

## Home Insurance (revision) - Multi Year Policy

For Office Use Only	
IMD code	
IMD Name	
Mobile No	

Application No. \_\_\_\_\_

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". 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 Person** and full premium has been realized by **Us**.

## DETAILS OF THE PROPOSER/INSURED PERSON

Name of the Proposer:

Present Address of the Proposer:

Is your present address same as your permanent address? Yes ☐ No ☐

If no, please state your permanent address along with pin code:

Address proof (document & number):  Aadhar No.: Email ID: Contact No.: Mobile:  Landline: Permanent Account number (PAN No.): Identity Proof (document & number): Educational Qualification: Matriculate ☐ Under Graduate ☐ Graduate ☐ Post Graduate ☐Professionally Qualified ☐Are you salaried/self employed?: Salaried ☐ Self employed ☐Occupation: Salaried ☐ Professional ☐ Self Employed ☐ Student ☐ Housewife ☐ Retired ☐

Other (Please specify) \_\_\_\_\_

Industry Type: Jewellery ☐ import-export ☐ mining ☐ shipping ☐ scrap dealing ☐

real estate ☐ agriculture ☐ stock broking ☐ BFSI ☐ manufacturing ☐

Others - (Please specify) \_\_\_\_\_

Income (Annual): 0-2.5 lakh ☐ 2.5 - 5 lakh ☐ 5 - 20 lakh ☐ 20-30 lakh ☐ 30 lakh and above ☐Income proof: Existing KYC Number, if any: I have eIA No : I would like to apply for eIA with Karvy / CAMS / NSDL / CDSL ☐

**GROUP PROPOSAL DETAILS (To be filled if applicable)**Name of the Master Policy Holder: Group Type: Non- Employer-Employee ☐ Employee- Employer ☐Type of Enrolment: Voluntary ☐ Mandatory ☐Policy to be issued in favor of (list out all the parties who have insurable interest) including the financial institutions: **POLICY DETAILS**

Policy Period From: \_\_\_\_/\_\_\_\_/\_\_\_\_ (dd/mm/yyyy) To: \_\_\_\_/\_\_\_\_/\_\_\_\_ (dd/mm/yyyy)

**NOMINEE DETAILS**Nomination: Yes ☐ No ☐

If yes, please provide the below details:

Name of Insured	Name of Nominee	Nominee Date of Birth	Age	Nominee Relationship	Address of the Nominee
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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

Name of the Appointee	Appointee Relationship with Minor	Address of the Appointee
<input type="text"/>	<input type="text"/>	<input type="text"/>

**COVERAGE & SUM INSURED DETAILS****A. Details of Residential Property (Building)**

- Address of the property (\*) proposed for Insurance (if different from address for communication)  
City: \_\_\_\_\_ Pin Code: \_\_\_\_\_
- Year of construction: \_\_\_\_\_

**NOTE:**

(\*) Insurance of Building will be applicable if property is owned by the Proposer

(\*\*) In case garage / outhouse / servant quarters etc. are desired to be covered, please indicate accordingly.

- In case of an independent house
  - Any basement: Yes ☐ No ☐
  - Security arrangements
    - No Security Measures: Yes ☐ No ☐
    - 24 hours dedicated watchman: Yes ☐ No ☐
    - Burglary alarm: Yes ☐ No ☐
- In case of apartment
  - Security arrangements
    - No Security Measures: Yes ☐ No ☐
    - Are all entry/exit gates manned around the clock: Yes ☐ No ☐
    - Are the flats connected with each other /Security office with intercom: Yes ☐ No ☐
- Floor Level: Basement ☐ Ground Floor ☐ First Floor ☐ Second Floor ☐ and above
- Number of residents: 1-2 ☐ 3-5 ☐ 6-10 ☐ >10 ☐

## Additional Information

I.	Is there any policy in place for the same property?	Yes <input type="checkbox"/> No <input type="checkbox"/>														
II.	If Yes, please provide the details.															
<b>Covers Opted</b>																
III.	Cover/s required: (When Home Building and Home Contents are opted for, cover for General Contents of Home for Sum Insured equal to 20% of the Sum Insured for Home Building Cover subject to a maximum of ₹ 10 Lakh [Rupees Ten Lakh] is automatically provided).	<table border="1"> <thead> <tr> <th>Cover</th><th>Please tick</th></tr> </thead> <tbody> <tr> <td>Home Building &amp; Home contents</td><td></td></tr> <tr> <td>Home Building only</td><td></td></tr> <tr> <td>Home Contents only</td><td></td></tr> </tbody> </table>	Cover	Please tick	Home Building & Home contents		Home Building only		Home Contents only							
Cover	Please tick															
Home Building & Home contents																
Home Building only																
Home Contents only																
<b>Location of Home Building</b>																
IV.	Location of Home Building - full postal address with Pin Code.	Pin Code:														
V.	Is it in a multi-storey building or is it a standalone house?															
VI.	In case of multi-storey building, please provide the floor number of Your house.															
VII.	Is there a basement to Your house?															
<b>Details of Home Building</b>																
VIII.	<b>Sum Insured (SI) for Home Building:</b> <b>Please note the following:</b> (The amount required to construct Your Home Building at the policy Commencement Date. This amount is calculated as follows: <b>a. For residential structure of Your Home including fittings and fixtures:</b> Carpet area of the structure in square metres X Rate of Cost of Construction at the policy Commencement Date. The Rate of Cost of Construction is the prevailing rate of cost of construction of Your Home Building at the policy Commencement Date. <b>b. For additional structures:</b> the amount that is based on the prevailing rate of cost of construction at the Policy Commencement Date.)	<table border="1"> <tr> <td>a.</td><td>SI for residential structure of Your Home including fittings and fixtures (in ₹):</td></tr> <tr> <td>b.</td><td>SI for additional structures (in ₹):</td></tr> <tr> <td></td><td> <table border="1"> <thead> <tr> <th>Additional structure</th><th>Sum insured (In INR)</th></tr> </thead> <tbody> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </tbody> </table> </td></tr> </table>	a.	SI for residential structure of Your Home including fittings and fixtures (in ₹):	b.	SI for additional structures (in ₹):		<table border="1"> <thead> <tr> <th>Additional structure</th><th>Sum insured (In INR)</th></tr> </thead> <tbody> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </tbody> </table>	Additional structure	Sum insured (In INR)						
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IX.	Carpet area of structure of Home in square metres															
X.	Rate of Cost of Construction per square metre at the policy Commencement Date															
XI.	Age of Home Building	<table border="1"> <tbody> <tr><td>Less than 5 years</td><td></td></tr> <tr><td>5-0 years</td><td></td></tr> <tr><td>10-20 years</td><td></td></tr> <tr><td>Above 20 years</td><td></td></tr> </tbody> </table>	Less than 5 years		5-0 years		10-20 years		Above 20 years							
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XII	<b>Construction Details</b> <b>Please note the following:</b> (Building(s) having walls and/or roofs of wooden planks/thatched leaves and/or grass/hay of any kind/bamboo/plastic/cloth/asphalt/canvas/tarpaulin and the like are treated as Kutcha Construction. Construction other than Kutcha Construction is a 'Pucca Construction')		Construction*	
			Walls	Kutcha/Pucca
			Floor	Kutcha/Pucca
			Roof	Kutcha/Pucca
	(*strike out what is not applicable)			
<b>Details of Home Contents</b>				
XIII	If You want to opt out of in-built cover for General Contents as mentioned in (iv) above and want to have higher Sum Insured Or If You have opted for Home Contents Only cover, please provide item wise Sum Insured for General Contents. (Sum Insured represents Cost of Replacement)		Item wise Sum Insured for General Contents (in ₹):	
			<b>Items</b>	<b>Sum Insured</b>
			Furniture, Fixtures and Fittings (Home furnishings)	
			Electrical / Electronic	
XIV	In case of Basement, If there are contents in it, please provide the Sum Insured.			
<b>In-Built Covers</b>				
XV	Cover for (Please Tick) Loss of rent		Loss of Rent: I. Sum Insured: II. Number of Months: Rent for Alternative Accommodation: I. Sum Insured: II. Number of Months:	
	Rent for alternative accommodation			
<b>Optional Covers</b>				
XVI	Do You require/e 'Personal Accident Cover' for Yourself and Your spouse?		Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, Name & age of Your spouse: Your age:	
XVII	Do You require 'Cover for Valuable Contents on Agreed Value Basis (under Home Contents cover)': <b>(Valuable Contents</b> of Your Home consist of items such as jewellery, silverware, paintings, works of art, antique items, curios and items of similar nature.) (You have to submit a Valuation Certificate. However, the requirement of valuation certificate is waived if the Sum Insured opted for is upto ₹ 5 Lakh and Individual item value does not exceed ₹ 1 Lakh).		Yes <input type="checkbox"/> No <input type="checkbox"/>  If Yes, please attach list of items and Sum Insured:  Valuation certificate attached? Yes <input type="checkbox"/> No <input type="checkbox"/>	

## 2. Details For Building

- 2.1 Name of Financier, if any (for covering their interest) \_\_\_\_\_
- 2.2. Sum Insured (value of land to be excluded) \_\_\_\_\_
- 2.3 Is the building occupied: Yes ☐ No ☐
- 2.4 If occupied, by whom \_\_\_\_\_

If yes, please enter details in the table “Listed Contents” below.

## B. Details for Insurance Against Burglary and Housebreaking including Larceny and Theft

1. Sum Insured : ₹ \_\_\_\_\_

2. First loss limit:

Yes ☐ No ☐

If Yes, please tick the loss limit % from the below options:

10% ☐ 25% ☐ 40% ☐ 50% ☐ 60% ☐ 75% ☐

3. Do you wish to cover your Valuables Contents against Burglary:

Yes ☐ No ☐

NOTE: Jewellery is covered for 20% of the Burglary Sum Insured

4. Do you wish to cover Valuables (Other than Jewellery) above ₹ 10,000 against burglary :

Yes ☐ No ☐

If the above is answered yes, please enter details in the table “Listed Contents” below.

Listed Contents					
S. No.	Brief Description of Item	Reinstatement	Year of purchase / Acquisition	*Weight/ Dimension	** Make / Type /Model

\* Applicable for jewellery & carpets

\*\*Applicable for telephone instruments, photographic equipment (including still & video cameras), clocks, binoculars, telescopes, musical instruments, audio and video equipment, computers (including laptops) & other peripheral equipment, watches, mobile phones, calculators, digital diaries & palmtops. Please attach additional sheet(s) if required.

### EXISTING/PREVIOUS INSURANCE POLICY DETAILS

Please provide details of your existing Home Insurance policies (if any):

Policy No. / Application No.	Insurer Name	Period of Insurance		Sum Insured	Claims lodged during the preceding years
		From: ____/____/____ dd/mm/yyyy	To: ____/____/____ dd/mm/yyyy		

## PAYMENT & BANK ACCOUNT DETAILS

<b>PREMIUM DETAILS:</b>	
Amount (INR) _____	Rupees in words _____
GST (INR) _____	Premium including tax (INR) _____
<b>PAYMENT DETAILS:</b>	
Cheque NEFT	
Instrument No. _____	Instrument Date: _____
Bank Account No. _____	
Account Type: Savings <input type="checkbox"/> Current <input type="checkbox"/> Other <input type="checkbox"/> If others, please specify _____	
Branch Name & Address: _____	
IFSC Code _____ MICR Code _____	
Bank details for refund of premium in case of cancellation to be considered as above - Yes <input type="checkbox"/> No <input type="checkbox"/>	
If NO, please provide additional bank details in below provided space:	
Bank Account No. _____	
Account Type: Savings / Current / Other <input type="checkbox"/> If others, please specify _____	
Branch Name & Address: _____	
IFSC Code _____ MICR Code _____	
<b>Nationality:</b> Indian <input type="checkbox"/> Non-Indian <input type="checkbox"/>	
If Non-Indian, please specify Country: _____	
Are you a Political Exposed Person or related to Political Exposed Person: Yes <input type="checkbox"/> No <input type="checkbox"/> (appropriate tick) If Yes, give details _____	
<b>Note:</b> Politically Exposed Persons” (PEPs) are individuals who are or have been entrusted with prominent public functions domestically/in an international organisation/in a foreign country. This would include individuals who have or had positions of Heads of States or Government, Senior Politicians, Senior Government or Judicial or Military officers, Senior Executives of State-Owned Corporations and important Political Party Officials.	
<b>Type of Organization:</b> Corporation: <input type="checkbox"/> Society: <input type="checkbox"/> Private Organizations: <input type="checkbox"/> International Organization: <input type="checkbox"/> Partnership: <input type="checkbox"/> Trust: <input type="checkbox"/> Others: <input type="checkbox"/>	
<b>Sources of Fund:</b> Salary <input type="checkbox"/> Business <input type="checkbox"/> Other <input type="checkbox"/>	

Any refund due on the premium payment / any payment / claims will be directly credited to my aforesaid Bank Account.\*

\*As per the IRDAI, it's mandatory that all payments made to the insured are only through electronic mode.

**Note:**

1. Please provide a cancelled copy of cheque of your bank account.
2. The Company will not be responsible in case of non-credit or delay in processing of payout due to incomplete/incorrect information provided by the customer. Please ensure that you provide accurate details to the Company.

If you require physical copy of your policy in future, please visit “Help” section on [www.hdfcergo.com](http://www.hdfcergo.com) or contact our customer care.

The liability of the company does not commence until the acceptance of the proposal has been formally intimated by the Proposer and full premium has been realized by the company. We are under no obligation to accept any proposal for insurance. The Applicant 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 Applicant 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).

**WOULD YOU LIKE YOUR REFUND (Excess Premium)  
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)

<b>Cheque No</b>		<b>Name as in Bank Account</b>	
<b>Bank Name</b>		<b>Bank Account No</b>	
<b>Branch Name</b>		<b>IFSC Code</b>	
<b>Cheque Date</b>		<b>MICR Code</b>	
<b>Cheque Amount for ₹</b>			

#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 OF INSURED/REPRESENTATIVE (In case the insured is disabled)**

I/We, the undersigned, declare and acknowledge:

- I/We hereby declare that the information given is, to the best of our knowledge and belief, correct and that we are not aware of any circumstances that we have not disclosed to you which might influence your assessment of and willingness to accept the risk.
- I/We hereby agree that, if you issue a policy to us, this proposal shall form the basis of, and be incorporated in, such policy.
- I/We agree that this declaration and the answers given above shall be the basis of the contract between me/us and the Company and shall be deemed to be incorporated in such contract. And that if any untrue statement be contained therein the said contract shall be absolutely null and void.
- I/We undertake to exercise all reasonable and ordinary precaution for the safety as desired and I/We agree to accept the policy in the form issued by the Company subject to the terms exceptions and conditions prescribed therein or endorsed on the policy.
- “I/We hereby understand, declare, consent and authorize HDFC ERGO General Insurance Company Ltd. that financial information, as provided to the Company may be utilized for processing the claim made under the Policy.
- I/We hereby also understand, declare and consent that the Company shall have right to retain and disseminate the same to any service provider for providing services related to insurance”
- I/We hereby confirm that all premiums have been/will be paid from bonafide sources and no premiums have been/will be paid out of proceeds of crime related to any of the offence as listed in Prevention of Money Laundering Act, 2002 & its subsequent amendments thereof. I understand that the Company has the right to call for documents to establish sources of funds.



- 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.
- I hereby authorize the Company to notify me through email, SMS, or any other electronic mode any information pertaining to my proposal, policy document, claim servicing etc.
- I/We will abide by the provisions of IRDAI Guidelines on Group Insurance Policies dated July 14, 2005 and subsequent amendment made to it and/ or any other regulations/ guidelines issued by the IRDAI for Group Insurance Policies.
- I/ We authorize the Company to process my/ our Personal as well as Sensitive information for profiling purposes and to contact me/ us for renewal of my/our policy. I/We also authorise the Company to contact me/us (including overriding my/our registration on NDNC under the extant TRAI Regulations) to promote products and to notify me/us about the services being rendered by the Company.
- We hereby authorise the Company to share/ verify the information provided by me/us pertaining to my proposal with third party, rating agencies or service provider for the purpose of underwriting the proposal, issuance of a policy or settling of a claim under the policy.

Date: \_\_\_\_\_

Place: \_\_\_\_\_

\_\_\_\_\_  
Signature of the Proposer

### VERNACULAR DECLARATION

Declaration in case the proposal is filled other than the Proposer / the proposer sign in vernacular language / proposer is not familiar with the language printed here/ proposer is illiterate (to be certified by someone other than agent/employee of the company)

(The content of this form and its particulars have been explained by me in vernacular to the Proposer who has understood and confirmed the same.)

<b>Name of the Translator</b>		<b>Signature of the Translator</b>
<b>Place</b>		
<b>Date</b>		

<b>Name of the Proposer</b>		<b>Signature of the Proposer</b>
<b>Place</b>		
<b>Date</b>		

### 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 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-Money Laundering:** The Company believes in adherence to Anti Money Laundering (AML) guidelines/rules as it aids in ensuring that financial institution like ours are not used as vehicle for money laundering. The policyholder/nominee are thus bound to provide such information as may be required by the Company for ensuring the adherence of AML guidelines/rules.

**Sharing of Information Clause:** The information sought from the Insured is strictly for the purpose of policy issuance and policy servicing. This information sought and the details of policy are kept confidential and will not be shared with any external party in any circumstances whatsoever. However, in instances when such information/ details is sought by any governmental bodies / regulatory authorities or when the Company is directed to share such information in accordance with any law/ regulations or direction from any such governmental bodies / regulatory authorities, the Company will be bound to abide to such directions.

**Data Protection Requirement (Below Declaration should be mentioned in Insured Declaration):** "I/We hereby understand, declare, consent and authorize the Company that all details of the policy and financial information, as provided to the Company may be utilized for processing the claim made under the Policy. I/We hereby also understand, declare and consent that the Company shall have right to retain and disseminate the same to any service provider for providing services related to insurance".

Date: \_\_\_\_\_

Place: \_\_\_\_\_

\_\_\_\_\_  
Signature of the Proposer

### INTERMEDIARY'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. (Intermediary)** \_\_\_\_\_

Date: \_\_\_\_\_

Place: \_\_\_\_\_

\_\_\_\_\_  
Signature of Intermediary



**FOR OFFICE USE ONLY**

<b>Channel Partner Code:</b>	<b>Branch Location:</b>	<b>Signature of Channel Partner:</b>

**INSURANCE ACT 1938 SECTION 41- PROHIBITION OF REBATES**

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 in respect of 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 a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectus or tables of the insurer.

**ANY PERSON MAKING DEFAULT IN COMPLYING WITH THE PROVISIONS OF THIS SECTION SHALL BE PUNISHABLE WITH FINE WHICH MAY EXTEND UP TO INR 10 LAKHS.**

**Note: The Liability of the Company does not commence until this proposal has been accepted by the Company and Premium has been paid.**

**ACKNOWLEDGEMENT CUSTOMER COPY**

**Received from Mr. / Ms. / Mrs.** \_\_\_\_\_

**Reference/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.

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. Customer Experience Management, Customer Happiness Center: D-301, 3rd Floor, Eastern Business District (Magnet Mall), LBS Marg, Bhandup (West), Mumbai - 400 078. For Claim/Policy related queries call us at +91 22 6234 6234/+91 022 6158 2020 or Visit Help Section on [www.hdfcergo.com](http://www.hdfcergo.com) for policy copy/tax certificate/make changes/register & track claim. | UIN: Home Insurance - Multi Year Policy - IRDAN146RPMS0072V01202526.