

POLICY DETAILS

Policy Period From: __/__/____ (dd/mm/yyyy) To: __/__/____ (dd/mm/yyyy)

Please provide the following details with respect to the proposed policy:

1. Is the group is of :

Individual pet owner ☐ Yes ☐ No Or Commercial Breeder ☐ Yes ☐ No

(An individual can insure up to 5 pets and a breeder can insure up to 10 pets under a single policy)

Please attach an annexure to provide the information below for all pets proposed to be insured.

ANNEXURE: PET PARENT/OWNER & PET(S) PROPOSED TO BE INSURED

Policy Period - From – Risk inception date will be premium received date, To – 1 Year

Sr. No.	Name*	Age	Address*	Email ID*	Contact No.*	Gender (M/F/TG)	Relationship with the Applicant *

Sr. No.	Name of Pet(s)*	Cat or Dog*	Sex (M/F)*	Age* (in Years & Months)	Breed*	Weight (in Kg)	Registration No. of Government authority/Kennel club of India Certificate	Microchip number (Mandatory for Breeders)

* are mandatory fields

Please provide your Pet's Veterinary details:

Name	Registration Number	Clinic Address

Please attach a Photo of you (Policyholder) and your Pet(s) along with this Proposal.

COVERAGE DETAILS

1. Please select the sections you want to opt for :

Kindly note the following while filling up the section below:

- You can select either Section 1, 2 or 3.
- Both section 1 and 2 cannot be opted together.
- Section 3 can be chosen with Section 1 or 2.
- Coverage selected below will apply to all pets proposed for insurance in the previous section

Section No.	Section Name	Opt (Y/N)	Sum Insured	Range for Sum Insured
Base Covers				
1.	Comprehensive Cover – All risks covered	<input type="checkbox"/>		INR 10,000 – INR 2,00,000 (multiples of 10k)

	OPD Cover [#]	<input type="checkbox"/> Y/ <input type="checkbox"/> N	<input type="checkbox"/> INR 25000 ; <input type="checkbox"/> INR 50000
	Co-pay*	<input type="checkbox"/> 10% ; <input type="checkbox"/> 20% ; <input type="checkbox"/> 30%	

2.	Customizable Cover – Make your own plan (Can select any number of sections from 2a, 2b or 2c)		
a	Injury Cover	<input type="checkbox"/>	INR 10,000 – INR 2,00,000 (multiples of 10k)
b	Illness Cover	<input type="checkbox"/>	INR 10,000 – INR 2,00,000 (multiples of 10k)
c	Surgery Cover	<input type="checkbox"/>	INR 10,000 – INR 2,00,000 (multiples of 10k)

Do you want Sum Insured on a Floater Basis for Section 2 (applicable only if all 3 covers are opted) -

☐ Yes ☐ No

If Yes, please mention the Floater Sum Insured: INR _____ (Range as mentioned above)

3.	Third Party Liability Cover	<input type="checkbox"/>	INR 1,00,000 – INR 1,00,00,000 (multiples of 1L)	
Optional Covers (Can be opted if Section 1 or Section 2 is opted)				
4	Trip Cancellation Cover	<input type="checkbox"/>	INR 10,000 – INR 50,000 (multiples of 10k)	
5	Funeral Expenses	<input type="checkbox"/>	10% of Sum Insured (under Section 1 or 2 as applicable)	In case of multiple cover selections under Section 2, 10% of the highest Sum Insured under sub-section 2a,2b and 2c will be applicable)
6	Veterinary Consultation [#]	<input type="checkbox"/>	Telephonic – 4 calls ; Video consultancy – 2 calls	

not applicable for short period policy

Endorsement.

Do you want to include the coverage for Illness or Injury arising out of following:	<input type="checkbox"/> Yes
<ul style="list-style-type: none"> Racing; Coursing; Commercial guarding; Any occupational, professional or business uses of the Insured Pet(s) 	

ADDITIONAL INFORMATION

Please provide following details for your Pet(s) to get an additional discount.

Sr. No.	Particular	Pet 1	Pet 2	Pet 3	Pet 4	Pet 5
1	Name	<input type="checkbox"/> Y/ <input type="checkbox"/> N	<input type="checkbox"/> Y/ <input type="checkbox"/> N	<input type="checkbox"/> Y/ <input type="checkbox"/> N	<input type="checkbox"/> Y/ <input type="checkbox"/> N	<input type="checkbox"/> Y/ <input type="checkbox"/> N
2	Vaccination Schedule	<input type="checkbox"/> Y/ <input type="checkbox"/> N	<input type="checkbox"/> Y/ <input type="checkbox"/> N	<input type="checkbox"/> Y/ <input type="checkbox"/> N	<input type="checkbox"/> Y/ <input type="checkbox"/> N	<input type="checkbox"/> Y/ <input type="checkbox"/> N
3	Health Reports	<input type="checkbox"/> Y/ <input type="checkbox"/> N	<input type="checkbox"/> Y/ <input type="checkbox"/> N	<input type="checkbox"/> Y/ <input type="checkbox"/> N	<input type="checkbox"/> Y/ <input type="checkbox"/> N	<input type="checkbox"/> Y/ <input type="checkbox"/> N
4	Photo of Pet along with Insured Person	<input type="checkbox"/> Y/ <input type="checkbox"/> N	<input type="checkbox"/> Y/ <input type="checkbox"/> N	<input type="checkbox"/> Y/ <input type="checkbox"/> N	<input type="checkbox"/> Y/ <input type="checkbox"/> N	<input type="checkbox"/> Y/ <input type="checkbox"/> N

If commercial breeder; please attach annexure in above format if more than 5 pets are to be insured.

Please provide copies of all relevant reports.

DECLARATION OF PET PARENTS/OWNER

Please provide following details for your Pet(s) to get an additional discount.

1	Do you declare that proposed Pet(s) are sound and healthy? Please mentions details of any previous or existing disease, surgery, physical abnormalities: Nature of disease/surgery: Year of treatment: MM/YYYY Has the pet recovered? <input type="checkbox"/> Yes <input type="checkbox"/> No Is the Pet diabetic? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Y/ <input type="checkbox"/> N
2	Do you declare that proposed Pet(s) are vaccinated for rabies, distemper, hepatitis, adeno virus, leptospirosis, para-influenza, corona and parvovirus?	<input type="checkbox"/> Y/ <input type="checkbox"/> N

NOMINEE/ASSIGNEE DETAILS

Name of Insured	Name of Nominee/ Assignee	Date of Birth	Nomination %	Relationship	Address of the Nominee/Assignee

Where Nominee is a minor, give the details of Appointee

Name of the Appointee	Relationship	Address of the Appointee

EXISTING/PREVIOUS INSURANCE POLICY DETAILS

Please provide details of your existing Pet 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							

2. Has any Company declined insurance to any of your Pet(s)? ☐ Yes ☐ No

3. Has any Company declined to renew insurance or increased the premium or imposed special conditions on renewal? ☐ Yes ☐ No

In case the response is “Yes” to any of the questions mentioned above, please provide the details:

PAYMENT & BANK ACCOUNT DETAILS

Premium Details: Amount Rs.
Premium Payment Options - Monthly / Quarterly / Half Yearly / Annual
Premium Payment Options - Cash / Cheque / DD / Card / ECS
Cheque No:_____ date_____ Bank Name_____
Amount: Rs_____
Credit Card/ Debit Card No_____ Card Type: Master_____
Visa_____ Expiry Date_____
Relationship with Proposer_____

WOULD YOU LIKE YOUR REFUND (EXCESS PREMIUM/PPC REIMBURSEMENT) 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	
Bank Name		Bank Account No	
Branch Name		IFSC Code	
Cheque Date		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.

Nationality:	Non – Indian If Non-Indian, please specify Country:
Are you a Political Exposed Person or related to Political Exposed Person: Yes/No (appropriate tick) If Yes, give details_____	

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

DECLARATION & WARRANTY ON BEHALF OF PET PARENTS/OWNERS OF THE PETS; PROPOSED TO BE INSURED

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 bona fide sources and no premiums have been/will be paid out of proceeds of crime related to any of the offence 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.
- that 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.
- 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.
- 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.
- 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

DECLARATION & WARRANTY ON BEHALF OF INSURANCE COMPANY

PREMIUM DETAILS:

Amount (INR) _____ GST (INR) _____

Premium including tax (INR) _____

Rupees in words _____

PAYMENT DETAILS:

Cheque NEFT

Instrument No. _____ Instrument Date: _____

Bank Account No. _____

Account Type: Savings / Current / Other. 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/No

If NO, please provide additional bank details in below provided space:

Bank Account No. _____

Account Type: Savings / Current / Other. If others, please specify _____

Branch Name & Address: _____

IFSC Code _____ MICR Code _____

Nationality: ☐ Indian ☐ Non – Indian

If Non-Indian, please specify Country:

Are you a Political Exposed Person or related to Political Exposed Person: ☐ Yes/ ☐ No

(appropriate tick) If Yes, give details _____

Note: 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.

Type of Organization

Corporation: _____ Governments: _____ Society: _____

Private Organizations: _____ International Organization: _____

Partnership: _____ Trust: _____ Others: _____

Sources of Fund:

Salary _____ Business _____

Other _____

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.

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"

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 Rs. 10 Lakhs.

Place

Date

Signature

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 _____

Date _____ Place _____

Signature of the Translator

Name of the Insured _____

Date _____ Place _____

Signature of the Insured

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. (Advisor/Corporate Agent/Broker/Relationship Officer) _____

Place: _____ Date: _____ Signature: _____

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 _____

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.