

DENGUE CARE – P	RE – Proposal Form					URN: AM/HLT/0053/A/052019												
Application Number _ Please read all quest	tions carefu	lly and prov												P	hotog	grap	h	
correct information m to accept any risk or have received the ful	issue policy	to anyone	. Regulati	ions manda	te tha	at the c	covera						S					
Note: In case any de	tails mentio	ned in this	Proposal	Form is inc	orrec	t, pleas	se coi	ntact us	imme	diately	/.							
Please fill th Please ansvas Not Appl The Compa Policyholde	ver all the q icable "N/A' ny's liability	uestions fu '. does not d	ommence	e until the a	ccept	tance o					-				-	estic	n	
Intermediary	Code	Intermedia	ary	Nar	ne In	itermed	diary		N	Numbe	er							
1. PROPOSER DE Proposer: (Mr/Mrs/Ms)	TAILS																	
Date of Birth (DD/MM/YYYY)						Ge	ender	:	Ma	le		Fem	ale		Т	nird (Gen	der
Telephone									М	obile	No.							
GSTIN/ UIN (if any) of Policy Holder										Ema	il							
Address:																		
☐ Please tid	ck if your pe	rmanent ad	ddress is s	same as ab	ove.	If not, I	kindly	fill in Pe	erman	ent ac	ldress	belo	w:					
Permanent Address:																		
District:					ity/To n:	0												
Pin Code:				S	tate:													

Please submit a certified copy of any of the below Officially Verified Document (OVD):



ID Proof Type: PAN ☐ Aadhaar ☐] Passpo	ort □ Driving Lice	ense 🗆	Vo	ter's Card	□ NR	EGA Job Ca	ard □
If Others (Any document notified b	y Central	Government), please	specify					
ID Proof No.								
Highest Qualification: ☐ Under Ma	triculate	☐ Matriculate ☐ Grad	duate □ F	ost-Grad	duate □ H	igher		
Profession: ☐ Salaried ☐	Self Emp	oloyed	ails					
Current Country of Residence								
Nationality	Marital	Status						
Permanent Account Number (PAN)								
I have eIA		Yes					No	
I would like to apply for eIA		Karvy		CAMS		NSDL		□ CDSL
		Upto 2.5 Lac					2.5 Lac to	
Annual Income		5 Lac to 15 Lac					15 Lac to	
Allidalilicome		Above 30 Lac					13 Lac to	JO Lac
Education Level		Above 30 Lac						
Employee ID (Employees of								
HDFC Group and Munich Re								
Group)								
Policy Number of any active								
HDFC ERGO Policy where you								
are the Policyholder								
CKYC No.								
Are you a Politically Exposed	_				_			
Person (PEP) or family member/		Yes				No		
close relative / associate of PEP								
Note: Politically Exposed Persons								
country, including the heads of Sta					ernment o	or judicia	al or military	officers, senior
executives of state-owned corpora	itions and	l important political par	ty officials	S				
		Salaried		Self Er	mployed			Business
								Owner
		Student		House	wife			Retired
		Others						
Occupation	If others	, please select source	of income	e whiche	ver is appl	icable.		
Occupation		Rentals	000					
		Interest						
		Pension						
		Investment						
Industry Type		Antique dealer		Art dea	aler			Jewellery
		Import-Export		Mining	g			Shipping
		Scrap Dealing		Agricu	ılture			Stock Broking
		BFSI		Real E				Manufacturing
		if Others, please spe	cify					<u> </u>
		•	· · · · · · · · · · · · · · · · · · ·					
Is your total aggregate premium across all products with HDFC ERGO General Insurance Company Limited more than INR 2 lakhs?		Yes		No				
Do you have investable assets		Yes		No				
for more than INR 5	_	. ••						



crores? (Investable assets like cash holdings, deposits, stocks and bonds etc.)								
Is your total aggregate premium across all retail products with HDFC ERGO General Insurance Company Limited INR 30 lakhs or more?								
Please tell us how would you like to have Policy Schedule:								
I choose to have verified and digitally signed policy document accessible anytime, anywhere at my fingertips								
choose E-Insurance account to view or download policy details from an Insurance Repository and hereby give ny consent to share my KYC details (including Aadhaar No./PAN, if provided) with the Insurance Repository								

2. PLAN DETAILS

Proposed Policy Period: From DDMMYYY to DDMMYYYY

3. PROPOSED INSURED DETAILS

Insured 1: Name (Mr./Ms/Mrs)					
Relationship with Proposer		*Gender	M/F/T	Date of Birth	DDMMYYYY
Sum Insured	□ 50,000 □100,000	Marita	al Status		
Politically Exposed person (Y / N)		ABHA ID	(if available)		
Insured 2: Name (Mr./Ms/Mrs)					
Relationship with Proposer		*Gender	M/F/T	Date of Birth	DDMMYYYY
Sum Insured	□ 50,000 □100,000	Marita	al Status		
Politically Exposed person (Y / N)		ABHA ID	(if available)		
Insured 3: Name (Mr./Ms/Mrs)					
Relationship with Proposer		*Gender	M/F/T	Date of Birth	DDMMYYYY
Sum Insured	□ 50,000 □100,000	Marita	al Status		
Politically Exposed person (Y / N)		ABHA ID	(if available)		
Insured 4: Name (Mr./Ms/Mrs)					
Relationship with Proposer		*Gender	M/F/T	Date of Birth	DDMMYYYY
Sum Insured	□ 50,000 □100,000	Marita	al Status		
Politically Exposed person (Y / N)		ABHA ID	(if available)		
Insured 5: Name (Mr./Ms/Mrs)					
Relationship with Proposer		*Gender	M/F/T	Date of Birth	DDMMYYYY
Sum Insured	□ 50,000 □100,000	Marita	Marital Status		
Politically Exposed person (Y / N)		ABHA ID	(if available)		
Insured 6: Name (Mr./Ms/Mrs)					
Relationship with Proposer		*Gender	M/F/T	Date of Birth	DDMMYYYY
Sum Insured	□ 50,000 □100,000	Marita	al Status		
Politically Exposed person (Y / N)		ABHA ID	(if available)		

^{*}Gender Code: M (Male), F(Female), T(Third Gender)

Note: In case any insured person(s) wish to generate his/her ABHA ID. Kindly visit the link:

https://healthid.ndhm.gov.in/register



Instrument Type:

Instrument Number

Other Ite	me :								
					:4644	of very Deliev			
	Go Green and make a difference to our planet! We shall provide you with soft copy of your Policy at your registered e-mail id.								
	ft copy of your polic vice needs.	y can be easily	/ accessed at y	our fingertips	to refer to te	rms and cond	litions, for	lodging cla	aims and for any
	onally, by ticking the e your physical polic								
ls any of □ No	the person propose	ed to be insure	d currently havi	ng fever and	body rashes	or diagnosed	to be suff	ering from	Dengue ? ☐ Yes
If yes, wh	nich member? □ Me	ember 1 / 🗆 M	ember 2/ 🗆 Me	ember 3 /□ M	ember 4 /□ N	∕lember 5/ □	Member 6	6	
4. NON	IINEE DETAILS								
Name	Relationship	Address of the Nominee	Permanent Address of Nominee (If same not required to be filled)	e-mail of Nominee	Mobile number of Nominee	Bank account number of Nominee	IFSC Code	Name of the Bank	% Share of Nomination
Where No	ominee is a minor, (give the details	s of Appointee						
	Name of the Appo	pintee		Relationsh	nip		Address	of the Ap	ppointee
Note:									
1.	The nominee mus be the Proposer.	t be an immed	iate relative of	the Proposer	. Nominee for	any of the pe	ersons pro	posed to b	pe insured shall
2.	Name of Nominee	should be as	per bank record	ds to ensure s	smooth proce	ssing			
5. PAY	MENT DETAILS								

Please make a A/c Payee Cheque/DD/Pay Order/Online transfers in favour of 'HDFC ERGO General Insurance' only.

Relationship of Payor

with Proposer

☐ Cheque ☐ Debit Card ☐ Credit Card

Name of Premium

Payor

HDFC ERGO General Insurance Company Limited. IRDAI Reg. No.146. CIN: U66030MH2007PLC177117. Registered & Corporate Office: 6th Floor, Leela Business Park, Andheri-Kurla Road, Andheri (East), Mumbai – 400 059. UIN: Dengue Care - HDHHLIP21319V022021.

□ Net Banking

Bank Details

□ Other

Date

Amount (Rs.)



For refund (Excess Premium/PPC reimbursement) and for payment of claims credited directly into your bank account

Please provide the following bank details and a copy of a Cancelled Cheque for direct credit into your bank account:

Cheque No	Name as in Bank Account	
Bank Name	Bank Account No	
Branch Name	IFSC Code	
Cheque Date	MICR Code	
Cheque Amount for ₹		

Note:

- 1. The Proposer agrees and undertakes to intimate in writing to HDFC ERGO about any change in bank account details.
- 2. Cancelled Cheque should be of the same bank account in which the refund needs to be credited directly
- 3. Name on Cancelled Cheque should match with Proposer Name to ensure smooth refund / claim processing
- 4. If ECS is selected, please submit the standing instruction form available at our branches.

6. Declaration, Consent & Warranty on behalf of all Person(s) 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 including the minor/s insured, if any.
- I/We understand that the information provided by me/ us will form the basis of insurance policy, is subject to the Board approved underwriting 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 Insurance Company.
- I/We declare and further consent to the Insurance Company to seek medical and other relevant information from any hospital who at any time has attended the person to be insured/proposer or from any past or present employer concerning anything which affects the physical and mental health of the person to be insured / proposer and seeking information from any insurance company to which an application for insurance on the person to be insured /proposer has been made for the purpose of underwriting the proposal and /or claim settlement.
- I/ We declare and provide my unconditional consent that, pursuant to a claim filed by me/ us, the Insurance Company can seek medical and other relevant information/ documents for me/ us from any Doctor and/ or Hospital where I, or other Insured, had taken treatment i.e. OPD and/ or hospitalization etc.
- I/We authorize the Insurance Company to share information pertaining to my proposal, including the medical records for the sole purpose of underwriting and/ or claims.
- I/ We authorize the Company to process my/ our Personal information for profiling purposes and contact me/ us for (i) communicating for renewal of the Policy, (ii) upsell and/ or cross sale of other insurance products.
- I/We authorize the Insurance Company to share my/our Personal Information and other relevant records details with (i) the Law Enforcement Agencies, as and when demanded and (ii) any other vendor as per the requirement etc. like printing the Insurance policy/renewal reminders or any other such activity.



- I/We authorize the Insurance Company to share my/ our Personal Information and/ or medical Information/ records with any Government and/ or Statutory authorities/ bodies, including but not limited to Insurance Regulatory and Development Authority of India (IRDAI), Insurance Information Bureau (IIB) and/ General Insurance Council etc.
- Lostomer Satisfaction Surveys: I/ We hereby consent to the Insurance Company to use and share my/ our Personal Information with the vendors for the purpose of conducting customer satisfaction surveys and related activities aimed at improving service quality and enhancing the overall customer experience.
- Ayushman Bharat Health Account (ABHA) Declaration: I/We provide my/ our consent to access my/ our (all insured) medical and personal records/ details, as are available in my/ our Ayushman Bharat Health Account (ABHA) and share the same with Third Party Administrators, Reinsurer (if applicable), Service Provider/s of HDFC ERGO and/or with any Governmental and/or Regulatory authority for the sole purposes of underwriting my/ our proposal and/ or for checking the authenticity of claims lodged by me/ us and/ or to comply with the applicable Law/ Regulations.
- I/We hereby consent that, in any of the above scenarios, my/ our Personal Information and the medical documents etc. can be shared, and/ or accessed, as the case may be, without any intimation to me/ us.
- 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.

	Date
Signature of the Proposer	
Time	Place

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, misdescription 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 Rs.10Lakhs.

7. WHATSAPP DECLAR ☐ I authorize HDFC E	RATION RGO to contact me via Whatsapp.		
policy on the basis o	rovided consent through CCC (custof information shared by him/her in th	is Proposal Form.	e)/OTP (One Time Password) to issue this
	orce offline, then this field would not be applice	cable and will be replaced	by:
8. SPECIFIED PERSON	'AGENT's DECLARATION		
employee of the Broker, vernacular if required), ir information and respons will form the basis of the for issuance of the Policy I have further explained addendum(s), affidavits, which may be payable a pursuant to this Proposa the company.	/Relationship Officer, do hereby declar cluding the nature of the questions core(s) submitted by him/her in this Proportion Contract of Insurance between the Core that if any untrue statement(s)/ infor statements, submissions, furnished/to and further more if there has been a new lamp be treated by the Company as number 1.	re that I have explained ntained in this Proposal Fosal Form to questions or mpany and the Proposer, mation/response(s) is/are be furnished, the Company on-disclosure of any matill and void and all premium	d Person of the Corporate Agent/Authorised all the contents of this Proposal Form (in Form to the Proposer including statement(s), ontained herein or any details sought herein if this Proposal is accepted by the Company e contained in this Proposal Form/including any shall have the right to vary the benefits erial fact, the policy issued to his/her favour ms paid under the Policy may be forfeited to
License No.(Advisor/Cor	porate Agent/Broker/Relationship Office	er)	
*Signature of Agent:		Date:	Place:
*For regulatory referen	oce offline only then would this field would b	e applicable.	
assistance in completion	e proposal is filled by other than the Prong the proposal form (to be certified by	someone other than ager	iterate or having disability and requires
Name of the Translator		Signature of the	ne Translator / Representative



Place			
Date			
Name of the Proposer			
Place			
Date		Signature of the Proposer	
Duto		orginature of the Froposor	
10. FOR OFFICE USE ON	ILY		
LIDEO EDOO O#ico O	a da .	Advisor Code and Name:	
HDFC ERGO Office C Branch receipt date:	ode:	Advisor Code and Name: Channel Type:	
·	: Urban/ Rural/ Social	Chamer Type.	
240000 1) PO			
*For regulatory reference	3		
The below field on Check	klist will be optional and would be displ	ayed when required	
Checklist	wing documents are attached along with	h the prepared form	
1. ID Proof:	wing documents are attached along wit Passport/ PAN Card	n the proposal form / Voter ID/ Driving License/ Letter from a recognized public al	uthority
Proof of resid	lence: Telephone Bill/ B	ank Account Statement/ Letter from any recognize	d public
authority/Elec 3. Age Proof:	ctricity Bill/ Ration Card	School Leaving Certificate/ PAN Card/ Driving License/ Pass	nort
	ice with claim details	Ochool Leaving Certificate/ 1 Air Card/ Driving License/ 1 ass	port
	of previous insurer for previous claim de		
6. Photocopies	of all previous policies and endorsemen	nts	
*PERFORATED ACKNOW	/LEDGEMENT		
Application Number:		Date:	
• •			
•		_	
We acknowledge with than	ks the receipt of your application and a	amount by cheque/Demand Draft/othersof a	amount of
Rs			
		ce nor any payment for any policy sought obliges us to agree	

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 realised. If we do not accept the proposal, we will inform you and refund any payment received from you without interest within next 30 days.



Signature of the receiver and official seal

*For regulatory reference	
- c. regulatory reserved	
If policy is purchased offline only then this field would be applicable.	