## **HDFC ERGO General Insurance Company Limited**





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Application Number											
(Please fll-up this form in C	CAPITAL LETTERS)										
			PROPO	SER DETAII	_S						
Proposer Mr./Ms./Mrs.	irst Name)		(Mi	ddle Name)		(Last Name)					
Address			(,,,,			(2331.143.15)					
						Pinco	de				
Telephone		#Mobile	e No		*Please provide information rela	e correct mobile number of the proparting to policy servicing and premiur	osed insured, to receive n acknowledgement.				
Email id											
	lerical/Administrative		Service/Business		gineer/Worker/Supervisor	Driver/Daily Wage La					
I have elA No:	Privide, professional operas, mine	Workers, and agricors, wat	01 100001 01011, 011 11010	ang workere, saue		oply for elA with Karvy CAM					
Annual Income:		CKYC No	.:		Nat	ionality:					
Politically exposed person	n: Yes No	PAN:									
			ID PR	OOF TYPE							
PAN	Passport		Driving I	icense		Voters Card	Others				
			PLAI	N DETAILS							
HDC per day 1500	2000 2500	Number of Da	ys: 30 days	Proposed Poli	cy Period : From DD	M M Y Y Y Y to D	D M M Y Y Y Y				
PAYMENT & BANK ACCOUNT DETAILS											
Premium Amount: ₹					Payment Option: N	onthly Quaterly	Half Yearly Yearly				
Cheque No.:		Date:	D D M M Y	YYY	Amou	nt: ₹					
Bank Name											
Credit Card / Debit Card N	0.:			Card T	ype: Master 7	Visa Expiry Date:	D M M Y Y Y Y				
Name on Card:											
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)											
Cheque No.:	pt for direct credit into your	r dank account: (Cance	lied Cheque should		e bank account in which the neque Amount for ₹:	e retund needs to be credited dire	ectiy)				
Name as in Bank Account											
Bank Name	(First Name)			(Middle N	Name) Bank Branch		(Last Name)				
Bank Account number		IFSC (	Code		MICR No.						
*Note: The Proposer agree											
If ECS is selected, please	es and undertakes to intima submit the standing instruc	ate in writing to HDFC		hange in bank a	ccount details.						
		ate in writing to HDFC ction form available at c	our branches.	•	ccount details.	)					
If ECS is selected, please	submit the standing instruc	ate in writing to HDFC stion form available at o	our branches.	N PROPOSI	ED TO BE INSUREI	_	ARHA ID (if available)				
If ECS is selected, please		ate in writing to HDFC ction form available at o	our branches.	•		Relationship to the Insured	ABHA ID (if available)				
If ECS is selected, please  Sr. No. Name o	submit the standing instruc	ate in writing to HDFC stion form available at o	our branches.	N PROPOSI	ED TO BE INSUREI	_	ABHA ID (if available)				
Sr. No. Name o	submit the standing instruc	ate in writing to HDFC stion form available at o	our branches.	N PROPOSI	ED TO BE INSUREI	_	ABHA ID (if available)				

Note: In case any insured person(s) wish to generate his/her ABHA ID. Kindly visit the link: https://healthid.ndhm.gov.in/register

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Name of Insured	Name of	Nomine	e			Relat	tions	ship									Ad	dres	ss c	of th	e N	omi	inee						
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																	_				_								
Where Nominee is a minor, give the details of	of Appointee																												
Name of the Appointee	nship	)	Address of the Appointee																										
		EXIS	TING/	PRE	VIC	)US I	INS	UR.	AN	CE	DE	EΤΑ	\IL\$	S															
(Including any with HDFC ERGO General Ins	surance Company Ltd	.)																											
Insurer Name	Sum Insured (R	s.) Policy Name				)	Policy No /						Period of Insurance						Т	Claims lodged during									
			, , , , , ,				Application No						[From / To]							+	the preceding 3 years								
																						+							
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		MEL	DICAL	ΔΝΓ	)	FF S	TVI	IF	INF	ΩR	PM/	ΔΤΙ	ΩN	ı															
					, L.																								
Name of Insured Person	Existing Illness or any other In	s/ Ailments(if any)					Name & Details of Illness/ Medicine/ Test/ Diopter grade								Doctor/ Hospital Name & Phone no														
Insured 1	or any other n	ijuiy, Di	Jubility		+				,50 1	Jiop	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	gru	uc									Itui			-	, 110	_		_
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Doctor's name											Т		Т		Т		Т	Τ	Т		Т	Т	$\top$	Т	$\top$	Т	$\top$	$\top$	Т
(First Name)					(	Middle N	Name)	)													(La	st Na	ame)						
Address																							I	$\perp$	$\perp$		I	$\perp$	$\mathbb{I}$
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Telephone		Aohile Na											୮		_		_				_	_	_	_	_	_	_	_	_

## GENERAL EXCLUSIONS (UNDER THE POLICY) FOR MORE DETAILS PLEASE REFER TO THE POLICY WORDINGS

War or any act of war, invasion, act of foreign enemy, war like operations (whether war be declared or not or caused during service in the armed forces of any country), civil war, public defense, rebellion, revolution, insurrection, military or usurped acts, nuclear weapons/materials, chemical and biological weapons, radiation of any kind, Any Insured Person committing or attempting to commit any intentional self injury or attempted suicide while sane or insane, Any Insured Person committing or attempting to commit any act which amounts to breach of law with criminal intent, Any Insured Person's participation or involvement in naval, military or air force operation, racing, diving, aviation, scuba diving, parachuting, hang-gliding, rock or mountain climbing, The abuse or the consequences of the abuse of intoxicants or hallucinogenic substances such as intoxicating drugs and alcohol, including smoking cessation programs and the treatment of nicotine addiction or any other substance abuse treatment or services, or supplies, Treatment of obesity or morbid obesity and any weight control program, where obesity means a condition in which the Body Mass Index (BMI) is above 29 & morbid obesity means a condition where BMI is above 37, Parkinson and Alzheimer's disease, general debility or exhaustion ("run-down condition"); external congenital diseases, defects or anomalies, stem cell implantation or surgery, or growth hormone therapy, Sleep-Apnoea, Venereal disease, sexually transmitted disease or illness; Pregnancy (including voluntary termination), miscarriage (except as a result of an Accident or Illness), maternity or childbirth (including caesarean section) except in the case of topic pregnancy, Sterility, treatment whether to effect or to treat infertility, any fertility, sub-fertility or assisted conception procedure, surrogate or vicarious pregnancy, birth control, contraception, Dental treatment and surgery of any kind, unless requiring Hospitalization, Treatment for analysis and adjustments of spinal subluxation, diagnosis and treatment by manipulation of the skeletal structure or for muscle stimulation by any means (except treatment of fractures, dislocations and physiotherapy as part of hospitalization prescribed by the physician conducted in the hospital), Nasal septum deviation and nasal concha resection; circumcisions, laser treatment for correction of eye due to refractive error, aesthetic or change-of-life treatments of any description such as sex transformation operations, treatments to do or undo changes in appearance or carried out in childhood or at any other times driven by cultural habits, fashion or the like or any procedures which improve physical appearance, Plastic surgery or cosmetic surgery unless necessary as a part of medically necessary treatment certified by the attending Medical Practitioner for reconstruction following an Accident or Illness, Experimental or unproven treatment, Hospitalization for the purpose of diagnosis only, Any non allopathic treatment, All preventive care, vaccination including inoculation and immunisations (except post bite treatment in hospital) and any hospitalization for the purpose of enteral feedings (infusion formulas via a tube into the upper gastrointestinal tract) and other nutritional and electrolyte supplements, unless certified to be required by the attending Medical Practitioner, Treatment rendered by a Medical Practitioner which is outside his discipline or the discipline for which heis licensed; treatments rendered by a Medical Practitioner who shares the same residence as an Insured Person or who is a member of Insured Person's family, Any procedure or treatment by any person or institution that has been intimated to the Insured Person by Us during the currency of the policy, Any treatment or part of a treatment that is not medically necessary, Any exclusion mentioned in the Schedule or the breach of any specifc condition mentioned in the Schedule.

## **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.
- 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 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

## 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 Section41 of the Insurance Act 1938, as amended, shall be punishable with a fine which may extend to ₹10Lakhs.

Go Green Declaration: Would you like to Go Green and Make a difference!! By choosing this option, only soft copy of Policy shall be delivered to your registered mail id. The soft copy is valid folding claims or any other service needs. Please reconfirm your registered mail id & mobile no (If you require physical copy of your policy in future, please visit "Help" section on www.hdfcergo.co or contact our customer care).  Place  Date  Discription:  Signature of the Proposer.
Date DDMMVVVVV
Date DDMMYYYYY 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 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.
Name of the Translator:
Place:  Date: D D M M Y Y Y Y  Signature of the Translator
Name of the Insured:  Place: Date: Date: Discreption: Date: Discreption: Discreptio

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Proposer including staten Insurance between the Co is/are contained in this Pr	nent(s), informa ompany and the oposal Form/ in nas been a non-	tion and re Propose cluding a disclosure	esponse r, if this F ddendun	e(s) subr Proposal n(s), affic	mitted by I is accep davits, sta	explaine him/her ted by th	(Fu d all the in this Pr e Compa s, submis	II Name contents roposal F any for is	) in my s of this F Form to q suance o urnished/	capacity Proposal uestions of the Po to be fu	as an Form, I contair licy. I ha	ncluding ed here ve furth the con	g the nein or a er exp npany	nature o any det lained shall h	/ Specified Person of the Corporate Agent/Authorized of the questions contained in this Proposal Form to the etails sought here in will form the basis of the Contract of d that if any untrue statement(s)/information/response(s) have the right to vary the benefits which may be payable d by the Company as null and void and all premiums paid
License No.(Advisor/Corp	porate Agent/Br	oker/Rela	ationship	Officer)											
Place D D M M Y	YYY														Signature of Agent
							(	CHECI	(LIST						
Please check the following 1. ID Proof 2. Proof of Residence 3. Age Proof 4. Renewal Notice wit 5. Photocopies of all processing process.	: Pas : Tele : Birth h claim details	ssport/PA phone B certifica	AN Card ill/Bank ite/Sch	/Voter II Accoun ool Leav	D/Drivin t Statem	g Licens ent/ Lett	e/ Letter	r from a	recogniz ognized p	oublic a	uthority/		city Bil	I/ Ratio	ion Card
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Received from Mr. / Mrs.	/ Ms.														
Cheque No Bank for a sum of Rs. towards payment of prem		dated dated from					drawn or	1							Signature & seal
Date D D M M Y	YYY														

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 or simply text "Hi" on what's app number 8169 500 500 for instant policy servicing. Trade Logo displayed above belongs to HDFC Bank Ltd and ERGO International AG and used by the Company under license. UIN: Micro Insurance - HDFC ERGO Hospital Cash Insurance - HDFHLIP21494V022021 | URN: HE/PL/HDC/01-74.

Your proposal is subject to acceptance by the Company. This acknowledgement should not be construed as assumption of risk by the Company. 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.