



Group Personal Accident Insurance Proposal Form

(Accident Only)

Section I

1. Name of Corporate	:							
Key Contact Person	:			Designation	:			
Email id	:							
Add1	:			Tel.	:			
Add2	:							
Add3	:			Fax	:			
City	:		State	:		Pin Code	:	

2. Nature of Business	:						
-----------------------	---	--	--	--	--	--	--

3. Products Manufactured/Services Offered	:						
---	---	--	--	--	--	--	--

4. Sister Organisations, if any (Details)

Name of Corporate	:							
Key Contact Person	:			Designation	:			
Add1	:			Tel.	:			
Add2	:							
Add3	:			Fax	:			
City	:		State	:		Pin Code	:	

Duration of Policy:	Annual/Short Period	Please specify months:		Date of Commencement:		
---------------------	---------------------	------------------------	--	-----------------------	--	--

Section II

1. Plan Opted For:

A) Company provides Insurance cover to employees and bears premium

Employee Strength	:	(On company pay-rolls)	How many employees do you wish to cover?
-------------------	---	------------------------	--

B) Employee purchases Insurance cover with premiums deducted from Monthly Salary (Monthly/One-time)

Categories	Number	Average Age	Occupation
I. (as provided by the Corporate)			
II.			
III.			
IV.			
V.			

2. Details of Accident and/or Sickness policies taken by the organisation:

Insurance Provider	Benefits	Sum Insured	Policy Date	Expiry Date
I.				
II.				
III.				



3. Claims Experience for minimum period of 3 years:

Month/Year	Insurer	Premium Paid	Incurred Claims (Claims Received + Outstanding)
I.			
II.			
III.			

Details of Accidents taken place in your premises resulting in Bodily Injury/Death:

Nature of Accident	Cause	No. of Employees (Injured/Died)	Preventive steps adopted, if any
I.			
II.			
III.			

The Details of Sum Insured provided in the attached format.

Has any insurance company:

• Declined to issue/continue a policy to you?	:	Yes/No
• Imposed any restrictions or special conditions?	:	Yes/No

Section III

- I accept the Terms and Conditions of the insurance policy.
- I authorise the insurance company to obtain any records or references, be they medical or otherwise, in consideration of this insurance or any potential claims in the future.
- I certify that all the information provided in this proposal and any attachments are true and correct. I understand that all information provided in this proposal and any attachments are material to the insurer's decision to provide this insurance, and that insurance will be provided, at the insurer's sole discretion, in reliance upon the truth of such information.

FRAUD WARNING: Any person who, knowingly and with intent to defraud the insurance company or any other person, files a proposal for insurance containing any false information, or conceals for 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 of 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.

Violations of Section 41 of the Insurance Act 1938, as amended, shall be punishable with a fine which may extend to five hundred (500) Rupees.

Name	:		Signature	:	
Designation	:		Date	:	
Company Stamp					

HDFC ERGO General Insurance Company Limited

