

## Sarv Suraksha Plus (Group)

## Proposal Form

## Application No

1. Please fill the form in BLOCK LETTERS. All details with\* are mandatory.  
 2. 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.

For Office Use Only	
Imd code	
Imd Name	
Mobile No	

**Our** liability does not commence until the acceptance of the proposal has been formally intimated to the insured and full premium has been realized by **Us**.

## Proposer Details

Name of the Proposer:

Address:

☐ Please tick if your permanent address is same as above. If not, kindly fill the below:

Permanent Address:

Group Type: Employer- Employee ☐ Non-Employer-Employee ☐

Date of Birth/Registration/Incorporation:

Address proof:

Identity Proof:

Nature of Business:

Contact No.

Permanent Account number (PAN No.)

I have eIA No:

I would like to apply for eIA with Karvy / CAMS / NSDL / CDSL

GST NO.

Are you a Politically Exposed Person (PEP) or family member/ close relative / associate of PEP

☐ Yes ☐ No

*Note: Politically Exposed Persons (PEPs) are individuals who have been entrusted with prominent public functions by a foreign country, including the heads of States or Governments, senior politicians, senior government or judicial or military officers, senior executives of state-owned corporations and important political party officials*

Beneficiary ownership:

Industry Type	<input type="checkbox"/> Antique dealer	<input type="checkbox"/> Art dealer	<input type="checkbox"/> Jewellery
	<input type="checkbox"/> Import-Export	<input type="checkbox"/> Mining	<input type="checkbox"/> Shipping
	<input type="checkbox"/> Scrap Dealing	<input type="checkbox"/> Agriculture	<input type="checkbox"/> Stock Broking
	<input type="checkbox"/> BFSI	<input type="checkbox"/> Real Estate	<input type="checkbox"/> Manufacturing
	<input type="checkbox"/> if Others, please specify _____		
Organization Type	<input type="checkbox"/> Government	<input type="checkbox"/> Public Limited	<input type="checkbox"/> Partnership
	<input type="checkbox"/> Proprietor	<input type="checkbox"/> Private Limited	<input type="checkbox"/> Trust
	<input type="checkbox"/> HUF	<input type="checkbox"/> Section 8 company	

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<https://healthid.ndhm.gov.in/register>

<b>Policy Tenure</b>	Maximum upto 1 year
<b>Policy Period</b>	From _____ To _____
<b>Type of Sum Insured</b>	Fixed Sum Insured <input type="checkbox"/> Reducing Sum Insured <input type="checkbox"/>
<b>Policy Type</b>	Individual / Family / Family Floater

Sec	Sub Sec	Coverage		Sum Insured/ Sum Insured Limits			Sum Insured
1		Major Medical Illness					
		Survival Period (days)	<input type="checkbox"/>	<input type="checkbox"/> 30	<input type="checkbox"/> 15	<input type="checkbox"/> 0	Days_____
		Initial Waiting Period (days)	<input type="checkbox"/>	<input type="checkbox"/> 60	<input type="checkbox"/> 30	<input type="checkbox"/> 15	Days_____
		Pre-Existing Disease [PED] Waiting Period (months)	<input type="checkbox"/>	<input type="checkbox"/> 7	<input type="checkbox"/> 0		
			<input type="checkbox"/>	<input type="checkbox"/> 24	<input type="checkbox"/> 12	<input type="checkbox"/> 0	Months_____
	i	Essential Cover	<input type="checkbox"/>	INR (10,000 – 5 Cr.)			Rs._____
	ii	Essential Plus Cover	<input type="checkbox"/>				
	iii	Silver Cover	<input type="checkbox"/>				
	iv	Silver Plus Cover	<input type="checkbox"/>				

	v	Gold Cover	<input type="checkbox"/>		
	vi	Gold Plus Cover	<input type="checkbox"/>		
	vii	Platinum Cover	<input type="checkbox"/>		
<b>A</b>		<b>Optional Covers - Major Medical Illness</b>			
	i	Cardiac Arrest	<input type="checkbox"/>		
	ii	Angioplasty	<input type="checkbox"/>	INR (10,000 – 5 Lakhs)	Rs._____
	iii	Molecular Gene Profiling test	<input type="checkbox"/>	INR (5000 - 30,000)	Rs._____
	iv	Second Medical Opinion	<input type="checkbox"/>		
	a	Second Medical Opinion -India	<input type="checkbox"/>	INR (5000 - 20,000)	Rs._____
	b	Second Medical Opinion – Global	<input type="checkbox"/>	2X X= Amount selected in Second Medical Opinion - India	Rs._____

Section 2 –Personal Accident: Y ☐ N ☐

Sec	Sub Sec	Coverage		Sum Insured/ Sum Insured Limits	Sum Insured
<b>2</b>		<b>Personal Accident</b>			
<b>I</b>		<b>Accidental Death</b>	<input type="checkbox"/>	INR (10,000 – 50 Cr.)	Rs._____
		Mode of Transport: Air <input type="checkbox"/> Rail <input type="checkbox"/> Road <input type="checkbox"/> All <input type="checkbox"/>			
		Removal of Sub – limit for comatose: Y <input type="checkbox"/> N <input type="checkbox"/>			
<b>A</b>		<b>Optional Covers - Accidental Death</b>			
	i	Burns	<input type="checkbox"/>	INR (10,000 – 10 Lakhs)	Rs._____
		Common Carrier: Y <input type="checkbox"/> N <input type="checkbox"/>			
	ii	Transportation of Mortal Rem.	<input type="checkbox"/>	INR ( 500 – 10,000)	Rs._____
	iii	Renewal Premium Benefit	<input type="checkbox"/>	Up to INR ( 50 - 2,50,000)	Rs._____
<b>II</b>		<b>Permanent Disablement</b>	<input type="checkbox"/>	INR (10,000 – 50 Cr.)	Rs._____
	i	Table A	<input type="checkbox"/>		
	ii	Table B	<input type="checkbox"/>		
	iii	Table C	<input type="checkbox"/>		
	iv	Table D	<input type="checkbox"/>		
	v	Table E	<input type="checkbox"/>		
		Common Sum Insured for Accidental death and Permanent Disablement: Y <input type="checkbox"/> N <input type="checkbox"/>			
<b>III</b>		<b>Temporary Total Disablement</b>	<input type="checkbox"/>		
	I	Temporary Total Disability - Accident Only	<input type="checkbox"/>	INR ( 500 – 1,00,000) up to 104 Weeks	Rs._____
	II	Temporary Total Disability – Illness only	<input type="checkbox"/>	INR ( 500 – 1,00,000) up to 104 Weeks	Rs._____
		Weekly deductible under Temporary Total Disablement: 1 Week <input type="checkbox"/> 2 Weeks <input type="checkbox"/> 3 Weeks <input type="checkbox"/> 4Weeks <input type="checkbox"/>			
<b>A</b>		<b>Optional Cover under Temporary Total Disability – Illness only</b>			
	i	Waiting Period modification Option	<input type="checkbox"/>	2 years <input type="checkbox"/> 1 Years <input type="checkbox"/> 0 Years <input type="checkbox"/>	

Section 3 – Emergency Medical Expense: Y ☐ N ☐

Sec	Sub Sec	Coverage		Sum Insured/ Sum Insured Limits	Sum Insured
3		<b>Emergency Medical Expenses</b>			
I		Emergency Medical Expenses - Accident Only	<input type="checkbox"/>	Up to INR (10,000 – 25 Lakhs)	Rs. _____
II		Emergency Medical Expenses - Illness only	<input type="checkbox"/>	Up to INR (10,000 – 25 Lakhs)	Rs. _____
A		<b>Optional Covers - Emergency Medical Expenses</b>			Rs. _____
	i	Emergency Medical Expenses - Global	<input type="checkbox"/>	Up to INR (10Lakhs – 25 Lakhs)	Rs. _____
	ii	Co-Payment	<input type="checkbox"/>	5% <input type="checkbox"/> 10% <input type="checkbox"/> 15% <input type="checkbox"/> 20% <input type="checkbox"/> 25% <input type="checkbox"/>	

Section 4 – Loss of Income /EMI Protector: Y ☐ N ☐

Sec	Sub Sec	Coverage		Sum Insured/ Sum Insured Limits	Sum Insured
4		<b>Loss of Income/EMI Protector</b>			
I		Termination from Employment	<input type="checkbox"/>	INR (1,000 – 50 Lakhs ) No. of months 3 <input type="checkbox"/> 6 <input type="checkbox"/> 9 <input type="checkbox"/> 12 <input type="checkbox"/>	Rs. _____
II		Loss of Income - Major Medical Illness	<input type="checkbox"/>		
	i	Pre-existing Diseases Waiting Period modification option (months)	<input type="checkbox"/>	<input type="checkbox"/> 24 <input type="checkbox"/> 12 <input type="checkbox"/> 0	
		Survival Period	<input type="checkbox"/>	<0/15/30 days>	Days _____
	a	Essential Cover	<input type="checkbox"/>	INR (1,000 – 50 Lakhs ) No. of months 3 <input type="checkbox"/> 6 <input type="checkbox"/> 9 <input type="checkbox"/> 12 <input type="checkbox"/>	Rs. _____
	b	Essential Plus Cover	<input type="checkbox"/>		
	c	Silver Cover	<input type="checkbox"/>		
	d	Silver Plus Cover	<input type="checkbox"/>		
	e	Gold Cover	<input type="checkbox"/>		
	f	Gold Plus Cover	<input type="checkbox"/>		
	g	Platinum Cover	<input type="checkbox"/>		
A		<b>Optional Cover - Loss of Income - Major Medical Illness</b>			
	i	Cardiac Arrest	<input type="checkbox"/>		
III		Loss of Income – Permanent Total Disablement	<input type="checkbox"/>		

Section 5 – Credit Shield: Y ☐ N ☐

Sec	Sub Sec	Coverage		Sum Insured/ Sum Insured Limits	Sum Insured
5		<b>Credit Shield</b>			
	i	Accidental Death & Permanent Total Disablement		INR (10,000 – 50 Cr.)	Rs. _____
		Removal of Permanent Total Disablement: Y <input type="checkbox"/> N <input type="checkbox"/>			

Section 6 – Property Coverage: Y ☐ N ☐

Sec	Sub Sec	Coverage		Sum Insured/ Sum Insured Limits	Sum Insured
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IX	Carpet area of structure of Home in square metres											
X	Rate of Cost of Construction per square metre at the policy Commencement Date											
XI	Age of Home Building	Less than 5 years										
		5-0 years										
		10-20 years										
		Above 20 years										
XII	<p>Construction Details</p> <p><b>Please note the following:</b></p> <p><i>(Building(s) having walls and/or roofs of wooden planks/thatched leaves and/or grass/hay of any kind/bamboo/plastic/cloth/asphalt/canvas/tarpaulin and the like are treated as Kutcha Construction.</i></p> <p><i>Construction other than Kutcha Construction is a 'Pucca Construction')</i></p>	<table border="1"> <tr> <td></td> <td>Construction*</td> </tr> <tr> <td>Walls</td> <td>Kutcha/Pucca</td> </tr> <tr> <td>Floor</td> <td>Kutcha/Pucca</td> </tr> <tr> <td>Roof</td> <td>Kutcha/Pucca</td> </tr> </table> <p>(*strike out what is not applicable)</p>		Construction*	Walls	Kutcha/Pucca	Floor	Kutcha/Pucca	Roof	Kutcha/Pucca		
	Construction*											
Walls	Kutcha/Pucca											
Floor	Kutcha/Pucca											
Roof	Kutcha/Pucca											
<b>Details of Home Contents</b>												
XIII	<p>If You want to opt out of in-built cover for General Contents as mentioned in (iv) above and want to have higher Sum Insured</p> <p>Or</p> <p>If You have opted for Home Contents Only cover, please provide item wise Sum Insured for General Contents.</p> <p>(Sum Insured represents Cost of Replacement)</p>	<p>Item wise Sum Insured for General Contents (in ₹):</p> <table border="1"> <thead> <tr> <th>Items</th> <th>Sum Insured</th> </tr> </thead> <tbody> <tr> <td>Furniture, Fixtures and Fittings (Home furnishings)</td> <td></td> </tr> <tr> <td>Electrical / Electronic</td> <td></td> </tr> <tr> <td>Others</td> <td></td> </tr> </tbody> </table>			Items	Sum Insured	Furniture, Fixtures and Fittings (Home furnishings)		Electrical / Electronic		Others	
Items	Sum Insured											
Furniture, Fixtures and Fittings (Home furnishings)												
Electrical / Electronic												
Others												
XIV	In case of Basement, If there are contents in it, please provide the Sum Insured.											
<b>In-Built Covers</b>												
XV	<p>Cover for (Please Tick)</p> <table border="1"> <tr> <td>Loss of rent</td> <td></td> </tr> <tr> <td>Rent for alternative accommodation</td> <td></td> </tr> </table>	Loss of rent		Rent for alternative accommodation		<p>Loss of Rent:</p> <p>I. Sum Insured:</p> <p>II. Number of Months:</p> <p>Rent for Alternative Accommodation:</p> <p>I. Sum Insured</p> <p>II. Number of Months</p>						
Loss of rent												
Rent for alternative accommodation												
<b>Optional Covers</b>												
XVI	Do You require 'Personal Accident Cover' for Yourself and Your spouse?	Yes/No										

		If Yes, Name & age of Your spouse: Your age:
XVII	Do You require 'Cover for Valuable Contents on Agreed Value Basis (under Home Contents cover)':  <i>(Valuable Contents of Your Home consist of items such as jewellery, silverware, paintings, works of art, antique items, curios and items of similar nature.)</i>  <i>(You have to submit a Valuation Certificate. However, the requirement of valuation certificate is waived if the Sum Insured opted for is upto ₹ 5 Lakh and Individual item value does not exceed ₹ 1 Lakh).</i>	Yes/No  If Yes, please attach list of items and Sum Insured:  Valuation certificate attached? (Yes/No)

**Section 7 – Broken Bones: Y ☐ N ☐**

Sec	Sub Sec	Coverage		Sum Insured/ Sum Insured Limits	Sum Insured
7		Broken Bones		INR (5,000 – 25 Lakhs)	Rs. _____

**Section 8- Dependent Child Education Benefit: Y ☐ N ☐**

Sec	Sub Sec	Coverage		Sum Insured/ Sum Insured Limits	Sum Insured
8		Dependent Child Education Benefit		INR (10,000 – 10 Lakhs)	Rs. _____
Number of Children covered: <input type="checkbox"/> <input type="checkbox"/>					

**Section 9 – Parental Care Benefit: Y ☐ N ☐**

Sec	Sub Sec	Coverage		Sum Insured/ Sum Insured Limits	Sum Insured
9		Parental Care Benefit		INR (10,000 – 25 Lakhs)	Rs. _____
Number of Dependent Parents covered: <input type="checkbox"/> <input type="checkbox"/>					

**Section 10 - Mobility Extension: Y ☐ N ☐**

Sec	Sub Sec	Coverage		Sum Insured/ Sum Insured Limits	Sum Insured
10		Mobility Extension			
I		Mobility Extension - Benefit	<input type="checkbox"/>	INR (10,000 – 10 Lakhs)	Rs. _____
II		Mobility Extension – Indemnity	<input type="checkbox"/>	INR (5 Lakhs – 10 Lakhs)	Rs. _____

**Section 11 – Hospital Cash: Y ☐ N ☐**

Sec	Sub Sec	Coverage		Sum Insured/ Sum Insured Limits	Sum Insured
11		Hospital Cash			
I		Hospital Cash - Accident Only	<input type="checkbox"/>	INR (500 - 20,000) per day 7 days <input type="checkbox"/> 10 days <input type="checkbox"/> 15 days <input type="checkbox"/> 20 days <input type="checkbox"/> 30 days <input type="checkbox"/> 60 days <input type="checkbox"/> 90 days <input type="checkbox"/> 180 days <input type="checkbox"/>	Rs. _____

II		Hospital Cash – Illness only	<input type="checkbox"/>	INR (500 - 20,000) per day 7 days <input type="checkbox"/> 10 days <input type="checkbox"/> 15 days <input type="checkbox"/> 20 days <input type="checkbox"/> 30 days <input type="checkbox"/> 60 days <input type="checkbox"/> 90 days <input type="checkbox"/> 180 days <input type="checkbox"/>			Rs. _____
		<b>Optional Cover - Hospital Cash – Illness only</b>					
	i	Pre-existing Diseases Waiting Period modification option (months)	<input type="checkbox"/>	<input type="checkbox"/> 24	<input type="checkbox"/> 12	<input type="checkbox"/> 0	
	ii	Specified Disease/Procedure waiting period modification option (months)	<input type="checkbox"/>	<input type="checkbox"/> 12	<input type="checkbox"/> 0		
	iii	Initial Waiting Period modification option (days)	<input type="checkbox"/>	<input type="checkbox"/> 15	<input type="checkbox"/> 7	<input type="checkbox"/> 0	
A		<b>Optional Covers - Hospital Cash</b>	<input type="checkbox"/>				
	i	Companion Benefit	<input type="checkbox"/>	0.5x <input type="checkbox"/> 1 x <input type="checkbox"/> x = Sum Insured selected in Hospital cash			Rs. _____
	ii	Hospital Cash - ICU	<input type="checkbox"/>	2x <input type="checkbox"/> 3x <input type="checkbox"/> 4x <input type="checkbox"/> 5x <input type="checkbox"/> 10x <input type="checkbox"/> x = Sum Insured selected in Hospital cash			Rs. _____
	iii	Time Deductible modification Option	<input type="checkbox"/>	1 day <input type="checkbox"/> 2 days <input type="checkbox"/> 3 days <input type="checkbox"/> 4 days <input type="checkbox"/> 5 days <input type="checkbox"/> 7 days <input type="checkbox"/>			
	iv	Hospital Cash - Global	<input type="checkbox"/>	2x <input type="checkbox"/> 3x <input type="checkbox"/> 5x <input type="checkbox"/> x = Sum Insured selected in Hospital cash			Rs. _____

**Section 12 – Chauffeur Benefit: Y ☐ N ☐**

Sec	Sub Sec	Coverage		Sum Insured/ Sum Insured Limits	Sum Insured
12		Chauffeur Benefit		INR (250 - 1000) per day 7 days <input type="checkbox"/> 15 days <input type="checkbox"/> 30 days <input type="checkbox"/>	Rs. _____

**Section 13- Accidental Hospitalization Expenses: Y ☐ N ☐**

Sec	Sub Sec	Coverage		Sum Insured/ Sum Insured Limits	Sum Insured
13		<b>Accidental Hospitalization Expenses</b>		Up to INR (10,000 – 25 Lakhs)	Rs. _____
A		<b>Optional Covers - Accidental Hospitalization Expenses</b>			
	i	Post Hospitalization expenses	<input type="checkbox"/>	60 days <input type="checkbox"/> 180 days <input type="checkbox"/>	
	ii	Hospitalization Expenses - Global	<input type="checkbox"/>	Up to INR (10 Lakhs – 25 Lakhs)	Rs. _____
	iii	Co-Payment	<input type="checkbox"/>	5% <input type="checkbox"/> 10% <input type="checkbox"/> 15% <input type="checkbox"/> 20% <input type="checkbox"/> 25% <input type="checkbox"/>	

**Section 14 – Permanent Total Disablement – Illness: Y ☐ N ☐**

Sec	Sub Sec	Coverage		Sum Insured/ Sum Insured Limits	Sum Insured	
14		Permanent Total Disablement - Illness		INR (10,000 – 5 Cr.)	Rs. _____	
		<b>Modification of pre-existing disease waiting Period: 2 Years <input type="checkbox"/> 1 Year <input type="checkbox"/> 0 Year <input type="checkbox"/></b>				
		Survival Period	<input type="checkbox"/>	<0/15/30 days>	Days _____	

**Section 15 – Last Rites: Y ☐ N ☐**



Sec	Sub Sec	Coverage		Sum Insured/ Sum Insured Limits	Sum Insured
15		Last Rites		INR (1000 – 1,00,000)	Rs._____

Section 16 – Vector Borne Diseases: Y ☐ N ☐

Sec	Sub Sec	Coverage		Sum Insured/ Sum Insured Limits	Sum Insured
16		Vector Borne Diseases		INR (1000 – 1,00,000)	Rs._____

Section 17 – Medishield Cover: Y ☐ N ☐

Sec	Sub Sec	Coverage		Sum Insured/ Sum Insured Limits	Sum Insured
17		Vector Borne Diseases & Fracture Care		INR (1000 – 1,00,000)	Rs._____
Note: Vector Borne Diseases & Fracture Care shall have a common Sum Insured					

## Optional Covers

Sec	Coverage		Sum Insured Limits	Sum Insured
i	Preventive Health Check Up	Y <input type="checkbox"/> N <input type="checkbox"/>	Preventive Health Screening every year	Rs._____
ii	Medical Evacuation	Y <input type="checkbox"/> N <input type="checkbox"/>	Up to INR (1 Lakh – 5 Lakh)	Rs._____
	India <input type="checkbox"/> Global <input type="checkbox"/>			
iii	Road Ambulance	Y <input type="checkbox"/> N <input type="checkbox"/>	INR 5,00 to INR 20,000	Rs._____

## Other Details of the Persons Proposed to be insured

Total number of persons to be insured

Avg. Credit Score	
300-550	<input type="checkbox"/>
551-650	<input type="checkbox"/>
651-750	<input type="checkbox"/>
751-800	<input type="checkbox"/>
Above 800	<input type="checkbox"/>

Avg. Income	
0-2 Lacs	<input type="checkbox"/>
2-5 Lacs	<input type="checkbox"/>
5-10 Lacs	<input type="checkbox"/>
10-20 Lacs	<input type="checkbox"/>
Above 20 Lacs	<input type="checkbox"/>

Type of cover	
Compulsory	<input type="checkbox"/>
Voluntary	<input type="checkbox"/>

Sector	
BFSI	<input type="checkbox"/>
Manufacturing	<input type="checkbox"/>
IT & Consultancy Services	<input type="checkbox"/>
Others	<input type="checkbox"/>

Expiring Loss Ratio	
0-30%	<input type="checkbox"/>
31-70%	<input type="checkbox"/>
71-90%	<input type="checkbox"/>
Above 90%	<input type="checkbox"/>

## Existing/Previous Insurance Policy Details

Please provide details of your existing Health Insurance/Critical Illness Insurance/Personal Accident Insurance / SFSP policy/ Home Insurance Policies from HDFC ERGO or any other Insurer

Policy No. / Application No.	Insurer Name	Period of Insurance						Sum Insured	Claims lodged during the preceding years
		DD/MM/YYY To DD/MM/YYY							

## Payment &amp; Bank Account Details

<b>Premium Details: Amount Rs.</b>			
<b>Premium Payment Options - Monthly / Quarterly / Half Yearly / Annual</b>			
<b>Premium Payment Options - / Cheque / DD / Card / ECS</b>			
Cheque No: _____	date _____	Bank Name _____	Amount: _____
Rs _____			
Credit Card/ Debit Card No _____	Card Type: Master _____	Visa _____	Expiry _____
Date _____			
Relationship with Proposer _____			

## For refund (Excess Premium/PPC reimbursement) and for payment of claims credited directly into your bank account

Please provide the following bank details and a copy of a Cancelled Cheque for direct credit into your bank account:

Cheque No		Name as in Bank Account	
Bank Name		Bank Account No	
Branch Name		IFSC Code	
Cheque Date		MICR Code	
Cheque Amount for ₹			

## Note:

1. The Proposer agrees and undertakes to intimate in writing to HDFC ERGO about any change in bank account details.
2. Cancelled Cheque should be of the same bank account in which the refund needs to be credited directly
3. Name on Cancelled Cheque should match with Proposer Name to ensure smooth refund / claim processing
4. If ECS is selected, please submit the standing instruction form available at our branches.

Go Green and make a difference to our planet! We shall provide you with soft copy of your Policy at your registered e-mail id.

**Note:** Soft copy of your policy can be easily accessed at your fingertips to refer to terms and conditions, for lodging claims and for any other service needs.

☐ Additionally, by ticking the check box we understand that you wish to have a physical copy of your policy.

For details on the process to receive your physical policy kindly visit "Help" section on [www.hdfcergo.com](http://www.hdfcergo.com) or contact our customer care for the same

**Declaration & Warranty on behalf of all Persons proposed to be insured**

- i 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 including the minor/s insured, if any.
- i I/ We understand that the information provided by me/ us will form the basis of insurance policy, is subject to the Board approved underwriting policy of the Insurance company and that the policy will come into force only after full receipt to the premium chargeable.
- i 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 Insurance Company.
- i I/We declare and further consent to the Insurance Company to seek medical and other relevant information from any hospital who at any time has attended the person to be insured/proposer or from any past or present employer concerning anything which affects the physical and mental health of the person to be insured / proposer and seeking information from any insurance company to which an application for insurance on the person to be insured /proposer has been made for the purpose of underwriting the proposal and /or claim settlement.
- i I/ We declare and provide my unconditional consent that, pursuant to a claim filed by me/ us, the Insurance Company can seek medical and other relevant information/ documents for me/ us from any Doctor and/ or Hospital where I, or other Insured, had taken treatment i.e. OPD and/ or hospitalization etc.
- i I/We authorize the Insurance Company to share information pertaining to my proposal, including the medical records for the sole purpose of underwriting and/ or claims.
- i I/ We authorize the Company to process my/ our Personal information for profiling purposes and contact me/ us for (i) communicating for renewal of the Policy, (ii) upsell and/ or cross sale of other insurance products.
- i I/ We authorize the Insurance Company to share my/ our Personal Information and other relevant records details with (i) the Law Enforcement Agencies, as and when demanded and (ii) any other vendor as per the requirement etc. like printing the Insurance policy/ renewal reminders or any other such activity.
- i I/ We authorize the Insurance Company to share my/ our Personal Information and/ or medical Information/ records with any Government and/ or Statutory authorities/ bodies, including but not limited to Insurance Regulatory and Development Authority of India (IRDAI), Insurance Information Bureau (IIB) and/ General Insurance Council etc.
- i Customer Satisfaction Surveys: I/ We hereby consent to the Insurance Company to use and share my/ our Personal Information with the vendors for the purpose of conducting customer satisfaction surveys and related activities aimed at improving service quality and enhancing the overall customer experience.
- i 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 I/We hereby consent that, in any of the above scenarios, my/ our Personal Information and the medical documents etc. can be shared, and/ or accessed, as the case may be, without any intimation to me/ us.
- i 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.

Signature of the Proposer		Date	
Time		Place	

**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 Rs.10Lakhs.

#### Agent'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 of Agent: \_\_\_\_\_

#### VERNACULAR / ASSISTANCE DECLARATION

Declaration in case the proposal is filled by other than the Proposer if the proposer is illiterate or having disability and requires assistance in completing the proposal form (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 to the Proposer who has understood and confirmed the same)

<b>Name of the Translator / Representative</b>		<b>Signature of the Translator / Representative</b>
<b>Place</b>		
<b>Date</b>		
<b>Name of the Proposer</b>		<b>Signature of the Proposer</b>
<b>Place</b>		
<b>Date</b>		

#### 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 &amp; 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.