HDFC ERGO General Insurance Company Limited

Arogya Sanjeevani Policy, HDFC ERGO (Group)



| FOR OFFICE USE ONLY MD Code Mobile No. Please filt the form in BLOCK LETTERS, All details until are mandatory. Please served in the questions but your correctly. If a particular question is not applicable to you please mark that question as not applicable "NA". Please served in the questions but heteropers to work on the proposal flow shows the proposal process of the proposal flow shows the proposal flow | Appli | cation No. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Landmark: City: Prin Code: Landmark: City: Prin | Traine of the Fropos | | | | | | (First | Name) | | | | | | | | (Middle Name) | | | | | | | | | | | | | (La | ast Nan | ne) | | | |
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| Name | Nature | of Business: | Lanui | IIain | · | | | | <u> </u> | | | | <u> </u> | | | Oity. | | | | | | <u> </u> | \pm | | <u>'</u> | 111 00 | oue. | | | | | | | |
| Strong Type: Employee Non-Employee-Employee PAN No. | Date of | Birth* | D D M M Y Y Y Y | | | | Marital Status: Married Single Others | | | | | | | | | | Mo | obile | Vo.:* | | | | | | | | | | | | | | | |
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| Sr. No. Name Gender Date of Birth Height Weight Relationship with Proposer Sum Insured (if available) 1 | Group 1 | Type:Employer - | Emplo | /ee | | Non-En | nploye | er-Emp | oloyee | |] | PAN No | .: [| T | | | | | | | | (| STI | No.: | | | | | | | | | | |
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| No. Name Gender Birth Height Weight Relationship Sum Insured (If available) MF/TG | | I | | | | | | | DETA | AILS | OF | THE | PEF | RSOI | NS I | PROP | OSE | D T | ОВ | E INS | URE | D | | | | | | | | | | | | |
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| MIF/TG Policy will have same Sum Insured for all members (See brochure for floater policy details) lote: In case any insured person(s) wish to generate his/her ABHA ID. Kindly visit the link: https://healthid.ndhm.gov.in/register Policy DETAILS Policy Period: 1 Year SUM INSURED IN ₹ SUM INSURED IN ₹ 1 Lac 1.5 Lacs 2 Lacs 3.5 Lacs 4.5 Lacs 5.5 Lacs 5.5 Lacs 6.5 Lacs 5.5 Lacs 6.5 Lacs 6.5 Lacs 6.5 Lacs 6.5 Lacs 7.5 Lacs 8.5 Lacs 8.5 Lacs 9.5 Lacs 9.5 Lacs 9.5 Lacs 9.5 Lacs 9.5 Lacs 10 Lacs 9.5 Lacs 10 Lacs 9.5 Lacs 10 Lacs 1 | 1 | 1 | | | | | | M/F/TG | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Family Floater policy will have same Sum Insured for all members (See brochure for floater policy details) lote: In case any insured person(s) wish to generate his/her ABHA ID. Kindly visit the link: https://healthid.ndhm.gov.in/register POLICY DETAILS Policy Type: Individual/Floater Policy Period: From To Policy Period: 1 Year SUM INSURED IN ₹ 1 Lac 1.5 Lacs 2 Lacs 2.5 Lacs 3 Lacs 4 Lacs 4.5 Lacs 5.5 Lacs 5.5 Lacs 6 Lacs 5.5 Lacs 7 Lacs 7.5 Lacs 6 Lacs 6.5 Lacs 7 Lacs 7.5 Lacs 9 Lacs 8.5 Lacs 9 Lacs 10 Lacs OTHER DETAILS OF THE PERSONS PROPOSED TO BE INSURED Expiring Loss Ratio Type of cover | 2 | | | | | | | | | M | /F/TC | 3 | | | | | | | | | | | | | | | | | | | | | | |
| Family Floater policy will have same Sum Insured for all members (See brochure for floater policy details) lote: In case any insured person(s) wish to generate his/her ABHA ID. Kindly visit the link: https://healthid.ndhm.gov.in/register POLICY DETAILS Policy Type: Individual/Floater Policy Period: From To Policy Period: 1 Year SUM INSURED IN ₹ 1 Lac 1.5 Lacs 2 Lacs 2.5 Lacs 3.5 Lacs 4 Lacs 4.5 Lacs 5.5 Lacs 5.5 Lacs 6 Lacs 6.5 Lacs 7 Lacs 7.5 Lacs 8 Lacs 7 Lacs 7.5 Lacs 9 Lacs 10 Lacs OTHER DETAILS OF THE PERSONS PROPOSED TO BE INSURED Total number of persons to be insured Expiring Loss Ratio Type of cover | 3 | | | | | | | | | M | /F/TC | G | | | | | | | | | | | | | | | | | | | | | | |
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| Total number of persons to be insured Expiring Loss Ratio Type of cover | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OTHER DETAILS OF THE PERSONS PROPOSED TO BE INSURED Total number of persons to be insured | 8.5 Lacs | | | | | | | | | | | | | | | | | | 9.5 Lacs | | | | | | | | | | | | | | | |
| Total number of persons to be insured | 10 Lacs | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | AILS | OF 1 | | | | | | OSE | D T | O BE | INS | | | | | | | | 7 | | | | | |
| | | Total number of persons to be ins | | | | | | e insu | ured | Expiring Loss Ratio | | | | | | | | | Ca | | | | | | | | | - | | | | | | |
| Voluntary | | | | | | | | | | | | | | | | | | | | | | | , | | | | | | - | | | | | |

EXISTING/PREVIOUS INSURANCE POLICY DETAILS

| Policy No. / | | | | Period of | Insurance | Sum Insured | Claims lodged during the | | |
|-------------------------------------|--|------------------|-----------------|-----------------|----------------|------------------|--------------------------|--------------------------------|------------------------------------|
| Application N | 0. | | DD | /MM/YYYY | To DD/MM/Y | YYY | | | preceding years |
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| | | ı | PAYMENT | & BANK | ACCOUN1 | DETAILS | 6 | | |
| Premium Details | : Amount (₹) | (In words) | | | | | | | |
| Premium Payme | nt Options - Monthly | Quarte | rly | Half Year | Annu | al | | | |
| Premium Payme | nt Options - Cash | Cheque | e | DD | Card | | NA NA NA NA | V V V | |
| Cheque No.: | | | | | Date: | | MMY | <u>Y Y Y</u> | |
| Bank Name: | | | | | Amount (₹ | f): | | | |
| Credit Card / Del | bit Card No.: | | | | Card Type | : Mast | er Vis | | |
| Relationship with | n Proposer: | | | | | | | | |
| | | | | | | | | | |
| | LIKE YOUR REFUND (EXCES | | I/PPC REII | MBURSEM | ENT) BY CI | HEQUE* O | R CREDITE | ED DIRECTLY INTO | YOUR BANK ACCOUNT? |
| In case of paymen | t made through credit card there fun ue if you opt for direct credit into you | d amount woul | | | | | | | |
| | de il you opt loi direct credit ilito you | Dank account | i. (Caricelleu | Crieque Silo | | | | licit tile retuita fleeds to i | Je Gredited directly) |
| Cheque No.: | | | | | Name | as in Bank A | Account: | | |
| Bank Name: | | | | | Bank A | Account No.: | | | |
| Branch Name: | | | | | IFSC | Code: | | | |
| Cheque Date: | D D M M Y Y Y Y | | | | MICR | Code: | | | |
| Cheque Amount | | | | | | | | | |
| for ₹: | | | | | | | | | |
| | ser agrees and undertakes to intimate please submit the standing instruc | | | | change in ba | ank account | details. | | |
| | · | | | | F ALL PER | RSONS PE | ROPOSED | TO BE INSURED | |
| | eclare on my behalf and on behalf of uthorized to propose on behalf of the | | | insured that | the above sta | tements are | true and com | nplete in all respects to th | ne best of my knowledge and that |
| I understand th | nat the information provided by me w e only after full receipt to the premiun | ll form the basi | | e policy, is su | bject to the B | oard approve | ed under writi | ng policy of the Insurance | e company and that the policy will |
| I/We further de | e only after full receipt to the premium eclare that I/We will notify in writing an n of the risk acceptance by the comp | ny change occu | ırring in the o | ccupation or | general healt | h of the life to | be insured/p | proposer after the propos | al has been submitted but before |
| I/We declare a | nd further consent to the company. S | Seeking medica | | | | | | | |
| | cerning anything which affects the ph n the life to be assured/proposer has | | | | | | | | сопірану ю мінстап арріісацоп |
| | e the company to share information բ ental and/or Regulatory Authority. | ertaining to m | y proposal in | cluding the m | nedical record | ds for the sol | e purpose of | proposal underwriting a | nd/ or claims settlement and with |
| | Make a difference!! By choosing thi ire physical copy of your policy in fu | | | | | | | | dging claims or any other service |
| Place: | | | | | | | | | |
| _ | M M Y Y Y | | | | | | | | |
| Date: | | | | | | | | Signa | ature of the Proposer |

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 Section41 of the Insurance Act 1938, as amended, shall be punishable with a fine which may extend to ₹ 10 Lakhs.

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| Place: | | Ш | Ш | | | | | | Ш | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date: | D D M | MY | Y | YY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | A | AG | GENT | T'S E | DEC | CLAF | RAT | ΙΟΝ | N | | | | | | | | | | | | | | | |
| this Pro will form untrue s have the be treate | Authorized en posal Form to the basis of statement(s)/e right to vary ed by the Cor | o the F the Co inform the be mpany r/Corpe | Proposiontract nation/renefits as nul | er inclosof Insumes of | uding iranc se(s) may oid a | state e bet) is/ar be pa nd all | ement tween re con ayable | t(s), in the Co tained e and in niums | nformation compared in the further paid to | ation any an any an ais Pro er moi under | and rond the opose of the if the image is a constant. | responder Presented Presen | spon Propo Form ere ha | nse(s) ooser, i m/ incl nas be | s) subr ; if this cluding een a i | mitte Prop g add | lained ed by h posal dendu disclo | d all thim/his ac um(s | the co her ir ccept s), aff e of a | onte n this ted b ffidav any r | ents on s Proby the vits, s | of this oposa e Co state | Pro al Fo mpai men | posal rm to ny for ts, sul | Form quest issua omiss | n, Inc tions ince o sions | luding conta of the , furni | g the r ained Policy ished/ | natur here y. I ha / to b | re of the ein or a ave fu e furr | the que any de urther e nished suant to | etails s explair d, the co | conta ought ned tha ompar Propos | hined i here i at if an ny sha sal ma | in in all |
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| Signatu | ıre of Chanr | nel Pa | rtner: | | | | | | | | | | | | _ | | | | | | | | | | | | | | | | | | | | |

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| | ACKNOWI EDGI | MENT CUSTOMER COPY |
| Received from Mr. / Ms. / Mrs. | ACKNOWEEDON | |
| Dated: | | |
| | DFC ERGO General Insurance Company Ltd. | |
| | | been formally intimated to the insured and full premium has been realized by the Company. |
| Date: D D M M Y Y Y Y | | Signature & seal: |
| | I proposal for insurance nor any payment for a | any noticy sought obliges us to agree to issue a noticy which decision is and always shall be in o |

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.