

Application No.

**FOR OFFICE USE ONLY**

IMD Name   
 IMD Code  Mobile No.

**NOTICE TO THE APPLICANT**

- 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.

**PROPOSER DETAILS**

Name of the Proposer:  (First Name)  (Middle Name)  (Last Name)  
 Address:   
 Landmark:  City:  Pin Code:   
 State:   
 Nature of Business:   
 Product Manufactured / Services Offered:   
 Email:  GST No:   
 Group Type:  Employer – Employee  Non Employer - Employee Loan Account Number (LAN)   
 Mobile:  PAN:   
 I have eIA No:   
 I would like to apply for eIA with Karvy  CAMS  NSDL  CDSL Employee ID

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

S. No.	Name	Date of Birth	M/F/TG	Relationship with Proposer	Loan Sanctioned amount	Name of the Nominee
1.		D D M M Y Y Y Y <input type="text"/>				
2.		D D M M Y Y Y Y <input type="text"/>				

**POLICY DETAILS**

Tenure	1 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/> 5 <input type="text"/> , As per loan tenure , max upto 5 years
Policy Period	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Type of Sum Insured	Fixed Sum Insured <input type="checkbox"/> Reducing Sum Insured <input type="checkbox"/>

**COVERAGE AND SUM INSURED**

Sections	Covers		Coverage	Sum Insured/ Amount equivalent to loan amount
Sections 1	Critical Illness Cover SI Limit (1 Lakh to 5 Cr.)	Y <input type="checkbox"/> N <input type="checkbox"/>	1. Essential CI Cover	<input type="text"/>
			2. Essential CI Plus Cover	<input type="text"/>
			3. Silver CI Cover	<input type="text"/>
			4. Silver CI Plus Cover	<input type="text"/>
			5. Gold CI Cover	<input type="text"/>
			6. Gold CI Cover	<input type="text"/>
			7. Platinum CI Cover	<input type="text"/>
				Rs. _____

**COVERAGE AND SUM INSURED**

Sections	Covers		Coverage	Sum Insured/ Amount equivalent to loan amount	
Sections 2	Women Suraksha SI Limit (1 Lakh to 5 Cr.)	Y <input type="checkbox"/> N <input type="checkbox"/>	1. Cancer Cover	Rs. _____	
			<b>Optional Cover</b>		
			a. Molecular Gene Expression Profiling Test		
			2. Major Illness		
			3. Surgical Procedures		
Sections 3	Sachet Critical Illness cover SI Limit (1 Lakh to 5 Cr.)	Y <input type="checkbox"/> N <input type="checkbox"/>	1. Cancer Cover	Rs. _____	
			<b>Optional Cover</b>		
			a. Molecular Gene Expression Profiling Test		
			2. Heart cover		
			<b>Optional Cover</b>		
a. Cardiac Arrest					
Sections 4	Optional Cover (Section 1 to section 3)	Y <input type="checkbox"/> N <input type="checkbox"/>	<b>Covers</b>	Rs. _____	
			<b>Sub-limits</b>		
			1. Preventive Health check-up		Preventive Health Screening every year
			2. Post Diagnosis Assistance		Rs 1000 to Rs. 5000
			3. Second Medical Opinion - India		Rs.5000 to Rs. 20,000
Second Medical Opinion - Global	2X X= Amount selected in Second Medical Opinion - India				
4. Loss of Job	Max upto 70% of monthly				
5. Pre Diagnosis Cover					
Sections 5	Recovery Benefit SI Limit (Rs. 10,000 to Rs. 5,00,000)	Y <input type="checkbox"/> N <input type="checkbox"/>	Individual Cover	Rs. _____	
			Floater Cover		
Sections 6	Assault and Burns SI Limit (1 Lakh to 5 Cr.)	Y <input type="checkbox"/> N <input type="checkbox"/>	1. Assault	Rs. _____	
			2. Burns		
Sections 7	Hospital cash Benefit SI Limit (Rs. 500 to Rs. 20,000)	Y <input type="checkbox"/> N <input type="checkbox"/>	Individual Cover	Rs. _____	
			Floater Cover		
Sections 8	Permanent Total Disablement – Illness SI Limit (1 Lakh to 5 Cr.)	Y <input type="checkbox"/> N <input type="checkbox"/>		Rs. _____	

**OPTIONAL COVERS**

Coverage	Covered	Sub Limits	Sum Insured
<b>Applicable to Section 1- Critical Illness Cover</b>			
Cardiac Arrest	Y <input type="checkbox"/> N <input type="checkbox"/>	Sum Insured same as base sum insured	Rs. _____
Molecular Gene Expression Profiling Test	Y <input type="checkbox"/> N <input type="checkbox"/>	Rs. 5000 to Rs.30,000	Rs. _____
<b>Applicable to Section 2 – Women Suraksha</b>			
Pregnancy and New Born Complications	Y <input type="checkbox"/> N <input type="checkbox"/>	25% of Sum Insured, Max. upto Rs 10,00,000	Rs. _____

**OPTIONAL COVERS**

Coverage	Covered	Sub Limits	Sum Insured
<b>Applicable to Section 5- Recovery Benefit</b>			
Preventive Health check-up	Y <input type="checkbox"/> N <input type="checkbox"/>	Preventive Health Screening every year	Rs._____
Recovery Benefit – Global	Y <input type="checkbox"/> N <input type="checkbox"/>	1x/2x/3x/4x/5x/10x	Rs._____
Maternity Benefit	Y <input type="checkbox"/> N <input type="checkbox"/>	<Yes/No>	Rs._____
Reinstatement of Sum Insured	Y <input type="checkbox"/> N <input type="checkbox"/>	<Yes/No>	Rs._____
Waiting Period Modification option	Y <input type="checkbox"/> N <input type="checkbox"/>	<Yes/No>	Rs._____
<b>Applicable to Section 6 – Assault and Burns</b>			
Preventive Health check-up	Y <input type="checkbox"/> N <input type="checkbox"/>	Preventive Health Screening every year	Rs._____
Post Trauma Assistance	Y <input type="checkbox"/> N <input type="checkbox"/>	Rs 1000 to Rs 5000	Rs._____
Second Medical Opinion - India	Y <input type="checkbox"/> N <input type="checkbox"/>	Rs 5000 to Rs 20000	Rs._____
Second Medical Opinion - Global	Y <input type="checkbox"/> N <input type="checkbox"/>	2X	Rs._____
Loss of Job		X= Amount selected in Second Medical Opinion - India Max up to 70% of monthly salary for max up to 12 months	Rs._____
<b>Applicable to Section 7 – Hospital Cash</b>			
Hospital Cash - Global	Y <input type="checkbox"/> N <input type="checkbox"/>	1x/2x/3x/4x/5x/10x	
Companion Benefit	Y <input type="checkbox"/> N <input type="checkbox"/>	x/2, x	
ICU Hospitalization	Y <input type="checkbox"/> N <input type="checkbox"/>	2x/3x/4x/5x/10x	
Maternity Benefit	Y <input type="checkbox"/> N <input type="checkbox"/>	<Yes/No>	
Waiting Period Modification Option	Y <input type="checkbox"/> N <input type="checkbox"/>	<Yes/No>	
Time Deductible option	Y <input type="checkbox"/> N <input type="checkbox"/>	24/48 Hours	
Reinstatement of Sum Insured	Y <input type="checkbox"/> N <input type="checkbox"/>	<Yes/No>	
Preventive Health Checkup	Y <input type="checkbox"/> N <input type="checkbox"/>	<Yes/No>	
<b>Applicable to Section 8 – Permanent Total Disablement – Illness</b>			
Loss of Job	Y <input type="checkbox"/> N <input type="checkbox"/>	Max up to 70% of monthly salary for max up to 12 months	Rs._____

x = Sum Insured selected in Hospital cash Benefit / Recovery benefit

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

Total number of customers	Expiring Loss Ratio	Type of cover
	0-30% <input type="checkbox"/>	Compulsory <input type="checkbox"/>
	31-70% <input type="checkbox"/>	Voluntary <input type="checkbox"/>
	71-90% <input type="checkbox"/>	
	Above 90% <input type="checkbox"/>	

**EXISTING/PREVIOUS INSURANCE POLICY DETAILS**

Please provide details of your existing Personal Accident Insurance Details

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

**PAYMENT & BANK ACCOUNT DETAILS**

Premium Details: Amount (₹) \_\_\_\_\_ (In words) \_\_\_\_\_

Premium Payment Options -  Monthly  Quarterly  Half Year  Annual

Premium Payment Options -  Cash  Cheque  DD  Card

Cheque No.: \_\_\_\_\_ Date: \_\_\_\_\_

Bank Name: \_\_\_\_\_ Amount (₹): \_\_\_\_\_

Credit Card / Debit Card No.: \_\_\_\_\_ Card Type:  Master  Visa Expiry Date: \_\_\_\_\_

Relationship with Proposer: \_\_\_\_\_

**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.: \_\_\_\_\_ Name as in Bank Account: \_\_\_\_\_

Bank Name: \_\_\_\_\_ Bank Account No.: \_\_\_\_\_

Branch Name: \_\_\_\_\_ IFSC Code: \_\_\_\_\_

Cheque Date: \_\_\_\_\_ MICR Code: \_\_\_\_\_

Cheque Amount for ₹: \_\_\_\_\_

**\*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.

**DECLARATION & WARRANTY ON BEHALF OF INSURANCE COMPANY**

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 HDFCERGO 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 rebates may be allowed in accordance with the published prospectus or tables of the Insurer. Violation of Section41 of the Insurance Act 1938, as amended, shall be punishable with a fine which may extend to Rs.10Lakhs.

Place:   
D D M M Y Y Y Y

Date:

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:   
D D M M Y Y Y Y

Date:

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.



**15. ACKNOWLEDGMENT 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.

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.

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.