALF OF ALL PERSON(S) PROPOSED TO BE INSURED

- 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.

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 HDFCERGO 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 extend to Rs.10Lakhs.

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. / Mrs. _____ 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 wconditions 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.