HDFC ERGO General Insurance Company Limited



Travel X - Proposal Form

Appl	cation No.																											
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					(COVERAGES						
Sec	Sub sec	Coverage				Sum Insured	Co-F	Payment /Deductib	le	Sum Ins	sured (INR/USD)	
	VII	Modification of time deductible for Tempor	ary		7		Deducti	ble - 1 week				
ı		Total Disablement]		2 weeks	3 weeks				
	ı	Loss of Fees						<na></na>				
	II	Accidental Death and Disappearance			T	Rs. (50,000 – 100 Cr.)				Rs.	/USD	
	III	Accidental Injury			=	Rs. (50,000 – 100 Cr.)	-			Rs.	/USD	
l II	IV				=		-				/USD	
"		Illness			r	Rs. (50,000 – 100 Cr.)				Rs	/USD	
	V	Optional Cover			_	D (5.000.5.0)						
	VI	EMI Protector] '	Rs.(5, 000-5 Crs.)		to be insured 3/6/9/3 of EMI/Credit to be		Rs		
III	ı	Public Liability			¬ F	Rs. (50,000 – 35 Crs.)	Deducti	ble				
		·]	,	(1 Lakh	10 Lakhs)	Rs	/USD	
IV	I	Trip /Event Cancellation			F	Rs. (5,000 – 10 Lakhs)				Rs	/USD	
٧	ı	Sports Equipment Cover			F	Rs. (5,000-1Cr)				Rs		
	ı	Hospital Cash			Ħ							
	II	Hospital Cash - Accident			F	Rs. (500 to 20,000)						
		.,			-, I	7 days 10 days						
					່ 1	15 days 20 days						
					30	30 days 60 days				Rs		
	III	Optional Cover						<na></na>				
VI	IV	Companion benefit			7 0	0.5 x 1 x				Rs.		
	V	Hoonital Cook ICII				2 x 3 x 4 x	-					
	V	Hospital Cash - ICU			¬	5 x 10 x				Do		
							-			Rs		
						x = Sum Insured selected in Hospital cash						
	VI	Time Deductible Modification Option				72 hrs 120 hrs	-					
	1	Emergency Medical Expenses (EME)										
	II	Emergency Medical Expenses (EME) - A	ccident		F	Rs. (50,000-1Cr.)	-			Rs.		
VII	III	Optional Cover			-	(,						
\ \ \ \ \ \ \ \ \	IV	Emergency Medical Expenses (EME) - G	lohal		F	Rs. (50,000-1Cr.)	-			Rs.	/USD	
	V	Co-Payment			<u> </u>		10% 15% 20					
VIII	ı	Broken Bones			Rs. (50,000-5,00,000)			<na></na>		Rs		
VIII	'	DIOREII DOIIES				ynamic Flight Delay		NAC		110		
		Coverages	Sum I	Insured	в. D	Delay Slab		Sum Insured (INR/USD)				
	Dvna	amic Flight Delay				<delay as="" p="" period="" selection<=""></delay>	atad			/USD		
	-	Total Delay	Rs. (500	- 10,000	0)	by group policyholde				/U	2D	
	D	eparture Delay				(Minimum : 30 min Maximum:	: 180+ min)				
		OP1	IONAL	. COVI	ERS	(Applicable on SPORT	<i>ify</i> only	')				
Sec		Coverage				Sum Insu	red Limit	s	5	Sum Insur	red (INR/USD)	
i	Mobility	Extension Cover				(Rs.10,00 to 5,00,000)			Rs.			
ii		tructive Surgery Cover				(Rs.1,00,000 to 10,00,000)					_/ USD	
iii		Evacuation and Repatriation Cover				(Rs.2,50,000/5,00,000/10,00,000)/15.00.00	0)				
iv		lent Child Education Benefit				(Rs.10,000 - 2,500,000)	,,	,				
	· ·	Tuition Benefit										
V						(Rs.10,000 – 10,00,000 (Rs.5,000 to 10,00,000)						
vi	runeral	Expense Benefit				, , ,			Rs			
		OTHER DE	TAILS	OF TH	EΡ	PERSONS PROPOSED TO	O BE IN	ISURED				
	Tota	al number of persons to be Insured				Expiring Loss Ratio			Type of	cover		
								Compulsory				
								Voluntary			1	
L											<u>'</u>	
Name	of the Spor	rt Activity:										
Please	give full de	scription of Sports Activity to be covered: _										

Level 1	Level 2	L	evel 3		Level 4	Level 5		
<name activity="" of="" sport="" the=""></name>	<name activit<="" of="" sport="" th="" the=""><th>y> <</th><th>Name of the Sp</th><th>port Activity></th><th><name activity<="" of="" sport="" th="" the=""><th>> <name of="" th="" th<=""><th>e Sport Activit</th><th>y></th></name></th></name></th></name>	y> <	Name of the Sp	port Activity>	<name activity<="" of="" sport="" th="" the=""><th>> <name of="" th="" th<=""><th>e Sport Activit</th><th>y></th></name></th></name>	> <name of="" th="" th<=""><th>e Sport Activit</th><th>y></th></name>	e Sport Activit	y>
lote: Level 1- Least Hazardou	s Level 5 – Most Hazardous							-
Proficiency level:				Nature of activit	v			
Proficiency				Nature of activ	-			
Tourist/Amateur				Exploratory	•			
With some training				Defined route/le	ocation			
Professional								
Cooperation of Cuo	ut Antivitus							
	rt Activity:							
•	ctivity: unding areas and third party pro							
Member of any club:	Yes No	operty close t	o venue or Sp	ort Activity				
Number of trainers in an activ								
Category of organizer: 1. Spo		hers (leisure tr	ips etc.)					
Number of trips related to Sp		()	,r,					
	e of Group Organizer in the Spo	ort Activity:						
Scheduled time of the Sport A	Activity							
Availability of Medical Practit	ioner during the Sport Activity:		Yes	No _				
lave you obtained Fitness Co	ertificate on or before starting of	the Sport Ac	tivity: Yes	No				
ro there any medical test on								
are there any medical test co	nducted before the start of the t	rıp:	Yes	No				
•		rip:	Yes	S No				
f yes, please mention the tes				No No				
f yes, please mention the tes s there any safety plan in pla Type of alarm system:	ts conducted ce for fire incidents, if yes pleas	e mention as	below:					
f yes, please mention the tes s there any safety plan in pla Type of alarm system:	ts conducted ce for fire incidents, if yes pleas	e mention as	below:		protection and toxicology, a	mbulance)		
f yes, please mention the tes is there any safety plan in pla Type of alarm system: Availability of service orga	ts conducted ce for fire incidents, if yes pleas nization in case of such inciden	e mention as	below: e, specialists	in environmental	protection and toxicology, a	mbulance)		
f yes, please mention the tes s there any safety plan in pla Type of alarm system: Availability of service orga	ts conducted ce for fire incidents, if yes pleas nization in case of such inciden ply with all statutory regulations	e mention as	below: e, specialists Yes	in environmental	protection and toxicology, a	mbulance)		
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Policy No. / Application No.	Insurer Name	DD/I	Period o	of Insuran		Sum Insured	Claims lodged during the preceding years		
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	PAYMENT & BANK	ACCOUNT DETAILS
Premium Details: Amount (₹)	. (In words)	
Premium Payment Options - Monthly	Quarterly Half Yearly	Annual
Premium Payment Options - Cash	Cheque DD	Card
Cheque No.:		Date:
Bank Name:		Amount (₹):
Credit Card / Debit Card No.:		Card Type: Master Visa Expiry Date:
Relationship with Proposer:		
WOULD YOU LIKE YOUR REFUND (EXC	ESS PREMIUM/PPC REIMBURSEM	ENT) 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:	D D M M Y Y Y Y	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.

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.

Place:													
	D	D	M	M	Υ	Υ	Υ	Υ					
Data]				
Date:													Signature of the Proposer

DECLARATION & WARRANTY ON BEHALF OF INSURANCE 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 Ltd. along with the premium payment does not tantamount to the acceptance of the Proposal for insurance by HDFC ERGO General Insurance Company Ltd. 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 Ltd., such acceptance shall be specifically intimated to the Proposer by HDFC ERGO General Insurance Company Ltd. along with the date from which the insurance Cover shall become effective. HDFC ERGO General Insurance Company Ltd. along with the date from which the insurance Cover shall become effective. HDFC ERGO General Insurance Company Ltd. along with the date from which the insurance Cover shall become effective. HDFC ERGO General Insurance Company Ltd. along with the date from which the insurance Cover shall become effective. HDFC ERGO General Insurance Company Ltd. along with the date from which the insurance Cover shall become effective. HDFC ERGO General Insurance Company Ltd. along with the date from which the insurance Cover shall become effective. HDFC ERGO General Insurance is not covered under this policy (Your proposal form will be considered after HDFC ERGO General Insurance Company Ltd. along with the date from which the insurance cover shall become effective. HDFC ERGO General Insurance is not covered under this policy (Your proposal form will be considered after HDFC ERGO General Insurance Company Ltd. along with the date from which the insurance cover shall become effective. HDFC ERGO General Insurance is not covered under this policy (Your proposal form will be considered after HDFC ERGO General Insurance Cover shall be considered after HDFC ERGO General Insurance Cover shall be considered

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 defraud the insurance company or any other person, files a proposal for insurance containing any false information, or conceals for 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 renewor continue an insurance policy 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 prospectus or tables of the insurer. Violations of Section 41 of the Insurance Act 1938, as amended, shall be punishable with a fine which may extend to Ten Lakh Rupees.

Declaration in case the proposal is filled other than the Proposer / the proposer sign in vernac of the company) $\frac{1}{2} \left(\frac{1}{2} + \frac{1}{2} \right) = \frac{1}{2} \left(\frac{1}{2} + \frac{1}{2} + \frac{1}{2} \right) = \frac{1}{2} \left(\frac{1}{2} + \frac{1}{2} $	ular language / proposer is illiterate (to be certified by someone other than agent / employee
The content of this form and its particulars have been explained by me in vernacular to the Propos	er who has understood and confirmed the same.
Name of the Translator:	
Place:	
Date:	Signature of the Translator
Name of the Insured:	
Place:	
Date:	Signature of the Insured
AGENT'S DE	CLARATION
AGENT 3 DE	(Full Name) in my capacity as an Insurance Advisor/ Specified Person of the Corporate
untrue statement(s)/information/response(s) is/are contained in this Proposal Form/ including a have the right to vary the benefits which may be payable and further more if there has been a nor be treated by the Company as null and void and all premiums paid under the Policy may be forfeit License No. (Advisor/Corporate Agent/Broker/Relationship Officer)	n-disclosure of any material fact, the policy issued to his/her favor pursuant to this Proposal may
Place:	
Date:	Signature of Agent
FOR OFFICE	LISE ONLY
	cation:
ACKNOWLEDGEMEN	T CUSTOMER COPY
Received from Mr. / Ms. / Mrs	
	Bank for a sum of ₹
towards payment of premium on behalf of HDFC ERGO General Insurance Company Ltd.	
DateSignature & seal	
Neither the submission to us of a completed proposal for insurance nor any payment for any poli and absolute discretion. If we accept a proposal for insurance, it shall be subject to the policy term	

VERNACULAR DECLARATION

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.