Optima Senior

Proposal Form



Application No. :

This proposal will be the basis of any insurance policy that We may issue. You must disclose all facts relevant to all persons proposed to be insured that may affect Our decision to issue a policy or its price, terms, conditions and exclusions. Non-compliance may result in avoidance of the Policy. If there is insufficient space for You to provide information, whether as requested or otherwise, please attach a separate sheet. If You are in any doubt, please seek advice of Your insurance advisor. We are under no obligation to accept any proposal for insurance. 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 under the Policy if premium is not received by Us in full and in time, or is not realised, or non-fulfillments of Pre Policy Checkup.

Please fill-up this form in CAPITAL LETTERS and attach a passport sized photograph for Yourself and each person proposed to be insured and write the name of the person above the photograph.

1. PROPOSER DETAILS (The Aadhaar details provided by you would be used for authentication of your identity which would help in faster claim settlement without KYC process.)

Proposer: (Mr./Ms./Mrs.)													\top	\neg	\neg	\top			\top														-	
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5. 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. Nominee for any of the persons proposed to be insured shall be the Proposer.

must be an immediate relative of	of the Proposer. Nominee for ar	ny of	the p	erso	ons p	prop	osed	l to b	e in	sure	d sha	all be	e the	e Proposer.
Nominee	e Name						Re	latic	nsh	ip				Address of the Nominee
*If the Nominee is minor, Name	and Address of Appointee and	Rela	ations	ship	with	Min	or:							
Appointe	e Name						Re	latio	nsh	ip				Address of Appointee
6. EXISTING/PREVIOUS INSUI	RANCE DETAILS*													
Is the proposer or the persons	proposed, already insured un	nder	a pl	an w	ith I	HDF	C EI	RGC	Ge	nera	ıl Ins	sura	nce (Company Limited or any other insurance company? \square Yes \square No
If yes, please indicate below the	Policy/ Application number(s)	(Plea	ase r	nent	ion a	appli	catio	n nu	ımbe	er inc	ase	of p	endir	ling proposal.)
Since when are you continuously	y insured:	Υ	Y	Y										
Do you want Us to consider the	se details for continuity*? \square Ye	es 🗆	No											
Policy No./Application No.	Insurer				Р	erio	d of	Insu	ıran	се				Sum Insured Claims lodged during the preceding
				Fr	om					Ī	Го			(Rs.) 3 years
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		D	D	M	M	Υ	Υ	D	D	M	M	Υ	Υ	

7. MEDICAL AND LIFE STYLE INFORMATION

Medical History: Please answer the below mentioned questions Yes (Y) or No (N) ONLY:

Section	on A : Have any of the person proposed to be insured ever suffered from/ are currently suffering from any of the following :	Insured Person 1	Insured Person 2
i.	Hypertension, Chest Pain, Ischemic heart disease or any other cardiac disorder	Y □/N □	Y □/N □
ii.	Tuberculosis, Asthma, Bronchitis or any other lung/respiratory disorder	Y □/N □	Y □/N □
iii.	Ulcer (stomach/duodenal), hepatitis, cirrhosis or any other Digestive or Liver/ Gallbladder disorder	Y □/N □	Y □/N □
iv.	Renal failure, calculus or any other Kidney/Urinary tract or Prostate disorder	Y □/N □	Y □/N □
V.	Dizziness, Stroke, Epilepsy, Paralysis or other brain/ nervous system disorder	Y □/N □	Y □/N □
vi.	Diabetes, Thyroid disorder or any other endocrine disorder	Y □/N □	Y □/N □
vii.	Tumor-benign or malignant, any ulcer/growth/cyst	Y □/N □	Y □/N □
viii.	Arthritis, Spondylosis or any other disorder of the muscle/bone/joint	Y □/N □	Y □/N □
ix.	Diseases of the Nose/Ear/Throat/Teeth/ Eye (please mention Diopters)	Y □/N □	Y □/N □
X.	HIV/AIDS or sexually transmitted diseases or any immune system disorder	Y □/N □	Y □/N □
xi.	Anaemia, Leukaemia or any other blood/lymphatic system disorder	Y □/N □	Y □/N □
xii.	Psychiatric/Mental illnesses or Sleep disorder	Y □/N □	Y □/N □
xiii.	DUB, Fibroid, Cyst/Fibroadenoma or any other Gynaecological/Breast disorder	Y □/N □	Y 🗆 /N 🗆
Secti	on B : Have any of the persons proposed to be insured:		
xiv.	Been addicted to alcohol, narcotics, habit forming drugs or been under detoxication therapy?	Y □/N □	Y □/N □
XV.	Been under any regular medication (self/ prescribed)?	Y □/N □	Y □/N □
xvi.	Undertaken any lab/blood tests, imaging tests viz. scans/MRI in the last 5 years other than routine health check-up or pre- employment check-up?	Y □/N □	Y □/N □
xvii.	Undertaken any surgery or a surgery been advised in the last 10 years or is a surgery still pending?	Y □/N □	Y □/N □
xviii.	Suffered from any other disease/illness/accident/injury other than common cold or fever?	Y □/N □	Y □/N □
xix.	Is any of the insured persons pregnant? If yes, please mention the expected date of delivery	Y □/N □	Y □/N □
XX.	Any complaint of diabetes, hypertension or any complication during current or earlier pregnancy?	Y □/N □	Y □/N □

^{*} Please note that continuity of benefits shall NOT be considered if the details are not provided.

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	tion C : Name and detai questions answered as							gery/	Diop	oter g	rade		Diagno date			Date cons						nt In ient		Do	ctor	/Hos	pital No		& P	hone
Insu	red Person 1 :																													
Insu	red Person 2 :																													
Sec	tion D : Name, address,	quali	ficat	ion an	d con	tact	detail	s of t	the fa	amily	doct	tor, i	f any:																	
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yes, Insu	tion E : Does any perso please indicate the nar red Person 1 : red Person 2 :							e or (consi		gutkl □/N		oan mas	sala o	· alc	ohol.	If	μ	Alcoh	ol		Smo	oke		Par	ı Ma	sala		Oth	ers
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е	We declare and consent employer concerning any application for insurance of	thing	which	n affect	ts the	phy	sical a	nd m	nental	l heal	th of	the	life to b	e ass	ured	l/prop	oser	and	seek	ing in	form	ation	fror	n any						
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Place :

Optima Senior Proposal Form

Business Type



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 the Proposer :		
The content of this form and its particulars have been explained by me in vern	acular to the proposer who ha	as understood and confirmed the same :
Signature of the Proposer :		Name of the witness : ☑
Date : D D M M Y Y Y	Place :	Name of the witness : ☑
10. AGENT'S DECLARATION		
Advisor/ Specified Person of the Corporate Agent/Authorised employee of the including the nature of the questions contained in this Proposal Form to the F questions contained herein or any details sought herein will form the basis of the for issuance of the Policy. I have further explained that if any untrue stater statements, submissions, furnished/to be furnished and further more if there habe treated by the Company as null and void and all premiums paid under the F License No. (Advisor/Corporate Agent/Broker/Relationship Officer):	Proposer including statement(e Contract of Insurance betwe ment(s)/ information/response is been a non-disclosure of an	(s), information and response(s) submitted by him/her in this Proposal Form to see the Company and the Proposer, if this Proposal is accepted by the Company (s) is/are contained in this Proposal Form/including addendum(s), affidavits by material fact, the policy issued to his/her favour pursuant to this Proposal may
Date: DDMMYYYYY Place:		Signature of Agent : ☑
11. CHECKLIST Please check the following documents are attached along with the proposal fo 1. ID Proof: Passport/ PAN Card/ Voter ID/ Driving License/ 2. Proof of residence: Telephone Bill/ Bank Account Stateme 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	Letter from a recognized pub	
HDFC ERGO General Insurance Company LimitedOffice Code:		Advisors Code & Name :
Branch Receipt Date		Channel Tyne ·

: Urban/ Rural/ Social

Optima Senior

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	option	18																				
I hereby declare that below														-			-						
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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 15 days.

Signature of the receiver and official seal