HDFC ERGO General Insurance Company Limited



Hospital Cash Insurance Proposal Form

Application No.																					
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	1. Please fill the form in BLOCK LETTERS. 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".																				
The Company's liability or realized by the Company	does not commend											en									
Intermediary Name																					
Intermediary Code				Intermed	iary Number																
				PROP	OSER DET	AILS															
Name of the Propose	er																				
Date of Birth		Nationa	ality		Reside	ential Stat	us	Re	esident Ind	dian		NRI			OCI						
Current Country of Re	esidence																				
Address																					
Please tick if your pe	ermanent address	is same as a	above. If not, kind	dly fill the below																	
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E-mail					GSTIN	/ UIN (if	any)														
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Annual Income Upto 2.5 Lac 2.5 Lac to 5 Lac 5 Lac to 15 Lac 15 Lac to 30 Lac Above 30 Lac																					
Education Level					CKYC	No.										_					
Employee ID (Employ and Munich Re Group		up																			
Policy Number of any Policy where you are		GO																			
Are you a Politically E family member/ close			Yes No 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																		
			Salaried Self Employed Business Owner Student Housewife Retired Other																		
Occupation			If others, plea	se select source	of income wh			able: estment													
Industry Type			Antique of Scrap De if Others, plea	ealing	Art dealer Agriculture		ewellery ock Brok	king	Import-E			Mining Estate	[Ship Manu	pping ufacturi	ng					
Is your total aggregat HDFC ERGO Genera than INR 2 lakhs?				Yes No		ble asset			more thangs, depos				Ye	s [No						
ls your total aggregat	e premium across	all retail pro	ducts with HDFC	ERGO General	Insurance Co	mpany L	imited IN	IR 5 lakh	ns or more	⊖?				Yes	□ No)					
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 I/We at 	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.
- 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.
- 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.

Place:			Signature of the Proposer
Date:	D D M M Y Y Y Y	D D M M Y Y Y Y	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 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 Section 41 of the Insurance Act 1938, as amended, shall be punishable with a fine which may extend to Rs.10 Lakhs.

INTERMEDIARY DECLARATION

I,(Full Name) in my capacity as an Insurance Advisor/ Specified Person of the Corporate Agent/Intermediary/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.

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		Signature of Intermediary
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someone other than agent/employee o	ed by other than the Proposer if the proposer is illiterate or having disability if the company) lars have been explained by me to the Proposer who has understood and co	
${\it Name of the Translator/Representative}$	e:	
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