

HDFC ERGO General Insurance Company Limited



Micro Insurance - HDFC ERGO Janata Personal Accident Insurance Policy

(All fields are mandatory and fill in CAPITALS only)

Application No.

SECTION - I

Name of the Proposer: (First Name) (Middle Name) (Last Name)

Residential Address:

Landmark: City: Pin Code:

State: Nationality

Date of Birth* Marital Status: Married Single Others Mobile No. :*

Email ID*

Please provide the information below for person desired to be covered under the plan-

Name of the Insured Person	Relationship with Primary Insured Person	Date of Birth	Occupation	Accident Sum Insured MIN 25000 - MAX 3 lakh	PTD Sum Insured MIN 25000 - MAX 3 lakh	Annual Gross Income	Existing Injury/ Disability/ Sickness	Name of the Nominee	Relationship of Nominee to Insured Person	Age (Yrs)	ABHA ID (if available)
	SELF										

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

(Persons engaged in military service, professional sports, mine workers, fire fighters, water vessel crew, oil field/rig workers, structural workers, window cleaners, junk/salvage workers, saw mill workers, security guards and similar hazardous occupations are excluded under the plan.)

Proposed Policy Period - From To

EXISTING / PREVIOUS INSURANCE DETAILS (Including with HDFC Ergo General Insurance Company Ltd)

Insurer Name	Sum Insured (Rs)	Policy Name	Policy No. / Application No.	Claims lodged during the preceding 3 year	Period of Insurance (From / To)

GENERAL EXCLUSIONS (Under the Policy)

The Company shall not be liable to pay any benefit in respect of any **Beneficiary** for any claim directly or indirectly for, caused by, arising from or in any way attributable to any of the following unless expressly stated to the contrary in this Policy:

1) Payment of compensation in respect of injury or disablement directly or indirectly arising out of or contributed to by or traceable to any disability existing on the date of issue of this Policy. 2) For **Bodily Injury** or Death caused or provoked intentionally by the **Beneficiary**. 3) For **Bodily Injury** or Death due to willful or deliberate exposure to danger (except in an attempt to save human life), intentional self-inflicted injury, suicide or attempt threat, or arising out of non-adherence to medical advice. 4) For **Bodily Injury** or Death sustained or suffered whilst the **Beneficiary** is or as a result of the **Beneficiary** being under the influence of alcohol OR drugs or narcotics unless professionally administered by a **Physician** or unless professionally prescribed by and taken in accordance with the directions of a **Physician**. 5) For **Bodily Injury** or Death due to a gradually operating cause. 6) For **Bodily Injury** or Death sustained whilst or as a result of participating in any sport as a professional player. 7) For **Bodily Injury** or Death sustained whilst or as a result of participating in any competition involving the utilization of a motorized land, water or air vehicle. 8) For **Bodily Injury** or Death whilst the **Beneficiary** is traveling by air other than as a fare paying passenger on an aircraft registered to an airline company for the transport of paying passengers on regular and published scheduled routes. 9) For **Bodily Injury** or Death sustained whilst or as a result of participating in any criminal act with criminal intent. 10) For **Bodily Injury** or Death resulting from pregnancy within twenty-six (26) weeks of the delivery. 11) For **Bodily Injury** or Death caused by or arising from the conditions commonly known as Acquired Immunodeficiency Syndrome (AIDS) or Human Immunodeficiency Virus (HIV) and/or any related illness or condition including derivatives or variations thereof howsoever acquired or caused. The onus shall always be upon the **Beneficiary** to show that **Bodily Injury** or Death was not caused by or did not arise through AIDS or HIV. 12) For **Bodily Injury** or Death caused by or arising from or due to venereal or venereal related disease. 13) For **Bodily Injury** or Death sustained whilst or as a result of active participation in any violent labour disturbance, riot or civil commotion or public disorder. 14) For **Bodily Injury** or Death sustained whilst on service or on duty with or undergoing training with any military, militia or paramilitary organization, notwithstanding that the **Bodily Injury** or Death occurred whilst the **Beneficiary** was on leave or not in uniform. 15) For treatments for nervous or mental problems, whatever their classification, psychiatric or psychotic conditions, depression of any kind, or mental insanity. 16) Any pathological fracture. 17) For cures of any kind and all stays in long term care institutions (retirement homes, convalescence centres, centres of detoxification etc.). 18) For investigations, operations or treatment of a purely cosmetic nature; or for obesity; or undertaken to facilitate pregnancy or to cure impotence or to improve potency. 19) For **Bodily Injury** or Death sustained whilst engaging in adventures sports, Trekking, Snorkeling & Diving, Skiing, Mountaineering, Backwaters, River Rafting, Safaris, Polo, Water Sports, Paragliding, Parasailing, Aero Sports, Mountain Biking, Aviation or Ballooning, or any other Ballooning like activity, or whilst mounting into, or dismounting from or traveling in any balloon or aircraft other than as a passenger (fare-paying or otherwise) in any duly licensed standard type of aircraft anywhere in the world. Standard type of aircraft means any aircraft duly licensed to carry passengers (for hire or otherwise) by appropriate authority irrespective of whether such an aircraft is privately owned or chartered or operated by a regular airline or whether such an aircraft has a single engine or multiengine. 20) Due to the **Beneficiary** committing any breach of the law with criminal intention. 21) **INJURY** or disease directly or indirectly caused by or arising from or attributable to: a) War, war-like operations, act of foreign enemy, invasion of Indian territory or any part thereof, hostilities (whether war be declared or not), civil war, rebellion, revolution, insurrection, civil commotion, military or usurped power, or loot or pillage in connection with the foregoing, seizure, capture, confiscation, arrests, restraints and detainment by order of any governments or any other authority, unless it is proved by the **Beneficiary** to the satisfaction of the **Company** that such loss or damage or contingency or cost or expenses of whatsoever nature are not directly or indirectly caused by, resulting from or in connection with any war, war-like operations, act of foreign enemy, invasion of Indian territory or any part thereof, hostilities (whether war be declared or not), civil war, rebellion, revolution, insurrection, civil commotion, military or usurped power, or loot or pillage in connection with the foregoing, seizure, capture, confiscation, arrests, restraints and detainment by order of any governments or any other authority. In the event any portion of this exclusion is found to be invalid or unenforceable, the remainder shall remain in full force and effect. b) Ionizing radiation or contamination by radioactivity from any source whatsoever. c) Nuclear/Biological/Chemical or any kind of Weapons/Weapons material.

SECTION - II

To be completed by anyone who assists the applicant in completing this proposal

I certify that I have explained the contents of this proposal to the applicant and that the applicant fully understands the contents of the proposal. I recorded the applicant's replies to the questions contained in this proposal as per the information provided by the applicant. I read these replies aloud to the applicant, who fully understands them and confirms that they are accurate.

Name	ID / PP #	Signature	Date																
			<table border="1"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>	D	D	M	M	Y	Y	Y	Y								
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VERNACULAR DECLARATION

Declaration in case the proposal is filled other than the Proposer / the proposer sign in vernacular language / proposer is illiterate (to be certified by someone other than 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:

D	D	M	M	Y	Y	Y	Y

Signature of the Translator

Name of the Insured:

Place:

Date:

D	D	M	M	Y	Y	Y	Y

Signature of the Insured

PAYMENT & BANK ACCOUNT DETAILS

Premium Details: Amount (₹) _____ (In words) _____

Premium Payment Options - Monthly Quarterly Half Yearly Annual

Premium Payment Options - Cash Cheque DD Card

Cheque No.:

Bank Name:

Credit Card / Debit Card No.:

Relationship with Proposer:

Date:

D	D	M	M	Y	Y	Y	Y

Amount (₹):

Card Type: Master Visa Expiry Date:

D	D	M	M	Y	Y	Y	Y

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.:

Bank Name:

Branch Name:

Cheque Date:

D	D	M	M	Y	Y	Y	Y

Cheque Amount for ₹:

Name as in Bank Account:

Bank Account No.:

IFSC Code:

MICR Code:

***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 & WARRANTY ON BEHALF OF ALL PERSONS 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.
- 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

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

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 HDFC ERGO 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 ₹ 10 Lakhs.

Go Green declaration: Would you like to Go Green and Make a difference!! By choosing this option, only soft copy of Policy shall be delivered to your registered mail id. The soft copy is valid for lodging claims or any other service needs. Pls reconfirm your registered mail id & mobile no (If you require physical copy of your policy in future, please visit "Help" section on www.hdfcergo.com or contact our customer care).

Place:

Date:

D	D	M	M	Y	Y	Y	Y
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Signature of the Proposer

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:

D	D	M	M	Y	Y	Y	Y
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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 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 within next 30 days.