Printing Code: CR/PLA/PF/122/JAN2024 PF/Ver -

HDFC ERGO General Insurance Company Limited



Critical Illness - Proposal Form

(Fields marked in asterisk (*) are mandatory and	d fill in CAPITALS only)				
Application Number Bra	nch Manger Code	TSE Code _			
Sourcing Channel / Agent / Broker Name:					
CP Code:					
Sourcing Branch (City):					
		PROPOSEF	R DETAILS		
*Proposer Mr./ Ms./ Mrs.:	(First Name)		(Middle Name)	(Last Na	ame)
Address:			()	(
City:			Dir O. J.	******	Mole Female
State:			Pin Code:	*Proposer Date of Birth:	Male Female D D M M Y Y Y Y
Tel.(Res.):		(Off.):		#Mobile:	
STD Code			*D Code		
Email:	Decement		Deixing License	Voters Card	Others
ID Proof Type: PAN elA: PAN	Passport		Driving License	CKYC No.:	Others
Annual Income:	PAN: Occupati	on:		Nationality:	
Politically exposed person: Yes No		Type (Occupation):		Nationality.	
*Please provide correct mobile number of th	e proposed insured, to rec			n acknowledgement.	
*Disa Nama Disa		PLAN DI			
*Plan Name: Platinum	_ DETAIL O	E THE DEDCONE	*Proposed Policy Period: DROPOSED TO BE INSUR		D D M M Y Y Y Y
Cable *None of the learned as					ARIJA IR (K II. I.)
Sr.No. *Name of the Insured per	rson *Relation	ship *Gender	*Date of Birth	*Sum Insured	ABHA ID (if available)
Note: In case any insured person(s) wish to gene	rate his/her ABHA ID. Kindly vi				ender Code M (Male), F (Female)
		NOMINEE			
In the event of the death of an Insured Person an immediate relative of the Proposer. For all	any payment due under the other persons proposed to be	e Policy shall become pa be insured, the Proposer	ayable to the nominee in accordants	nce with the Policy terms and con-	ditions. The nominee must be
Name:			Relationship:		
		TING/PREVIOUS I	NSURANCE DETAILS		
(Including any with HDFC ERGO General Ir	nsurance Company Ltd.)			Period of Insurance	Claims lodged during
Insurer Name	*Sum Insured (Rs.)	Policy Name	Policy No / Application N	[From / To]	the preceding 3 years
Insurer Name	*Sum Insured (Rs.)	Policy Name	Policy No / Application N		the preceding 3 years
Insurer Name	*Sum Insured (Rs.)	Policy Name	Policy No / Application N		the preceding 3 years
Insurer Name	*Sum Insured (Rs.)	Policy Name	Policy No / Application N		the preceding 3 years
Insurer Name	*Sum Insured (Rs.)	Policy Name			the preceding 3 years
					the preceding 3 years
	*Sum Insured (Rs.)		DETAILS		the preceding 3 years
Amount Rs.	Rupees:	PREMIUM	DETAILS		the preceding 3 years
Amount Rs.		PREMIUM	DETAILS OF FUND		the preceding 3 years
Amount Rs.	Rupees:	PREMIUM	DETAILS OF FUND		the preceding 3 years
Amount Rs. Salary: Business: Other:	Rupees:	PREMIUM	DETAILS OF FUND		the preceding 3 years
Amount Rs. Salary: Business: Other: Name of the Bank Account Holder: Bank Account No.: MICR Code: (9 digit MICR code number of the salary to the salary	Rupees:(Please Specify):	PREMIUM SOURCES BANK ACCOU	DETAILS OF FUND		the preceding 3 years
Amount Rs. Salary: Business: Other: Name of the Bank Account Holder: Bank Account No.:	Rupees:	PREMIUM SOURCES BANK ACCOU	DETAILS OF FUND	D [From / To]	the preceding 3 years the preceding 3 years Savings Current
Amount Rs. Salary: Business: Other: Name of the Bank Account Holder: Bank Account No.: MICR Code: (9 digit MICR code number of branch appearing on the cheque issued by the same of the code: (11 character code appearing of the cheque issued by the code: (11 character code appearing of the cheque issued by the code: (11 character code appearing of the cheque issued by the code: (11 character code appearing of the cheque issued by the code: (11 character code appearing of the cheque issued by the cheque is the cheq	Rupees: (Please Specify): the bank and the bank) n your cheque leaf)	PREMIUM SOURCES BANK ACCOU	DETAILS OF FUND	Branch: Account:	the preceding 3 years
Amount Rs. Salary: Business: Other: Name of the Bank Account Holder: Bank Account No.: MICR Code: (9 digit MICR code number of branch appearing on the cheque issued by the same of the code: (11 character code appearing of the cheque issued by the code: (11 character code appearing of the cheque issued by the code: (11 character code appearing of the cheque issued by the code: (11 character code appearing of the cheque issued by the code: (11 character code appearing of the cheque issued by the cheque is the cheq	Rupees: (Please Specify): the bank and the bank) n your cheque leaf) m payment / any payment/cat all payments made to the	PREMIUM SOURCES BANK ACCOU Name of Bank: claims will be directly crue insured only through	DETAILS OF FUND INT DETAILS edited to my aforesaid Bank Accelectronic mode.	Branch: Account:	the preceding 3 years
Amount Rs. Salary: Business: Other: Name of the Bank Account Holder: Bank Account No.: MICR Code: (9 digit MICR code number of branch appearing on the cheque issued by IFSC Code: (11 character code appearing of I wish: Any refund due on the premiur *As per the IRDAI, its mandatory the	Rupees: (Please Specify): the bank and the bank) n your cheque leaf) m payment / any payment/onat all payments made to the	PREMIUM SOURCES BANK ACCOU Name of Bank: claims will be directly cree insured only through	DETAILS OF FUND JNT DETAILS edited to my aforesaid Bank Acc	Branch: Account:	the preceding 3 years
Amount Rs. Salary: Business: Other: Name of the Bank Account Holder: Bank Account No.: MICR Code: (9 digit MICR code number of branch appearing on the cheque issued by the same of the code is suited by the code is su	Rupees: (Please Specify): the bank and the bank) n your cheque leaf) m payment / any payment/onat all payments made to the *ME mentioned questions in Yes	PREMIUM SOURCES BANK ACCOU Name of Bank: claims will be directly cre the insured only through DICAL AND LIFE S (S(Y) / No (N)	DETAILS OF FUND INT DETAILS edited to my aforesaid Bank Accelectronic mode.	Branch: Account:	the preceding 3 years
Amount Rs. Salary: Business: Other: Name of the Bank Account Holder: Bank Account No.: MICR Code: (9 digit MICR code number of branch appearing on the cheque issued by IFSC Code: (11 character code appearing of I wish: Any refund due on the premiur *As per the IRDAI, its mandatory the Medical History: Please answer the below Section A: Have the Insured ever suffered fro	Rupees: (Please Specify): the bank and the bank) n your cheque leaf) m payment / any payment/onat all payments made to the mentioned questions in Yem/currently suffering from all	PREMIUM SOURCES BANK ACCOU Name of Bank: claims will be directly cre the insured only through DICAL AND LIFE (18(Y) / No (N)) my of the following:	DETAILS OF FUND UNT DETAILS edited to my aforesaid Bank Accelectronic mode. STYLE INFORMATION sured 1	Branch: Account:	the preceding 3 years the preceding 3 years Savings Current Insured 1
Amount Rs. Salary: Business: Other: Name of the Bank Account Holder: Bank Account No.: MICR Code: (9 digit MICR code number of branch appearing on the cheque issued by IFSC Code: (11 character code appearing of wish: Any refund due on the premiur *As per the IRDAI, its mandatory the Medical History: Please answer the below	Rupees: (Please Specify): the bank and the bank) In your cheque leaf) In payment / any payment/onat all payments made to the mentioned questions in Yem/currently suffering from all payments and other cardiac disorders.	PREMIUM SOURCES BANK ACCOU Name of Bank: claims will be directly cre the insured only through DICAL AND LIFE (18(Y) / No (N)) my of the following:	DETAILS OF FUND UNT DETAILS edited to my aforesaid Bank Accelectronic mode. STYLE INFORMATION sured 1 8. Arthritis, Spondylosis of	Branch: Account:	the preceding 3 years Savings Current Insured 1
Amount Rs. Salary: Business: Other: Name of the Bank Account Holder: Bank Account No.: MICR Code: (9 digit MICR code number of the branch appearing on the cheque issued by the branch appearing of the bra	Rupees: (Please Specify): the bank and the bank) In your cheque leaf) m payment / any payment/cat all payments made to the mentioned questions in Yem/currently suffering from an ease or any other cardiac disorder is or any other digestive or live	PREMIUM SOURCES BANK ACCOU Name of Bank: claims will be directly crue insured only through EDICAL AND LIFE SE(Y) / No (N) In the following: In the following: In the following: In the following:	DETAILS OF FUND INT DETAILS edited to my aforesaid Bank Accelectronic mode. STYLE INFORMATION sured 1 8. Arthritis, Spondylosis of 9. Diseases of the Nose/ 10. HIV/AIDS or sexually the survey of the Nose/	Branch: Account: ount.* Are any other disorder of the muscle/bc Ear/Throat/Dental/Eye (please mentior ansmitted diseases or any immune stansmitted disease or	the preceding 3 years the preceding 3 years Insured 1 Description on diopters) system disorder
Amount Rs. Salary: Business: Other: Name of the Bank Account Holder: Bank Account No.: MICR Code: (9 digit MICR code number of the branch appearing on the cheque issued by the branch appearing of the branch appearing of the branch appearing of the branch appearing of the branch and the branch are the branch as the branch are the b	Rupees: (Please Specify): the bank and the bank) In your cheque leaf) In payment / any payment/onat all payments made to the mentioned questions in Yem/currently suffering from an ease or any other cardiac disorder is or any other digestive or live rinary tract or prostate disorder	PREMIUM SOURCES BANK ACCOU Name of Bank: claims will be directly crue insured only through DICAL AND LIFE (19) SE(Y) / No (N) In the following: In the follow	DETAILS OF FUND INT DETAILS edited to my aforesaid Bank Accelectronic mode. STYLE INFORMATION sured 1 8. Arthritis, Spondylosis of 9. Diseases of the Nose/ 10. HIV/AIDS or sexually the survey of the Nose/	Branch: Account: ount.* Are any other disorder of the muscle/bc Ear/Throat/Dental/Eye (please mentior ransmitted diseases or any immune ser any other blood/lymphatic system desired in the service of the muscle/bc	the preceding 3 years the preceding 3 years Insured 1 Description on diopters) system disorder
Amount Rs. Salary: Business: Other: Name of the Bank Account Holder: Bank Account No.: MICR Code: (9 digit MICR code number of the branch appearing on the cheque issued by the branch appearing of the branch and the branch appearing of the branch appearin	Rupees: (Please Specify): the bank and the bank) In your cheque leaf) In payment / any payment/onat all payments made to the mentioned questions in Yem/currently suffering from an ease or any other cardiac disorder is or any other digestive or live rinary tract or prostate disorder rebrain/nervous system disorder	PREMIUM SOURCES BANK ACCOU Name of Bank: claims will be directly crue insured only through DICAL AND LIFE (19) SE(Y) / No (N) In the following: In the follow	DETAILS OF FUND INT DETAILS edited to my aforesaid Bank Accelectronic mode. STYLE INFORMATION sured 1 8. Arthritis, Spondylosis of 9. Diseases of the Nose/ 10. HIV/AIDS or sexually of 11. Anaemia, Leukemia of 12. Psychiatric/Mental illnown and 12. Psychiatric/Mental illnown and 12.	Branch: Account: ount.* Account: ount.*	the preceding 3 years the preceding 3 years Insured 1 Description on diopters) system disorder lisorder
Amount Rs. Salary: Business: Other: Name of the Bank Account Holder: Bank Account No.: MICR Code: (9 digit MICR code number of toranch appearing on the cheque issued by toranch appearing on the cheque issued by the same of the sam	Rupees: (Please Specify): the bank and the bank) In your cheque leaf) In payment / any payment/cat all payments made to the mentioned questions in Yem/currently suffering from an ease or any other cardiac disorder is or any other digestive or live rinary tract or prostate disorder r brain/nervous system disorder lung/respiratory disorder	PREMIUM SOURCES BANK ACCOU Name of Bank: claims will be directly crue insured only through DICAL AND LIFE (19) SE(Y) / No (N) In the following: In the follow	DETAILS OF FUND JNT DETAILS edited to my aforesaid Bank Accelectronic mode. STYLE INFORMATION sured 1 8. Arthritis, Spondylosis of 9. Diseases of the Nose/10. HIV/AIDS or sexually 11. Anaemia, Leukemia of 12. Psychiatric/Mental illn 13. DUB, Fibroid, Cyst/Fii	Branch: Account: ount.* Account: ount.*	the preceding 3 years the preceding 3 years Insured 1 Description on diopters) system disorder lisorder
Amount Rs. Salary: Business: Other: Name of the Bank Account Holder: Bank Account No.: MICR Code: (9 digit MICR code number of the branch appearing on the cheque issued by the sum of	Rupees: (Please Specify): the bank and the bank) In your cheque leaf) In payment / any payment/cat all payments made to the mentioned questions in Yem/currently suffering from an ease or any other cardiac disorder is or any other digestive or live rinary tract or prostate disorder r brain/nervous system disorder lung/respiratory disorder cyst	PREMIUM SOURCES BANK ACCOU Name of Bank: claims will be directly crue insured only through EDICAL AND LIFE S ES(Y) / No (N) In: rder r/gallbladder disorder	DETAILS OF FUND JNT DETAILS edited to my aforesaid Bank Accelectronic mode. STYLE INFORMATION sured 1 8. Arthritis, Spondylosis of the Nose/ 10. HIV/AIDS or sexually of the sexual of	Branch: Account: ount.* Account: ount.*	the preceding 3 years the preceding 3 years Insured 1 Description on diopters) system disorder lisorder
Amount Rs. Salary: Business: Other: Bank Account Holder: Bank Account Holder: Bank Account No.: MICR Code: (9 digit MICR code number of the branch appearing on the cheque issued by the same of th	Rupees: (Please Specify): the bank and the bank) In your cheque leaf) In payment / any payment/onat all payments made to the mentioned questions in Yem/currently suffering from all ease or any other cardiac disorder is or any other digestive or live rinary tract or prostate disorder repain/nervous system disorder repain/nervous system disorder lung/respiratory disorder logst	PREMIUM SOURCES BANK ACCOU Name of Bank: claims will be directly crue insured only through EDICAL AND LIFE S ES(Y) / No (N) In: rder r/gallbladder disorder	DETAILS OF FUND JNT DETAILS edited to my aforesaid Bank Accelectronic mode. STYLE INFORMATION sured 1 8. Arthritis, Spondylosis of the Nose/ 10. HIV/AIDS or sexually of the sexual of the	Branch: Account: ount.* Account: ount.*	the preceding 3 years the preceding 3 years Insured 1 Insured 1
Amount Rs. Salary: Business: Other: Name of the Bank Account Holder: Bank Account No.: MICR Code: (9 digit MICR code number of branch appearing on the cheque issued by IFSC Code: (11 character code appearing of wish: Any refund due on the premiur *As per the IRDAI, its mandatory the Medical History: Please answer the below Section A: Have the Insured ever suffered fro 1. Hypertension, Chest Pain, Ischemic heart dis 2. Diabetes, Thyroid Disorder or any other endo 3. Ulcer (Stomach/Duodenal), Hepatitis, Cirrhos 4. Renal Failure, Calculus or any other kidney/u 5. Dizziness, Stroke, Epilepsy, Paralysis or othe 6. Tuberculosis, Asthma, Bronchitis or any other 7. Tumor-benign or malignant, any ulcer/growth/ Section B: Have any of the Insured persons: 14. Been addicted to alcohol, narcotics, habit formit	Rupees: (Please Specify): the bank and the bank) In your cheque leaf) In payment / any payment/onat all payments made to the mentioned questions in Yem/currently suffering from an ease or any other cardiac disorder is or any other digestive or live rinary tract or prostate disorder retain/nervous system disorder retain/nervous system disorder (cyst) and drugs or been under detoxical scribed)	PREMIUM SOURCES BANK ACCOU Name of Bank: claims will be directly crue insured only through through through through the following: In: In: In: In: In: In: In:	DETAILS OF FUND INT DETAILS edited to my aforesaid Bank Accelectronic mode. STYLE INFORMATION sured 1 8. Arthritis, Spondylosis of the Nose/ 10. HIV/AIDS or sexually of the insured pof delivery 18. Suffered from any other of delivery	Branch: Account: Ount.* Account: Accou	the preceding 3 years the preceding 3 years Insured 1 Insured 1

Section C: Name (for questions answ				iopter g	laue	Diagi	nosis date		Consult	Last tation	Trea	ıtment in	/ outpati	ent		Doo	ctor/Hos	spital Nar	me and	Phone	e No.	
nsured 1	. 5. 54 45 165	50000171	-,																			
Section D: Nar	ne, addres	s, qualificat	on and	contac	t detail	s of the	family o	loctor														
amily Doctor:	Mr. / Ms. /	Mrs.:			(Final)	\\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\				(14)	I-II- NI											
ddress:					(FIRST	Name)				(IVII)	Idle Name))					(L	ast Name)			
za1000.				\equiv																		
ty:										Pin Co	de:				Qualif	ication	n:					
tate:										Sex:	Male	Fe	male									
el.(Res.):		STD Code					(0	ff.): L	STD Co	de					ı	Mobile	e:					
mail:																						
*Section E: Do pan masala or	•								I	Alcoh	ol		Smo	ke		Pa	an Ma	sala		Of	thers	
Insured 1																						
								PAYM	IENT D	ETAILS												
ease fill in your neque Please									PCO C	onoral Inc	uranco (Compa	ny I td									
heque No.	e pay by cro	isseu criequ	•	in paye ank Nan	• • • • • • • • • • • • • • • • • • • •	iii uie ii	anie or r		RGOG	eneral ins	urance	Сопра	ily Ltd.									\top
ranch				1							City											$\overline{}$
	D M M	YYY	Y	For (F	Rs.)		<u> </u>				· ·-y					-	- ()					
redit Card Ma		Visa		Е	xpiry D	ate D	D M N	/ Y [Y Y Y		Cred	dit Card	l No.									
ard Holders Na		. / Mrs.				\top				_		Т										
different from i	,				(First	Name)				(Mic	idle Name))					(L	ast Name)			
lationship to th	ie Insured																					
use or the conse use treatment of esarean section I/We hereby d authorized to I understand t force only afte I/We further of	equences of services, in), congenital eclare on my oropose on bhat the information full receipt leclare that	he abuse of i tentional self external dise DECL behalf and c ehalf of these nation provid of the premiur /We will noti	ntoxicants injury or at ases, defe ARATIO n behalf or other persed by me want chargea fy in writin	gerous of a real function of the control of the con	r advenicinoger d suicid nomalie WARF sons pro	turous ad nic subst e, venere s. RANTY oposed to sis of insu	ctivities, in ances such ances such ances such and diseas ON Blood be insured aurance pole	cluding th as dru e, sexua EHAL ed that the	but not lii ugs and a ally trans FOF A he above	Mitted dise ALL PEF statement the Board a	cing, diviroking cestasse, precent control cestasses, precent cestasses are true capproved	ng, aviates sation programmer of the programmer	tion, scul program: (includin POSE pmplete i	ba divin s and th g volun D TO n all resolicy of t	BE spects the lns	achutir tment or rminat INSU to the l	ng, han of nicot ion mis	g-gliding ine addic carriage my know any and	i, rock cotion or chion or),matrr vledge a	and that	ther sul birth (ir at I/We	limbir bstan ncludi am/a
ouse or the consecuted in the	eclare on moropose on bhat the information of the risk and further concern the life to be a e the compal and/or Reguer Cenderstand, charat Health	he abuse of itentional self external dise DECL by behalf and cehalf of these nation provid of the premiur. We will not acceptance be onsent to the ing anything assured/ propany to share ludically acceptance to the consent to the co	ntoxicants injury or at asses, defe ARATIO n behalf or or other peried by me want chargea fry in writing the company, which affeoser has beinformatiority.	gerous of sor hallustempter ects or allustempter ects or allustempter ects or allustempter ects on allustempter expansion. Sometimes and the properties of the properties and properties expansion pertains associate thorize the protects of the properties expansion.	r advenucinoger d suicid nomalie WARE sons protest the base change g medicohysical defort the ining to the Com We provided the Com we can be considered to the Com we can be compared to the Com we can be compared to the Compared to	turous ad nic subst e, venero s. RANT posed to coccurring al inform and me pe purpos my pro pris to com pany to u did my/	ON Bit of the control	EHAL ed that the compation of the limiting unding the aemail, neal health to according to a compation of the limiting the aemail, and health to according to a compation of the limiting unding the aemail, and health to according to according to according to a compation of the limiting unding the aemail, and health to according to a compation of the limiting the aemail of the limiting the limit	but not lings and a ally trans FOF A he above ubject to on or ger octor or fife to be a the propine medic phone, \$\cdot \text{th details cess my/} \text{th details of the propine medic}	mited to railcohol, sm mitted dise ALL PEF e statement the Board a meral health rom a hosp assured/pr osal and/or al records SMS and finance our (all insu	Eing, diviroking cesase, precesase, precesas	ng, aviation programmers of the	tion, scul program: (includin PPOSE pmplete i vriting po e insured me has a ing infori t. pose of	ba divin s and the g volun all res blicy of the proposed to the all record	e treatary te BE BE OBE OBE OBE OBE OBE OBE	INSU INSU INSU INSU INSU INSU INSU INSU	ng, han of nicot of n	g-gliding ine addicine addicine addicine addicine addicine addicine and any and any and a sall has a sured/ p companul/or claim	i, rock control in incomplete	or mou any ot any or l and the and the couplings	ther suither s	limbir bstan ncludi a am/a ome ir t befor r past ation
I/We hereby dauthorized to lauthorized Hz lauthoriz	eclare on morpopose on bhat the information of the risk. The life to be a to the the companion of the risk. The companion of the risk of the companion of the risk of the companion of the companion of the risk of the companion of the risk of the companion of the risk of the	he abuse of itentional self external dise external dise DECL by behalf and cehalf of these nation provide the premiur /We will not acceptance bonsent to the ing anything issured/ proparty to share ulatory Autho deneral Insuracelare, conseccount (ABH) dishare the swriting my/or gent/Broker/ ad for the purpost tion to accept to tantamout the Propost / HDFC ERC	ntoxicants injury or at asses, defe ARATIC or a total person or other person o	gerous o s or halluttempte ects or all tects or all or sons. ON & of all persons. of all persons. will formable and any openy. of seeking open and on pertal and on pertal and on pertal and on openy. of seeking open open open open open open open open	r adven r adven r adven r adven r adven d suicid nomalie d suicid nomalie wARI sons pro the base change g medical physical adde for the ining to the community Adm r for che prany of the p	turous ad nic subst e, venere s. RANT oposed to occurring al inform and me ae purpos my pro vide my/ inistrato cking the her licen osal. unce. The the Pro oat the Compan	ON Bit of the control	cluding the source of the lice	but not lings and a ally trans FOF A he above ubject to on or ger octor or frife to be a the propine medic. phone, S th details cess my/pplicable aims lodg to share S DEC ees that the companies between the transfer of the companies of the co	mited to railcohol, sm mitted dise ALL PEF e statement the Board at meral health rom a hosp assured/pr osal and/or al records SMS and finance our (all insult), Service Figed by me/ my KYC (K	RSONS RS	ng, aviation programmers of PRO e and cod underwillife to be at anyting nation, a dical and sof HDF or to come r Custor roposal ral Insurupon fur y intima	prose of sprovided person of CERGO ply with 1 mer) and Form by rance C ill realizated to the control of the con	ba divins and the government of the proper o	BE spects	INSU INSU INSU INSU INSU INSU INSU INSU	IRED best of e compose e propose management and best of e compose e propose e propose management and and best of e compose e propose e propose management and and best of management and	my know any and bosal has sured/ p compan l/or claim waitable i ental and tions. ormation surance of result nent. In 18GO Ger	I, rock control of the control of th	or mou any of any of and that and that and that a policy submit ar or frc ich an uur Ayu gulato DFC E pany L pany L ansurar	ttd. alc ed corp	limbin bistannoludi am am/a am/a am/a am/a am/a am/a am/a
I/We hereby dauthorized to lunderstand lunder	eclare on morpopose on bhat the information of the risk and further copyer concerning and/or Regulard Health and (ABHA) are seen of under consent to Ampany Limite and does not consent to an area to be a date from a dunder the any Ltd. recon whom your insurance of the consent to an area to the consent to a consent	he abuse of i tentional self external dise external dise DECL of behalf and cehalf of these nation provide fithe premiur //We will not acceptance be onsent to the bing anything issured/ proparty to share ulatory Authorieneral Insurate clare, consect count (ABH dishare the swriting my/origent/Broker/ and for the purpose of tental amount of the Propose of HDFC ERC which the insection and of the propose of the	ntoxicants injury or at asses, defe ARATIC in behalf or other persent of the pers	or halluttempted ects or all tempted ects or all or halluttempted end and or halluttempted ects the property of the proper	r adven r adven r adven r adven r adven r adven d suicid nomalie was represented by the base change g medical physical added for the ining to the company of the parameter of the prant of	currous ad nic substa, veneres, veneres	CON BI to be insured and to be insured and to be insured and to be insured arrance policy in the original policy in the original policy in the original policy in the proposed includes a content of the proposed in the propo	EHAL	but not lings and a ally trans FOF A he above ubject to on or ger octor or fife to be a the propine medic. phone, S th details cass my/ipplicable aims lodg to share S DEC ees that the case of the propine medic. The case of the propine medic of the propine medic. The propine medic is not of the propine medic by HI and absolution of the propine medic. The propine medic is not of the propine medic is not of the propine medic in your insurance is go Gen might in your insurance in your insurance is go Gen might in your insurance in your insurance is go Gen might in your insurance in your insuran	mited to railcohol, sm mitted dise ALL PEF e statement the Board at meral health rom a hosp assured/pr osal and/or al records SMS and finance our (all insured), Service F ged by me/ my KYC (K CLARAT he receipt DFC ERG ute discrees shall be spereral Insuracovered un terral Insuracovered un terral Insuracover any ance advisi	RSONS RS	ng, aviation programmers of PRO e and cod underwhilife to be at anyting notice and seek ettlement sole purpose of the proposal ral Insurupon fur y intima mpany is policy impany roposed	programation, sculprogramation, sculprogramation (including programation) properties of the programation o	ba divins and the government of the proper o	BE spects the Ins oser a d on the from a licable ner due CERG by Ltd. The pioser I e liable form y dela ate of h	INSU	IRED best of e comp. e propo e propo or unde s are a overnm Regula ince inf f C ER ny claim e consid writing between	g-gliding ine addicine addicine addicine addicine addicine addicine addicine and any and a sall has a sured/p compan and and and and and and and and and a	I, rock control of the control of th	and that and that are policy submitted and that are policy submitted and that are policy submitted and the policy submitted and policy	at I/We will content of the substitution of th	limbin bistarnocludi bistarnocludi e am/a ome in the formation with a sority. Geneating right ance omparing right on formation for the formation of the formati
I/We hereby dauthorized to I understand to I/We declare a present emploinsurance on I I/We authorized Veremental I authorize HE I I/We hereby understand to I understand to I hereby grant Insurance Conte: We are under premium paysurance. The act is Proposal for I along with the aclaim coveres surance Compared inception of years of the I understand to I understand t	eclare on my oropose on be hat the information of the risk and further copyer concern the life to be a te the company Limit (ABHA) are seen of under the my oropose on the consent of the	he abuse of i tentional self external dise DECL by behalf and cehalf of these nation provid of the premiur. We will not acceptance be onsent to the ing anything assured/ propany to share ululatory Autho in the propany to share eclare, consect count (ABH dishare the swriting my/ or gent/Broker/ ad for the purpose of tentamout of the Propose of HDFC ERG which the inservoir shall be void with intent to erning any face over. If y shall be void with intent to erning any face over intentional and face over intentional and face over.	ntoxicants injury or at asses, defers asses,	gerous of sor halluttempter ects or all term teres or all terms of all persons. Will form able on any or any or all terms	r adven d suicid nomalie d suicid nomalie r adven r ad	RANT posed to sis of insuperson in the purpose my properson to company to united my finistrato coking the her licencosal. Ince. The properson of the Compan of the Compa	ON BI o be insure urance pol g in the or nation from ntal health se of unde posal incluses person our conse rs, Reinsu e authentic sed interm INSU ne Propos posal for i oompany's y Ltd, suc citive. HD o policy is inform HE ulted and t the advic ty in the ev y or any ov	cluding that did it is a drug of the life	but not lings and a ally trans FOF A he above ubject to on or ger octor or fife to be a the propine medic. The propine medic phone, So the details clean to share of the propine medic to share of the propine medical propine medical share of the pro	mited to railcohol, sm mitted dise ALL PEF e statement the Board is meral healt rom a hosp assured/pr osal and/or al records SMS and financ our (all insu), Service F ged by me/ my KYC (K CLARAT he receipt DFC ERG ute discre shall be sp eral Insur covered un meral insur co	RSONS RS	e and code at anyting a dical and so of HDF or to common full policy in the policy in pany roposed as criptic insurance as criptic insu	programation, sculprogramation, sculprogramation, sculprogramation, including programation and the programation of the program	ba divins and the same of the	BE Spects	INSU Insu	IRED best of best of e compound to be in urance ing and or unde s are a overnm Regulat ince inf meral Ir coes nc m payn FC ER ny clain consider writing between	g-gliding ine addicine addicin	I, rock of the control of the contro	and the analysis of the analys	ttd. alced core acception of the purification	limbin bistarn cluding a sam/a sam
I/We hereby dauthorized to lauthorized lauthorized lauthorized to lauthorized to lauthorized to lauthorized to lauthorized lauthoriz	eclare on my oropose on bhat the information concern the life to be at the company Limits of understand, or learning the life to be at the company Limits of understand, or learning the life to be at the company Limits or life to be at the life to be at the consent to Ampany Limits or life to be at the life to be at t	he abuse of itentional self external dise DECL by behalf and cehalf of these nation provide of the premiur. We will not acceptance be onsent to the ing anything assured/ propany to share eclare, consection of the permiur of the propany to share eclare, consection (ABH of share) the second of the purpose o	ntoxicants injury or at asses, defe ARATIO in behalf or or other peried by me with a company, which affects on the series of the	gerous of sor halluttempter ects or all uttempter ects or all or sons. In all persons sons. In all persons sons. In all persons sons sons sons sons sons sons sons	radven radven radven radven radven radven radven radven d suicid nomalie d suicid nomalie radven rad	RANT posed to sis of insupersonal informand meneral purpose my propersonal information in the Propersonal in the Propersonal information in the Propersonal	ON Bit of the control	cluding that the company of the life that the l	but not lings and a ally trans FOF A he above ubject to on or gerector or fife to be a the proper medical phone. So the details clean to share to share the proper medical phone is not a share to share the proper medical phone is not a share to share the proper may be share the proper may be a practice of the proper may be a practice of the practice of the properson the properson the properson to the properson	mited to railcohol, sm mitted dise ALL PEF e statement the Board in meral health rom a hosp assured/pr osal and/or al records SMS and finance our (all insult), Service F gled by me/ my KYC (K CLARAT he receipt DFC ERG ute discree shall be sp eral Insura covered un leral Insura covered un leral Insura covered un leral Insura covered un leral Insura covered which will r e of rebatir espect of a sking out o	RSONS RS	e and code at anyting a viation proposed and incomposed and incomposed anyting	programation, sculprogramation, sculprogramation, sculprogramation, including the programation of the programatical programation of the programatical programatical programation of the programatical progra	ba divin s and the same and the	BE Spects the Instance of the	INSU Insu Insu Insu Insu Insu Insu Insu Insu	IRED best of best of e compa to be in urance ing and or unde s are a overnm Regula ince inf meral Ir obes no m payn ff C ER my payn ff C ex my	g-gliding ine addicine addicin	i, rock of control in the control in a cont	and the and th	ther subbirth (ir birth (i	limbir bstannocludi am locudi am loc
I/We hereby dauthorized to I understand to I understand to I understand to I understand to I/We further ocommunication I/We authorized to I understand to I/We declare a present emploinsurance on I/We authorized I unthorized II/We hereby understand I authorized II/We hereby understand I unde	eclare on my oropose on bhat the information concern the life to be at the company Limits of understand, or learning the life to be at the company Limits of understand, or learning the life to be at the company Limits or life to be at the life to be at the consent to Ampany Limits or life to be at the life to be at t	he abuse of itentional self external dise DECL by behalf and cehalf of these nation provide of the premiur. We will not acceptance be onsent to the ing anything assured/ propany to share eclare, consection of the permiur of the propany to share eclare, consection (ABH of share) the second of the purpose o	ntoxicants injury or at asses, defe ARATIO in behalf or or other peried by me with a company, which affects on the series of the	gerous of sor halluttempter ects or all uttempter ects or all or sons. In all persons sons. In all persons sons. In all persons sons sons sons sons sons sons sons	radven radven radven radven radven radven radven radven d suicid nomalie d suicid nomalie radven rad	RANT posed to sis of insupersonal informand meneral purpose my propersonal information in the Propersonal in the Propersonal information in the Propersonal	ON Bit of the control	cluding that the company of the life that the l	but not lings and a ally trans FOF A he above ubject to on or gerector or fife to be a the proper medical phone. So the details clean to share to share the proper medical phone is not a share to share the proper medical phone is not a share to share the proper may be share the proper may be a practice of the proper may be a practice of the practice of the properson the properson the properson to the properson	mited to railcohol, sm mitted dise ALL PEF e statement the Board in meral health rom a hosp assured/pr osal and/or al records SMS and finance our (all insult), Service F gled by me/ my KYC (K CLARAT he receipt DFC ERG ute discree shall be sp eral Insura covered un leral Insura covered un leral Insura covered un leral Insura covered un leral Insura covered which will r e of rebatir espect of a sking out o	RSONS RS	e and code at anyting a viation proposed and incomposed and incomposed anyting	programation, sculprogramation, sculprogramation, sculprogramation, including the programation of the programatical programation of the programatical programatical programation of the programatical progra	ba divin s and the same and the	BE Spects the Instance of the	INSU Insu Insu Insu Insu Insu Insu Insu Insu	IRED best of best of e compa to be in urance ing and or unde s are a overnm Regula ince inf meral Ir obes no m payn ff C ER my payn ff C ex my	g-gliding ine addicine addicin	i, rock of control in the control in a cont	and the and th	ther subbirth (ir birth (i	limbir bstannocludi am/a am/a am/a am/a am/a am/a ir t before past ation to the before past ation to the before past ation to the before ance among white ance ance and the before and the

										VE	RN	ACU	ILAI	R DE	CL	ARA	TIOI	N												
Declaration in case the p The content of this form	oroposal is	filled ot	herth	an th	e Pro	pose	er/the	e prop	oser erna										(to be	certi	fied by	/ som	eone d	other t	han age	ent/e	mploy	ee of th	e compar	y)
Name of the Translator:		ouial S	nave	2001	- Oxpli	an 100	2 Dy II	.10 1111	- Cilid	Juidi		,, 10b	-00EI	***********	uo ui l	July 20	Joual	14 001		a uit	Janie									
							_																							
Place: D D M M		/ Y																												
Buto. [D D W W																										,	Signati	ure of t	he Transl	ator
Name of the Insured:																														
Place:																														
Date: DDMM	YYY	YY																								L	Signa	iture of	the Insur	ed
									Α	CKN	ow	LED	GME	NT -	cus															
eceived from Mr. / Mi	rs. / Ms																						Cher	ue N	0.:					
															_									,						

Your proposal is subject to acceptance by the Company. This acknowledgment should not be construed as assumption of risk by the Company. 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.

HHDFC ERGO General Insurance Company Limited. IRDAI Reg. No.146. CIN: U66030MH2007PLC177117. Registered & Corporate Office: 1st Floor, HDFC House, 165-166 Backbay Reclamation, H. T. Parekh Marg, Churchgate, Mumbai – 400 020. Customer Experience Management, Customer Happiness Center: D-301, 3rd Floor, Eastern Business District (Magnet Mall), LBS Marg, Bhandup (West), Mumbai - 400 078. For Claim/Policy related queries call us at +91 22 6234 6234/+91 120 6234 6234 or Visit Help Section on www.hdfcergo.com for policy copy/tax certificate/make changes/register & track claim or simply text "Hi" on what's app number 8169 500 500 for instant policy servicing. Trade Logo displayed above belongs to HDFC Bank Ltd and ERGO International AG and used by the Company under license. UIN: Critical Illness Insurance - HDFHLIP21464V022021. URN: HE/PL/CI/01-72.

Signature & seal: _

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

Date: D D M M Y Y Y Y