



## Travel X - Proposal Form

Application No.

- Please fill the form in BLOCK LETTERS. All details with\* are mandatory.
- 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 while writing address.

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.

### FOR OFFICE USE ONLY

IMD Name

IMD Code  Mobile No.

### PROPOSER DETAILS

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

Address:

Landmark:  City:  Pin Code:   
State:

Nature of Business

Group Type: Employer – Employee  Non Employer – Employee  Person Proposed to be Covered: Professional  Non-Professional

Contact No.  PAN No.:

I have eIA No.:  I would like to apply for eIA with Karvy  CAMS  NSDL  CDSL Employee ID

GST No.:

### DETAILS OF THE PERSONS PROPOSED TO BE INSURED

Sr. No.	Name	Date of Birth	Gender	Height	Weight	Relationship with Proposer
1			M/F/TG			
2			M/F/TG			

### POLICY DETAILS

Policy Period	From <input type="text"/>	To <input type="text"/>	
Type of Trip	Single Trip <input type="checkbox"/>	Annual multi-trip <input type="checkbox"/>	Annual <input type="checkbox"/>
Maximum duration per trip (/Annual trip)	30 days <input type="checkbox"/>	45 days <input type="checkbox"/>	60 days <input type="checkbox"/>
Maximum duration per trip (Annual multi-trip)	30 days <input type="checkbox"/>	45 days <input type="checkbox"/>	60 days <input type="checkbox"/>
Estimated number of trips (only for Annual multi-trip)	<input type="text"/>		
Geographical Limit	Domestic <input type="checkbox"/>	Global <input type="checkbox"/>	

### COVERAGES

Sec	Sub sec	Coverage	Sum Insured	Co-Payment /Deductible	Sum Insured (INR/USD)
<b>A. Sportify</b>					
I	I	Personal Accident		<NA>	
	II	Accidental Death and Disappearance	<input type="checkbox"/> Rs. (10,000-25 Crs.)		Rs. _____
	III	Permanent Disability	<input type="checkbox"/> Rs. (10,000-25 Crs.)		Rs. _____
	IV	Optional Cover			Rs. _____
	V	Temporary Total Disablement-Accident only	<input type="checkbox"/> Rs. ( 500 - 1 Lakh)104 Annexures		Rs. _____
	VI	Temporary Total Disablement-Accident & Illness	<input type="checkbox"/> Rs. ( 500 - 1 Lakh) 104 Annexures		Rs. _____

**COVERAGES**

Sec	Sub sec	Coverage	Sum Insured	Co-Payment /Deductible	Sum Insured (INR/USD)
I	VII	Modification of time deductible for Temporary Total Disablement	<input type="checkbox"/>	Deductible - 1 week <input type="checkbox"/> 2 weeks <input type="checkbox"/> 3 weeks <input type="checkbox"/>	
II	I	<b>Loss of Fees</b>		<NA>	
	II	Accidental Death and Disappearance	<input type="checkbox"/> Rs. (50,000 – 100 Cr.)		Rs. _____/USD _____
	III	Accidental Injury	<input type="checkbox"/> Rs. (50,000 – 100 Cr.)		Rs. _____/USD _____
	IV	Illness	<input type="checkbox"/> Rs. (50,000 – 100 Cr.)		Rs. _____/USD _____
	V	Optional Cover			
	VI	EMI Protector	<input type="checkbox"/> Rs.(5, 000-5 Crs.)	No EMI to be insured 3/6/9/12 Amount of EMI/Credit to be insured	Rs. _____
III	I	<b>Public Liability</b>	<input type="checkbox"/> Rs. (50,000 – 35 Crs.)	Deductible (1 Lakh <input type="checkbox"/> 10 Lakhs <input type="checkbox"/> )	Rs. _____/USD _____
IV	I	<b>Trip /Event Cancellation</b>	<input type="checkbox"/> Rs. (5,000 – 10 Lakhs)		Rs. _____/USD _____
V	I	<b>Sports Equipment Cover</b>	<input type="checkbox"/> Rs. (5,000-1Cr)		Rs. _____
VI	I	<b>Hospital Cash</b>	<input type="checkbox"/>		
	II	Hospital Cash - Accident	<input type="checkbox"/> Rs. (500 to 20,000) 7 days <input type="checkbox"/> 10 days <input type="checkbox"/> 15 days <input type="checkbox"/> 20 days <input type="checkbox"/> 30 days <input type="checkbox"/> 60 days <input type="checkbox"/>	<NA>	Rs. _____
	III	Optional Cover	<input type="checkbox"/>		Rs. _____
	IV	Companion benefit	<input type="checkbox"/> 0.5 x <input type="checkbox"/> 1 x <input type="checkbox"/>		Rs. _____
	V	Hospital Cash - ICU	<input type="checkbox"/> 2 x <input type="checkbox"/> 3 x <input type="checkbox"/> 4 x <input type="checkbox"/> 5 x <input type="checkbox"/> 10 x <input type="checkbox"/> x = Sum Insured selected in Hospital cash		Rs. _____
	VI	Time Deductible Modification Option	<input type="checkbox"/> 72 hrs <input type="checkbox"/> 120 hrs <input type="checkbox"/>		
VII	I	<b>Emergency Medical Expenses (EME)</b>			<NA>
	II	Emergency Medical Expenses (EME) - Accident	<input type="checkbox"/> Rs. (50,000-1Cr.)	Rs. _____	
	III	Optional Cover			
	IV	Emergency Medical Expenses (EME) - Global	<input type="checkbox"/> Rs. (50,000-1Cr.)	Rs. _____/USD _____	
	V	Co-Payment		10% <input type="checkbox"/> 15% <input type="checkbox"/> 20% <input type="checkbox"/>	
VIII	I	<b>Broken Bones</b>	<input type="checkbox"/> Rs. (50,000-5,00,000)	<NA>	Rs. _____

**B. Dynamic Flight Delay**

Coverages	Sum Insured	Delay Slab	Sum Insured (INR/USD)
Dynamic Flight Delay Total Delay Departure Delay	<input type="checkbox"/> Rs. (500 - 10,000)	<Delay period as selected by group policyholder> (Minimum : 30 min Maximum: 180+ min)	Rs. _____/USD _____

**OPTIONAL COVERS (Applicable on SPORTify only)**

Sec	Coverage	Sum Insured Limits	Sum Insured (INR/USD)
i	Mobility Extension Cover	(Rs.10,00 to 5,00,000)	Rs. _____
ii	Reconstructive Surgery Cover	(Rs.1,00,000 to 10,00,000)	Rs. _____ / USD _____
iii	Medical Evacuation and Repatriation Cover	(Rs.2,50,000/5,00,000/10,00,000/15,00,000)	Rs. _____ / USD _____
iv	Dependent Child Education Benefit	(Rs.10,000 - 2,500,000)	Rs. _____
v	Home Tuition Benefit	(Rs.10,000 – 10,00,000)	Rs. _____
vi	Funeral Expense Benefit	(Rs.5,000 to 10,00,000)	Rs. _____

**OTHER DETAILS OF THE PERSONS PROPOSED TO BE INSURED**

Total number of persons to be Insured	Expiring Loss Ratio	Type of cover
		Compulsory <input type="checkbox"/>
		Voluntary <input type="checkbox"/>

Name of the Sport Activity:

Please give full description of Sports Activity to be covered:

**Category of Sport Activity:**

Level 1	Level 2	Level 3	Level 4	Level 5
<Name of the Sport Activity>	<Name of the Sport Activity>	<Name of the Sport Activity>	<Name of the Sport Activity>	<Name of the Sport Activity>

**Note:** Level 1- Least Hazardous Level 5 – Most Hazardous

**Proficiency level:**

Proficiency	
Tourist/Amateur	<input type="checkbox"/>
With some training	<input type="checkbox"/>
Professional	<input type="checkbox"/>

**Nature of activity:**

Nature of activity	
Exploratory	<input type="checkbox"/>
Defined route/location	<input type="checkbox"/>

**Geographical location of Sport Activity:** \_\_\_\_\_

**Venue details of the Sports Activity:** \_\_\_\_\_

**Please describe in brief surrounding areas and third party property close to venue of Sport Activity:** \_\_\_\_\_

**Member of any club:** Yes  No

**Number of trainers in an activity:**

**Category of organizer:** 1. Sports events organizer  2. Others (leisure trips etc.)

**Number of trips related to Sport Activity during a year:** \_\_\_\_\_

**Number of years of experience of Group Organizer in the Sport Activity:** \_\_\_\_\_

**Scheduled time of the Sport Activity** \_\_\_\_\_

**Availability of Medical Practitioner during the Sport Activity:** Yes  No

**Have you obtained Fitness Certificate on or before starting of the Sport Activity:** Yes  No

**Are there any medical test conducted before the start of the trip:** Yes  No

**If yes, please mention the tests conducted** \_\_\_\_\_

**Is there any safety plan in place for fire incidents, if yes please mention as below:**

**Type of alarm system:** \_\_\_\_\_

**Availability of service organization in case of such incidents (fire brigade, specialists in environmental protection and toxicology, ambulance)** \_\_\_\_\_

**Does your sport activity comply with all statutory regulations:** Yes  No

**Do you have any Tie-Up with an Airline:** Yes  No

**Air-ticket category:** Business class  Economy class

**PREVIOUS INSURANCE POLICY CLAIMS DETAILS**

Please provide details of your losses/claims in previous insurance policy as below:

Coverage	Insurer Name	Period of Insurance/ Year loss	Sum Insured	Claims lodged during the preceding years	Claims amount
		DD/MM/YYYY To DD/MM/YYYY			
Personal Accident					
Loss of Fees					
Public Liability					
Trip/Event Cancellation					
Sports Equipment					
Dynamic Flight Delay					

**EXISTING INSURANCE POLICY DETAILS**

Please provide details of your existing Personal Accident Insurance Policy or any other Insurance Policy providing similar coverages as per this proposal

Policy No. / Application No.	Insurer Name	Period of Insurance	Sum Insured	Claims lodged during the preceding years
		DD/MM/YYYY To DD/MM/YYYY		



**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

**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

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.