



SER Clinical Trial Insurance - Proposal Form

The liability of the Company does not commence until the acceptance of the proposal has been formally intimated to the insured and full premium has been realized by the Company

Sponsor Details

Sponsor Name	
Sponsor Address	
Sponsor Type	*Mobile: <input type="text"/>
Ethical Committee	
Address of Ethical Committee	
Conducting Company	
Conducting Company Address	
Broker Name	
Country of Conduct	
Limit Per Trial (INR)	
Limit Any One Person (INR)	

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

Please provide the following for each study

Study Protocol (Final Version) Synopsis of Study Patient Informed Consent Form

Confidentially Statement

The information you provide with this questionnaire as well as all documents sent to us will be reviewed just for the purpose to estimate the risk involved and to provide insurance cover. Every information will be treated confidential and will not be disclosed to others without written authorization from Sponsor.

Premium Details

Amount Rs. Rupees

Sources of Fund

Salary Business Other (Please Specify)

Bank Account Details

Name of the Bank Account Holder

Bank Account No. Account: Savings Current

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)

I wish: Any refund due on the premium payment / any payment/claims will be directly credited to my aforesaid Bank Account.*

*As per the IRDAI, its mandatory that all payments made to the insured only through electronic mode.

- Note:
1. Please provide a cancelled copy of cheque of your bank account.
 2. The Company will not be responsible in case of non credit or delay in processing of payout due to incomplete/incorrect information provided by the customer.
- Please ensure that you provide accurate details to the Company.

INSURED'S DECLARATION

I/we desire to effect SER Clinical Trial Insurance with HDFC ERGO General Insurance Company Limited for the limits of insurance specified above and agree that the statements contained in this application are to my/our belief complete, true and accurate representations. I/we agree that this application shall be promissory and shall be the basis of the contract between me/us and HDFC ERGO General Insurance Company Limited and agree to accept the Company's policy for insurance along with the terms and conditions prescribed by the Company. I/We understand that any misrepresentation, omission, concealment or incorrect statement of a material fact in this Proposal may render the policy void.

I/we also agree that if any additions/alterations are carried out after the submission of this application to the Company, then the same will be communicated to the Company immediately in writing. I/we authorize HDFC ERGO General Insurance and associate partners to contact me via email, phone, SMS. 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

I/we understand the terms of cover of this insurance and agree that the insurance would be effective only on acceptance of this application by the Company and the payment of the premium by me/us in advance.

Place: _____
Date: _____

Signature of the Proposer

