Proposal Form



																				Ap	olicat	ion I	No. :									
The information provided by me in this	docum	nent is	s Tru	e to th	ne best	of m	ny kn	owle	edge.				Sign	natu	re of	Pro	opos	ser:	DI													
This proposal will be the basis of any ins policy or its price, terms, conditions and e or otherwise, please attach a separate sh accept a proposal for insurance, it shall b and in time, or is not realised or non-fullfil Please fill-up this form in CAPITAL LE the photograph.	exclusion eet. If e subje Iment o	ons. If you a ect to of pre	Non- are in the F -poli	compli any d olicy t cy che	ance noubt, perms ack-up.	nay r oleas and c	esult e see ondit	in thek the	ne avo e advi and V	idan ce of Ve st	ce of f your nall ha	the P insur ave n	eleva olicy. ance o liab	nt to If to adv	all here visor. to m	per is ii W ake	sons nsuf e ar any	s profficie re ur y pa	opos ent s nder yme	no d nt u	for y bliga nder t	ou tion tion he F	o pro to ac Policy	vide cep if p	e inf t an rem	form ny pr nium	natio ropo n is i	on w osal not r	heth for i ece	ner a nsur ived	as recance by l	queste e. If V Js in f
1. PROPOSER DETAILS (The Aadhaa process.)	r deta	ils pr	ovid	ed by	you v	voul	d be	use	d for	auth	entic	atio	n of y	/oui	' ide	ntit	y w	hic	h wo	ould	help	in f	aste	r cla	aim	set	ttle	mer	nt w	itho	ut K	YC
Proposer: (Mr./Ms./Mrs.)																																
		F	irst N	Name								Mic	Idle N	Nam	e						-		_	Last	t Na	ame	;			!		
GSTIN/ UIN (if any) of Policy Holder	\Box	T						П		Т									Τ		Τ					Τ		Т				
Address*	\perp																															
*The address mentioned is same as th	e addr	ress n	nenti	oned	n GST	IN re	egistr	ation	n cert	ificat	e																					
Landmark													City	//To	wn																	
District													Sta	te												T		T				
Telephone									Mob	le:												G	ende	r		N	Male	Э		Fer	nale	
Date of Birth	D D	М	М	Υ	ΥΥ	Υ	Pin	Cod	de						Em	ail									_							
D Proof Type : PAN ☐ D Proof No. : ☐ ☐ Please choose from the below options t ☐ Choose to have verified & digitally ☐ Choose e-insurance account to vie	to go di	d doc	and	Thus s			I		g Lice	ense			V	oter	's Ca	aro	_	adh	aar	No:	Othe	ers [Ι	_				\neg		
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Note: In case any insured person(s) wish to generate his/her ABHA ID. Kindly visit the link: https://healthid.ndhm.gov.in/register

Female □

Insured 6: Name: Mr./Ms./Mrs.

Height

Weight

Relationship

Gender Male □

Occupation

ABHA ID (if available):

Date of Birth

Aadhaar No

Proposal Form



Please paste the photographs in sequence (Insured 1, Insured 2, Insured 3, Insured 4, Insured 5 & Insured 6) as specified in section 3 - Proposed insured details

4. NOMINEE DETAILS

In the event of the death of an insured person any payment due under the policy shall become payable to the nominee in accordance with the policy terms and conditions. The nominee must be an immediate relative of the proposer. For all other persons proposed to be insured, the proposer shall be the nominee.

Nominee Name	Relationship	Address of the Nominee
*If the Nominee is minor, Name and Address of Appointee and	Relationship with Minor:	

Appointee Name	Relationship	Address of the Appointee

5. EXISTING/PREVIOUS INSURANCE DETAILS

Is the proposer or any of the persons proposed, already insured under a plan with HDFC ERGO General Insurance Company Limited or any other insurer or is a proposal pending for Policy issuance? ☐ Yes ☐ No

If yes, please indicate below the Policy/ Application number(s) (Please mention application number in case of pending proposal.)

Since when are you continuously insured:	D	D	М	М	Υ	Υ	Υ	Υ	

Do you want us to consider these details for continuity ? \(\subseteq\) Yes \(\subseteq\) No	Member ID	Employee ID	
Do you want us to consider these details for continuity ? L. I. Yes I. No.			

Policy No./Application No.	Insurer				P	erio	d of	Inst	irand	се				Sum Insured	Claims lodged during the preceding 3 years
				Fr	om					1	0			(Rs.)	3 years
		D	D	M	М	Υ	Υ	D	D	М	М	Υ	Υ		
		D	D	М	M	Υ	Υ	D	D	М	M	Υ	Υ		
		D	D	М	M	Υ	Υ	D	D	М	M	Υ	Υ		
		D	D	M	М	Υ	Υ	D	D	M	M	Υ	Υ		
		D	D	M	М	Υ	Υ	D	D	М	М	Υ	Υ		
		D	D	M	М	Υ	Υ	D	D	M	M	Υ	Υ		

6. MEDICAL AND LIFE STYLE INFORMATION

IMPORTANT: You must answer these questions truthfully. Not doing so affects your coverage in case of a Claim

☑ Signature of the Proposer

Medical	History: Please answer the below mentioned questions Yes (Y) or No (N) ONLY:					oignatare or	
Section suffer	on A : Have any of the persons proposed to be insured ever suffered from/are currently ring from any of the following :	Insured Person 1	Insured Person 2	Insured Person 3	Insured Person 4	Insured Person 5	Insured Person 6
i.	Hypertension, chest pain, Ischemic heart disease or any other cardiac disorder	Y□/N□	Y□/N□	Y□/N□	Y□/N□	Y□/N□	Y□/N□
ii.	Tuberculosis, asthma, bronchitis or any other lung/respiratory disorder	Y□/N□	Y□/N□	Y□/N□	Y□/N□	Y□/N□	Y□/N□
iii.	Ulcer (stomach/duodenal), hepatitis, cirrhosis or any other Digestive or Liver/ Gallbladder disorder	Y□/N□	Y□/N□	Y□/N□	Y□/N□	Y□/N□	Y□/N□
iv.	Renal failure, calculus or any other Kidney/Urinary tract or Prostate disorder	Y□/N□	Y□/N□	Y□/N□	Y□/N□	Y□/N□	Y□/N□
V.	Dizziness, Stroke, Epilepsy, Paralysis or other brain/ nervous system disorder	Y□/N□	Y□/N□	Y□/N□	Y□/N□	Y□/N□	Y□/N□
vi.	Diabetes, Thyroid disorder or any other endocrine disorder	Y□/N□	Y□/N□	Y□/N□	Y□/N□	Y□/N□	Y□/N□
vii.	Tumor-benign or malignant, any ulcer/growth/cyst	Y□/N□	Y□/N□	Y□/N□	Y□/N□	Y□/N□	Y□/N□
viii.	Arthritis, Spondylosis or any other disorder of the muscle/bone/joint	Y□/N□	Y□/N□	Y□/N□	Y□/N□	Y□/N□	Y□/N□
ix.	Diseases of the Nose/Ear/Throat/Teeth/ Eye (please mention Diopters)	Y□/N□	Y□/N□	Y□/N□	Y□/N□	Y□/N□	Y□/N□
Х.	HIV/AIDS or sexually transmitted diseases or any immune system disorder	Y□/N□	Y□/N□	Y□/N□	Y□/N□	Y□/N□	Y□/N□
xi.	Anaemia, Leukaemia or any other blood/lymphatic system disorder	Y□/N□	Y□/N□	Y□/N□	Y□/N□	Y□/N□	Y□/N□

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: Optima Plus - HDHHLIP21336V022021. URN: AM/HLT/0031/A/062018

Proposal Form



xii. Psychiatric/Mental illnesses or Sleep disorder xiii. DUB, Fibroid, Cyst/Fibroadenoma or any other Gynaecological/Breast disorder Section B: Have any of the persons proposed to be insured: xiv. Been addicted to alcohol, narcotics, habit forming drugs or been under detoxication therapy xv. Been under any regular medication (self/ prescribed) xvi. Undertaken any lab/blood tests, imaging tests viz. scans/MRI in the last 5 years xvii. Undertaken any surgery or a surgery been advised in the last 10 years or is a surgery still pendin xviii. Suffered from any other disease/illness/accident/injury	Y / N Y / N	Y	Y / N	Y / N	Y□/N□ Y□/N□ Y□/N□	Y□/N□ Y□/N□		
Section B: Have any of the persons proposed to be insured: xiv. Been addicted to alcohol, narcotics, habit forming drugs or been under detoxication therapy xv. Been under any regular medication (self/ prescribed) xvi. Undertaken any lab/blood tests, imaging tests viz. scans/MRI in the last 5 years xvii. Undertaken any surgery or a surgery been advised in the last 10 years or is a surgery still pending	Y / N Y / N	Y□/N□	Y□/N□					
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xv. Been under any regular medication (self/ prescribed) xvi. Undertaken any lab/blood tests, imaging tests viz. scans/MRI in the last 5 years xvii. Undertaken any surgery or a surgery been advised in the last 10 years or is a surgery still pendin	Y□/N□	+		Y□/N□	! Y□/N□			
xvi. Undertaken any lab/blood tests, imaging tests viz. scans/MRI in the last 5 years xvii. Undertaken any surgery or a surgery been advised in the last 10 years or is a surgery still pendin		YL/NL	Y /N					
xvii. Undertaken any surgery or a surgery been advised in the last 10 years or is a surgery still pendin	YL/NL			Y□/N□	Y□/N□	Y□/N□		
		Y□/N□	Y□/N□	Y□/N□	Y□/N□	Y□/N□ Y□/N□		
XVIII. Suffered from any other disease/liliness/accident/injury		Y□/N□	Y□/N□	Y□/N□	Y□/N□ Y□/N□ Y□/N□ Y□/N□			
the state of the second control of the second state of the second	Y□/N□	Y D/N D	Y□/N□			Y□/N□		
xix. Is any of the insured persons pregnant? If yes, please mention the expected date of deliver	/ Y□/N□	Y□/N□	Y□/N□	Y□/N□	Y□/N□	Y□/N□		
xx. Any complaint of diabetes, hypertension or any complication during current or earlier pregnance	/ Y□/N□	Y□/N□	Y□/N□	Y□/N□	Y□/N□	Y□/N□		
Section C : Name and Details of Illness/Medicine/Test/Surgery/ Diopter grade (for questions answered as Yes in Section A & B) Diagnosis date	Date of la		atment In/ utpatient	Doctor/H	ospital Name No.	e & Phone		
Insured Person 1 :								
Insured Person 2 :								
Insured Person 3 :								
Insured Person 4 :								
Insured Person 5 :								
Insured Person 6 :								
Section D : Name, address, qualification and contact details of the family doctor, if any:				'				
Name:								
Qualification:								
Address:								
Pin Code : Mob. No. :								
Phone No : Email ID :								
Section E: Does any person proposed to be insured smoke or consume gutkha/ pan masala or yes, please indicate the name and quantity per week:	alcohol. If	Alcohol	Smoke	Pan N	Masala	Others		
Insured Person 1:								
Insured Person 2:			1		-			
Insured Person 3 : Insured Person 4 :			1		-			
Insured Person 4 :			-		-+			
Insured Person 6 :								
	lnour	rod Inquire	d Inquired	Insured	Inquired	Insured		
Section F: In respect of any of the persons proposed to be insured:	Insur Perso				Insured Person 5			
Has any application for life, health or critical illness insurance ever been declined, postponed, loaded or made subject to any special conditions by any insurance company?	been Y□/N	I□ Y□/N[□ Y□/N□	Y□/N□	Y□/N□	Y□/N□		
7. PAYMENT DETAILS								
1. FATMENT DETAILS								
	s							
	s	Date		,	Amount (in F	₹s.)		
Instrument type : Cash Cheque Debit Card Credit Card Othe	s	Date		,	Amount (in F	Rs.)		

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 or continuing a Policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectuses or tables of the insurers. Any person making default in complying with the provision of this section shall be liable for a penalty which may extend to 10 lakh rupees.

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: Optima Plus - HDHHLIP21336V022021. URN: AM/HLT/0031/A/062018

Proposal Form



ADDITIONAL INFORMATION

Business Type

(If t	there is insufficient space to provide additional relevant information, whether as requested or oth	therwise, please attach extra sheet duly signed.)
8. DEC	CLARATION & WARRANTY ON BEHALF OF ALL PERSONS PROPOSED TO BE INSURED	
	We hereby declare, on my behalf and on behalf of all persons proposed to be insured that the about pects to the best of my knowledge and that I/We am/ are authorized to propose on behalf of the	, , , , , , , , , , , , , , , , , , , ,
	nderstand that the information provided by me will form the basis of insurance policy, is subject icy will come into force only after full receipt of the premium chargeable.	ctto the Board approved underwriting policy of the Insurance company and that the
	We further declare that I/We will notify in writing any change occurring in the occupation or general fore communication of the risk acceptance by the company.	ral health of the life to be insured/ proposer after the proposal has been submitted bu
em	eductage and consent to the company seeking medical information from any hospital who at a ployer concerning anything which affects the physical and mental health of the life to be assolication for insurance on the life to be assured/ proposer has been made for the purpose of und	ssured/proposer and seeking information from any insurance company to which ar
	We authorize the company to share information pertaining to my proposal including the medical hany Governmental and/or Regulatory Authority.	al records for the sole purpose of proposal underwriting and/or claims settlement and
□ I/W	e have understood the purpose of Aadhaar authentication and hereby state that I/We have no ol	objection in providing my Aadhaar details.
o G	ishman Bharat Health Account (ABHA) Declaration: I/We provide my/ our consent to access r ur Ayushman Bharat Health Account (ABHA) and share the same with Third Party Administrat covernmental and/or Regulatory authority for the sole purposes of underwriting my/ our proposa rith the applicable Law/ Regulations.	ators, Reinsurer (if applicable), Service Provider/s of HDFC ERGO and/or with any
□ I hei E	reby grant consent to Agent/Broker/Corporate Agent or any other licensed intermediary to share RGO General Insurance Company Limited for the purpose of my insurance proposal.	e my KYC (Know your Customer) and customer due diligence information with HDFC
Date : [D D M M Y Y Y Y	
Place :		Signature of the Proposer : ☑
VERNA	ACULAR DECLARATION	
Certific	ation in case the proposer has signed in vernacular (to be witnessed by someone other than age	gent/ employee of the company).
Name of	of the Proposer:	
The co	ntent of this form and its particulars have been explained by me in vernacular to the proposer whether the propose	who has understood and confirmed the same :
Sign	ature of the Proposer : ☑	Signature of the witness : ☑
Date : [D D M M Y Y Y Y Place:	Name of the witness : 🗹
9. AGE	ENT'S DECLARATION	(Full Marra) is any senseth, so an Issues
includir questio for issu stateme	If Specified Person of the Corporate Agent/Authorised employee of the Broker/Relationship Offing the nature of the questions contained in this Proposal Form to the Proposer including statem ns contained herein or any details sought herein will form the basis of the Contract of Insurance because of the Policy. I have further explained that if any untrue statement(s)/ information/respents, submissions, furnished/to be furnished, the Company shall have the right to vary the beneficial fact, the policy issued to his/her favour pursuant to this Proposal may be treated by the Corpany.	ement(s), information and response(s) submitted by him/her in this Proposal Form to between the Company and the Proposer, if this Proposal is accepted by the Company sponse(s) is/are contained in this Proposal Form/including addendum(s), affidavits nefits which may be payable and further more if there has been a non-disclosure o
License	e No. (Advisor/Corporate Agent/Broker/Relationship Officer) :	
Date :	D D M M Y Y Y Y	Signature of Agent : ☑
10. CH	IECKLIST	
Please	check the following documents are attached along with the proposal form 1. ID Proof: Passport/ PAN Card/ Voter ID/ Driving License/ Letter from a recognized 2. Proof of residence: Telephone Bill/ Bank Account Statement/ Letter from any recognized 3. Age Proof: Proof of Age 4. Renewal Notice with claim details 5. Certification of previous insurer for previous claim details 6. Photocopies of all previous policies and endorsements	,
11. FC	DR OFFICE USE ONLY	
	HDFC ERGO General Insurance Company Limited Office Code : Adv	dvisors Code & Name :
		hannel Type :

Urban/ Rural/ Social

Proposal Form



NEFT details

Mandatory details required to process all payment due in relation to your policy including refunds (if any) and / or claims directly to your bank account

Please select any one of the	below o	ptions																		
I hereby declare that below I	oank deta	ails are co	rrect and	should b	e used	to pro	cess a	all pay	ment du	e in rela	ation to	my in	suran	ce po	olicy:					
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Proposer/Policy holder's Sign		Ø													Date	_	D D		М	Υ
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caused to HDFC ERGO Gene nstructions: It is important for these el above.	ectronic ¡	payment sy	stems tha	it the Poli	cy Holde	er's na	me in t	he Poli	cy must (exactly										-
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Signature of the receiver and official 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 realised. If we do not accept the proposal, we will inform you and refund any payment received from you without interest within next 30 days.