HDFC ERGO General Insurance Company Limited



MOSQUITO DISEASE PROTECTION POLICY – GROUP PROPOSAL FORM

Application No.									
FOR OFFICE USE ONLY									
Imd Name									
Imd Code		Mo	obile No.						
NOTICE TO THE APPLICANT									
 Please fill the form in BLOCK LETTERS. All details with* are mandatory. 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. 									
N 64 5		Pl	ROPOSER DETAILS						
Name of the Proposer:	(First Name)		(Middle Name)		(Last Name)				
Address:									
	Landmark:		City:		Pin Code:				
	State:								
	Nature of Business:								
	Product Manufactured / Services Off	ered:							
	Email:			GST No:					
Group Type:	Employer – Employee N	on Employer - Empl	loyee						
	Mobile:	PAN:							
I have eIA No:		l would like	e to apply for eIA with Karvy / CAMS / NSDL / C	DSL. Employee ID:					
	DETA	AILS OF THE PE	ERSONS PROPOSED TO BE INS	URED					
S. No. Name		Date of Birth	Gender	Relationship with Proposer					
1.	1.		D D M M Y Y Y						
2.									
		N	NOMINEE DETAILS						
	N		Pole@control	A.1.1	A Color Manuscriptor				
	Name		Relationship	Address of the Nominee					
Where Nominee is a m	inor, give the details of Appointee								
Nam	e of the Appointee		Relationship	Address of the Appointee					
.,			<u> </u>	,					
COVERAGE DETAILS									
		C	OVERAGE DETAILS						
Policy Period		C	From	То					
Policy Period Basis of Sum Insure	d	C		To					
	d	Co	From						
Basis of Sum Insure	d	Co	From Indemnity	Benefit Family Floater* Self+Spouse+ Dependent	Children Children+ Dependent Parents				

^{*}Family floater option is not applicable for Coverage option BENEFIT BASIS – LUMPSUM PAYOUT

	CUM	INCLIDED DETAILS							
SUM INSURED DETAILS									
FOR SUM INSURED ON INDEMNITY BASIS									
Sum Insured	30,000 50,000 75,000 100,000 200,000 300,000 400,000 500,000								
SUM INSURED ON BENEFIT BASIS – LUMPSUM PAYOUT SUM INSURED ON BENEFIT BASIS – PER DAY PAYOUT									
Sum Insured (Minimum Rs. 1000 and Maximum Rs. 100,000)	Rs	Per Day Benefit Amount (Minimum Rs. 1000 per day and Maximum Rs. 10,000 per day)							
Annual Aggregate days limit 10 day 15 day 25 days 30 days									
OPTIONAL COVERS									
	FOR SUM IN	SURED ON INDEMNITY BASIS							
Outpatient Treatment 50% of the Sum Insured, subject to maximum of Rs. 5,000									
Recovery Benefit	Rs. 20,000								
Co-payment	5% 10% 159	% 20% 25%							
Waiting Period Options 7 days 15 days									
FOR OUR INQUIRED ON DENIETT DAGO. LUMPOUR DAGO.									
	URED ON BENEFIT BASIS – LUMPSUM PAYOUT 50% of the Sum Insured, subject to maximum		FOR SUM INSURED ON BENEFIT BASIS – PER DAY PAYOUT Outpatient Treatment 50% of the Sum Insured, subject to maximum of						
Outpatient Treatment	Rs. 5,000	Tol Outpatient Treatment	Rs. 5,000	urea, subject to maximum of					
Waiting Period Options	7 days 15 days	Waiting Period Options	7 days	7 days 15 days					
Time Deductible	1 day deductible 2 days deducti	ble Time Deductible	1 day deductil	1 day deductible 2 days deductible					
_		ICU Multiplier	1x 2x	1x 2x 3x 4x 5x					
EXISTING/PREVIOUS INSURANCE POLICY DETAILS									
Please provide details of yo	our existing Health Insurance Details								
Policy No. / Application No.	Insurer Name	Period of Insurance	Sum Insured	Claims lodged during the preceding years					
		DD/MM/YYYY To DD/MM/YY							
	PRE EX	ISTING DECLARATION							
Are you suffering from LYN									
If yes, please provide detai	S								
	PAYMENT &	BANK ACCOUNT DETAILS							
Premium Details: Amoun	(₹) (In words)								
Premium Payment Option	s - Monthly Quarterly Ha	If Year Annual							
Premium Payment Option	ıs - Cash Cheque DD	Card							
Cheque No.: Date: D D M M Y Y Y Y									
Bank Name: Amount (₹):									
Credit Card / Debit Card No.: Card Type: Master Visa Expiry Date: D D M M Y Y Y Y									
Relationship with Propos	er:	,,							
WOLL B VOL	LIKE YOUR REFUND (EYOFOO RREMINA)	DV OUEQUE* OR OREDITED	DIDEATI VINTO VOLID	DANK ACCOUNTS					
	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.									
Cheque No.: Name as in Bank Account: Name as in Bank Account:									
Bank Name:		Bank Account No.:							
Branch Name:		IFSC Code:							
Cheque Date:	MMYYYY	MICR Code:							
Cheque Amount for ₹:									

*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 ON BEHALF OF ALL PERSONS 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.
- I understand that the information provided by me will form the basis of insurance policy, is subject to the Board approved under writing 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 company.
- I/We declare and further consent to the company. Seeking medical information from any hospital who at any time has attended on the life to be insured/proposer or from any past or present employer concerning anything which affects the physical and mental health of the life to be assured/proposer and seeking information from any insurance company to which an application or insurance on the life to be assured/proposer has been made for the purpose of underwriting the proposal and /or claim settlement.
- I/We authorize the company to share information pertaining to my proposal including the medical records for the sole purpose of proposal underwriting and/ or claims settlement and with any Governmental and/or Regulatory Authority.

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 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 ₹10 Lakhs Place: Date: VERNACULAR DECLARATION Certification in case the proposer has signed in vernacular (to be witnessed by someone other than agent/employee of the company) Name of Proposer: 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. Name of the witness:____ Signature of the Witness: ____ AGENT'S DECLARATION (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): __ Signature of Agent: _ FOR OFFICE USE ONLY Channel Partner Code: Branch Location: Signature of Channel Partner: **ACKNOWLEDGEMENT CUSTOMER COPY** Received from Mr. / Ms. / Mrs.___ 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:

HDFC ERGO General Insurance Company Limited. IRDAI Reg. No.146. CIN: U66030MH2007PLC177117. Registered & Corporate Office: 1st Floor, HDFC House, 165-166 Backbay Reclamation, H. T. Parekh Marg, Churchgate, Mumbai – 400 020. 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/+91 120 6234 6234 or Visit Help Section on www.hdfcergo.com for policy copy/tax certificate/make changes/register & track claim. Trade Logo displayed above belongs to HDFC Bank Ltd and ERGO International AG and used by the Company under license. UIN: Mosquito Disease Protection Policy - Group - HDFHLGP22022V032122. URN: HE/GI/MDP/01-162.

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.