

HDFC ERGO Explorer

Proposal Form

Application No

1. Please fill the form in BLOCK LETTERS. All details with* are mandatory.
2. 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.
3. The Company's liability does not commence until the acceptance of the proposal has been formally intimated to the Policyholder and full premium has been realized by the Company.



Intermediary Code	Intermediary Name	Intermediary Number

PROPOSER DETAILS

Name of the Proposer			
Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Third Gender <input type="checkbox"/>
Date of Birth	DD/MM/YYYY		
Address			
City			
District			
State			
Pin code			
Nationality			
Residential Status	<input type="checkbox"/> Resident Indian		
Current country of residence			
Contact Number			
E-mail ID			
PAN			
Aadhaar details			
CKYC No.			
I have eIA	<input type="checkbox"/> Yes		<input type="checkbox"/> No
I would like to apply for eIA	<input type="checkbox"/> Karvy	<input type="checkbox"/> CAMS	<input type="checkbox"/> NSDL <input type="checkbox"/> CDSL
Are you a Politically Exposed Person (PEP) or family member/ close relative / associate of PEP	<input type="checkbox"/> Yes		<input type="checkbox"/> No
<i>Note: Politically Exposed Persons (PEPs) are individuals who have been entrusted with prominent public functions by a foreign country, including the heads of States or Governments, senior politicians, senior government or judicial or military officers, senior executives of state-owned corporations and important political party officials</i>			
Occupation	<input type="checkbox"/> Salaried	<input type="checkbox"/> Self-employed	<input type="checkbox"/> Student <input type="checkbox"/> Business Owner
	<input type="checkbox"/> Housewife	<input type="checkbox"/> Retired	<input type="checkbox"/> Others
	If others, please select source of income whichever is applicable:		
	<input type="checkbox"/> Rentals <input type="checkbox"/> Interest <input type="checkbox"/> Pension <input type="checkbox"/> Investment		
Industry Type	<input type="checkbox"/> Antique dealer	<input type="checkbox"/> Art dealer	<input type="checkbox"/> Jewellery

	<input type="checkbox"/> Import-Export	<input type="checkbox"/> Mining	<input type="checkbox"/> Shipping
	<input type="checkbox"/> Scrap Dealing	<input type="checkbox"/> Agriculture	<input type="checkbox"/> Stock Broking
	<input type="checkbox"/> BFSI	<input type="checkbox"/> Real Estate	<input type="checkbox"/> Manufacturing
	<input type="checkbox"/> if Others, please specify _____		
Purpose of Visit	<input type="checkbox"/> Leisure	<input type="checkbox"/> Employment	<input type="checkbox"/> Family/ Relative Visit
	<input type="checkbox"/> Business	<input type="checkbox"/> Study	<input type="checkbox"/> if Others please specify _____
Kindly enlist all the countries you are planning to visit during the trip			
Annual Income	<input type="checkbox"/> Upto 2.5 Lac	<input type="checkbox"/> 2.5 Lac to 5 Lac	<input type="checkbox"/> 5 Lac to 15 Lac
	<input type="checkbox"/> 15 Lac to 30 Lac	<input type="checkbox"/> Above 30 Lac	
GST No.			
Employee ID (Full time Employees of HDFC Limited Group and Munich Re Group)			Policy Number of any active HDFC ERGO Policy where you are the Policyholder
Is your total aggregate premium across all products with HDFC ERGO General Insurance Company Limited more than INR 2 lakhs?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have investable assets for more than INR 5 crores? (Investable assets like cash holdings, deposits, stocks and bonds etc.)		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is your total aggregate premium across all retail products with HDFC ERGO General Insurance Company Limited INR 30 lakhs or more?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

DETAILS OF PERSONS PROPOSED TO BE INSURED

S. No	Name	Mobile number	Date of Birth (dd/mm/yyyy)	Gender (M/F/TG)	Passport No.	Relationship with Proposer	Height (cms.)	Weight (kgs.)	Pre-Existing Disease details	Politically exposed person	ABHA ID (if available)
1											
2											
3											
4											
5											
6											

Note: 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

Trip Type	Single Trip <input type="checkbox"/>					
	Annual Multi Trip [Policy tenure for AMT policies shall be 1 year] <input type="checkbox"/>					
Policy Period - applicable only for Single Trip Policies	Departure Date From India : [DD/MM/YY]			Arrival Date Back to India : [DD/MM/YY]		
No. of countries to be visited during the trip - applicable only for Single Trip Policies	<input type="text"/>					
Maximum trip duration in days (per trip) - applicable only for Annual Multi Trip (AMT) Policies	15 <input type="checkbox"/>	30 <input type="checkbox"/>	45 <input type="checkbox"/>	60 <input type="checkbox"/>	90 <input type="checkbox"/>	120 <input type="checkbox"/>
Plan variants	Silver <input type="checkbox"/>					
	Gold <input type="checkbox"/>					
	Platinum <input type="checkbox"/>					
Sum Insured (USD)	40,000 <input type="checkbox"/>		50,000 <input type="checkbox"/>		1,00,000 <input type="checkbox"/>	
	2,00,000 <input type="checkbox"/>		5,00,000 <input type="checkbox"/>		10,00,000 <input type="checkbox"/>	
Geographical Scope (Excluding INDIA)	Asia (Excluding Japan) <input type="checkbox"/>					
	Europe including Schengen <input type="checkbox"/>					
	Worldwide <input type="checkbox"/>					
	Worldwide except United States of America and Canada <input type="checkbox"/>					

OPTIONAL COVERS (AVAILABLE OF PAYMENT OF ADDITIONAL PREMIUM)

Optional Covers available with Silver Variant	1. Extension of Coverage for adventure sport activities	<input type="checkbox"/>
	2. Extension of Pre Existing Disease (PED) coverage	Upto 1% of EMERGENCY MEDICAL EXPENSES – ACCIDENT & ILLNESS <input type="checkbox"/> Upto 3% of EMERGENCY MEDICAL EXPENSES – ACCIDENT & ILLNESS (Max upto \$10,000) <input type="checkbox"/>
	3. Emergency Travel Expenses for Insured Person's minor Children	<input type="checkbox"/>
	4. Emergency Travel Expenses for Immediate Family member	<input type="checkbox"/>
	5. Emergency Accommodation Expenses for Immediate Family member	<input type="checkbox"/>

	6. Funeral Expenses	<input type="checkbox"/>
	7. Extension of Coverage for Terrorism	<input type="checkbox"/>

Optional Covers available with Gold & Platinum Variant	1. Automatic Extension	<input type="checkbox"/>
	2. Bounced Booking - Hotel & Airline	<input type="checkbox"/>
	3. Back at home cover	<input type="checkbox"/>
	4. Extension of Coverage for adventure sport activities	<input type="checkbox"/>
	5. Extension of Pre Existing Disease (PED) coverage	Upto 1% of EMERGENCY MEDICAL EXPENSES – ACCIDENT & ILLNESS <input type="checkbox"/>
		Upto 3% of EMERGENCY MEDICAL EXPENSES – ACCIDENT & ILLNESS (Max upto \$10,000) <input type="checkbox"/>
	6. Fraudulent transactions on payment cards	<input type="checkbox"/>
	7. Theft of Electronic Gadget	<input type="checkbox"/>
	8. Visa Rejection	<input type="checkbox"/>
	9. Emergency Travel Expenses for Insured Person's minor Children	<input type="checkbox"/>
	10. Emergency Travel Expenses for Immediate Family member	<input type="checkbox"/>
	11. Emergency Accommodation Expenses for Immediate Family member	<input type="checkbox"/>
	12. Golfer's hole in one	<input type="checkbox"/>
	13. Funeral Expenses	<input type="checkbox"/>
	14. Extension of Coverage for Terrorism	<input type="checkbox"/>
	15. Removal of restriction to only flights	<input type="checkbox"/>

Note: Optional coverages are allowed to be opted at channel level only. Individual customers might therefore not be able to opt for the same. The respective optional covers if in force shall be mentioned in your Policy Schedule.

NOMINEE DETAILS

In the event of the death of the Proposer, claim shall be paid to the Nominee. For other insured persons, Proposer is the nominee.

Nominee Name	Date of Birth	Relationship with the Proposer	Address and contact details of Nominee

Where Nominee is a minor, please give the details of Appointee

Name of the Appointee	Relationship with Nominee	Address of the Appointee

Note: The nominee must be an immediate relative of the Proposer. Nominee for any of the persons proposed to be insured shall be the Proposer.

MEDICAL HISTORY

Have you received any Treatment / Advice / Consultation for any Medical Condition in the last 4 years: Yes ☐ No ☐

If Yes, please fill in the details in the table below

Name	Treatment	Institution

Are you presently taking any medication: Yes ☐ No ☐

If Yes, please fill in the details in the table below

Name	Medication

LIFESTYLE QUESTIONS (ONLY WHEREVER APPLICABLE)

- Are you and your family members covered under any Mediclaim/Health Insurance Policy?
 - Yes, I am covered but my family is not covered
 - Yes, both my family members and myself are covered
 - Yes, only my family members are covered
 - Neither my family members nor I am covered
- If Yes, what is the total amount of coverage (Total Sum Insured) across all members?
 - _____ in figures
- Do you own a Car or a two wheeler?
 - Yes, I own a Car only
 - Yes, I own a bike only
 - Yes, I own both a Car and a Bike
 - No, I neither own a Car nor a Bike
- If Yes, kindly provide your vehicle number for the vehicles Applicable
 - CAR _____
 - Two Wheeler _____
- Kindly provide details on the type of accommodation you currently reside in?
 - I live in a rented house
 - I live in my own house

PAYMENT & BANK ACCOUNT DETAILS

Premium Details (Amount in INR)				
Premium Payment Mode	<input type="checkbox"/> Cheque	<input type="checkbox"/> Demand Draft	<input type="checkbox"/> Card	<input type="checkbox"/> ECS
Instrument Details	Date			

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.

DECLARATION & WARRANTY ON BEHALF OF ALL PERSONS PROPOSED TO BE INSURED

I hereby declare that the Insured Person(s) listed above

- a. Is/ Are not traveling against the advice of a physician
- b. Is/ Are not on the waiting list for any medical treatment
- c. Is/ Are not traveling for the purpose of medical treatment
- d. Have not received a terminal diagnosis for a medical condition before this day
- e. I/We have read the Policy Terms and Condition and have accepted the same
- f. I/We accept that this policy does not cover treatment for Pre Existing Medical Conditions/Diseases/Ailments that are declared or undeclared unless expressly stated in policy schedule.
- g. I/We hereby declare that the contents of the form and documents have been fully explained to me/us and that I/we have fully understood the significance of the proposed contract.
- h. 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. 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.
- j. 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.
- k. 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.
- l. 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.
- m. 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.
- n. 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.
- o. 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.

- p. 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.
- q. Customer 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.
- r. I authorize HDFC ERGO General Insurance and associate partners to contact me via email, phone, SMS
- s. 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.
- t. 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.
- u. 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.

Place: _____

Date: _____

Time: _____

Signature of the Proposer: _____

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 misrepresentation, 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 Section 41 of the Insurance Act 1938, as amended, shall be punishable with a fine which may extend to Rs.10Lakhs.

OTHER ITEMS

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.

Note: Soft copy of your policy can be easily accessed at your fingertips to refer to terms and conditions, for lodging claims and for any other service needs.

☐ Additionally, by ticking the check box we understand that you wish to have a physical copy of your policy.

For details on the process to receive your physical policy kindly visit "Help" section on www.hdfcergo.com or contact our customer care for the same

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		Date	

Signature of Agent: _____

FOR OFFICE USE ONLY

Channel Partner Code	
Branch Location	
Signature of Channel Partner	

ACKNOWLEDGEMENT CUSTOMER COPY

Received from Mr. / Ms. / MINR _____ 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 15 days.