HDFC ERGO General Insurance Company Limited



Clinical Trial Insurance - Proposal Form

The liability of the Company does not commence until the acceptance of the proposal has been formally intimated to the insured and full premium has been realized by the Company

Spersor Type Enval Committee Conducting Company Address of Ethical Committee Conducting Company Address of Ethical Committee Conducting Company Address Broker Name Conducting Company Address Conducting Company Address Conducting Company Address Broker Name Conducting Company Address Conducti											Spo	nso	or De	etail	s																			
Either Company Address of Ellical Committee Conducting Company Conducting Confusion Conducting Confusion Conducting Company Conducting Confusion Confusion Conducting Confusion Confus	Sponsor Name		T			Т				Т	Т	Т	T	Т		Т	Т	Т	Т	Т			Т	Т	Т	Т	Т			Π	T	Т		П
Encial Committee Address of Ehroal Committee Conducting Company Address Conducting Company Address Boser Name Country of Conduct Limit Pay Total (IRR) Please provide the following for each study Study Protocol Frant Version) Study Protocol Frant Version Study Protocol Frant Version Press (IRR) Please provide the following for each study Study Protocol Frant Version Study Protocol Frant Version Press (IRR) Press (IR	Sponsor Address			T						T	T	Ť	$\overline{}$	T	П	T	Ť	Ť	Ť	T			Ť		Ť	T	Ť			T	寸	Ť		П
Address of Ethical Committee Conducting Company Conducting Company Conducting Company Address Broser Name Country of Conduct Limit Any One Person (INR) Please provide the following for each attudy Study Pictors (InR) Limit Any One Person (INR) Please provide the following for each attudy Study Pictors (Inred) Study Pictors (Inred) Please provide the following for each attudy Study Pictors (Inred) Confidentially Statement The information you provide with its questionram as well as all occurrents sent to use the overection provide in the purpose of Study Please the following for each attudy Study Pictors (Inred) Confidentially Statement The information you provide with the questionram as well as all occurrents sent to use the overection provide insurance cover. Every information will be retained condential and will not be disclosed to others without write as subcondition from Sporect. Premium Defails Amount Re. Report of the Basink Account No. Basin Account Defails Nome of the Basink Account No. Report of EDAL, its manufactory for all payments made to the insurance and provide insurance cover. Every information will be retained or the promise payment of any payment value of the payment of the season of a popularity on your chaque learn) India: Account No. Report the EDAL, its manufactory that all payments made to the insurance payment in any payment was all to display or provide to the promise payment of any payment made to the insurance payment in any payment made to the insurance payment will not be promised by the customer. Please provide a concelled copy of chaque of your bank account. Please provide a concelled copy of chaque of your bank account. Please provide a concelled copy of chaque of your bank account. Please provide a concelled copy of chaque of your bank account. Please provide a concelled copy of chaque of your bank account. Please provide a concelled copy of chaque of your bank account. Please provide a concelled copy of chaque of your bank account. Please pro	Sponsor Type											Ť						Ì					Ť		Ì						T			
Conducting Company Address Briker Name Country of Conduct Limit Par Trait (INR) Limit Any One Person (INR) Please provide the following for each study Study Protocol (Firal Varsion) Synopsis of Study Politest Informed Consent Form Confidentially Statement The information, yes provide with this quasiformane as well as all cocuments sent to us will be reviewed just for the purpose to sedimate the risk involved and to provide insurance cover. Every information will be treated confidential and will not the disclosed to others without written authorization from Storage Premium Details Amount Ris. Sources of Fund Salary Bank Account Holder Ba	Ethical Committee																		T	T					Т		T				Т	T		
Conducting Company Address Briker Name Country of Conduct Limit Par Trait (INR) Limit Any One Person (INR) Please provide the following for each study Study Protocol (Firal Varsion) Synopsis of Study Politest Informed Consent Form Confidentially Statement The information, yes provide with this quasiformane as well as all cocuments sent to us will be reviewed just for the purpose to sedimate the risk involved and to provide insurance cover. Every information will be treated confidential and will not the disclosed to others without written authorization from Storage Premium Details Amount Ris. Sources of Fund Salary Bank Account Holder Ba										T	Ť	Ť	Ť	T			Ť	Ť	Ť	Ì			Ť		Ť		Ì				丁	Ť		
Conducting Company Address Country of Conduct Limit Part Trial (NR) Imit Any Or Defeat (NR) Strate Protect of Strate Person (NR) Please provide the following for each study Study Proboot (Final Version) Sympose of Study Please provide the following for each study Study Probood (Final Version) Sympose of Study Please provide the following for each study Confidentially Statement The intermedical year periode with this questionness as well as all documents south to a will be received just for the purpose to estimate the fisk involved and to provide insurance cover. Every information will be resided confidential and will not be disclosed to others without written authorization from Symposium. Premium Details Amount Rs. Sources of Fund Staley Bunkness Other (Please Specify) Bank Account Details Name of the Bank Account Hidder Bench Account Hidder	Address of Ethical Committee										Т	T	Т	T		Т	T	T	T	T			T	T	Т	T	Т			Π	T	Т		П
Conducting Company Address Country of Conduct Limit Part Trial (NR) Imit Any Or Defeat (NR) Strate Protect of Strate Person (NR) Please provide the following for each study Study Proboot (Final Version) Sympose of Study Please provide the following for each study Study Probood (Final Version) Sympose of Study Please provide the following for each study Confidentially Statement The intermedical year periode with this questionness as well as all documents south to a will be received just for the purpose to estimate the fisk involved and to provide insurance cover. Every information will be resided confidential and will not be disclosed to others without written authorization from Symposium. Premium Details Amount Rs. Sources of Fund Staley Bunkness Other (Please Specify) Bank Account Details Name of the Bank Account Hidder Bench Account Hidder																									Ì									
Conducting Company Address Country of Conduct Limit Part Trial (NR) Imit Any Or Defeat (NR) Strate Protect of Strate Person (NR) Please provide the following for each study Study Proboot (Final Version) Sympose of Study Please provide the following for each study Study Probood (Final Version) Sympose of Study Please provide the following for each study Confidentially Statement The intermedical year periode with this questionness as well as all documents south to a will be received just for the purpose to estimate the fisk involved and to provide insurance cover. Every information will be resided confidential and will not be disclosed to others without written authorization from Symposium. Premium Details Amount Rs. Sources of Fund Staley Bunkness Other (Please Specify) Bank Account Details Name of the Bank Account Hidder Bench Account Hidder	Conducting Company																																	
Broker Name Country of Conduct Limit Any One Person (INR) Please provide the following for each study Study Protocol (Final Version) Synopsis of Study Patient Information you provide with this questionnaire as well as all documents sent to us will be reviewed just for the purpose to estimate the risk involved and to provide insurance cover. Every information will be treated conflictorial and will not be disclosed to others without written authorization from Sponsor. Premium Details Amount Rs. Rupnes Sources of Fund Salary Business Other (Please Specify) Bank Account Details Name of the Bank Account Holder Bank Account No. Bank Account Details Name of the Bank Account Holder Ban	on adding company																																	
Country of Conduct Limit Any One Person (NR) Please provide the following for each study Shuty Protocol (Final Version) Shuty Protocol (Final Version) Shuty Protocol (Final Version) Shuty Protocol (Final Version) Premium Details Confidentially Statement The information you provide with this questionner as well as all documents sent to us will be revealed just for the purpose to estimate the risk involved and to provide insurance cover. Every information will be revealed confidential and will not be disclosed to others without written authorization from Sponeor. Premium Details Amount Rs Rupees Sources of Fund Salary Business Other (Please Spootly) Bank Account Details Name of the Bank Account Hobber Bank Account No. Name of Bank Account No. Name of Bank Account Hobber Bank Account No. Name of Bank	Conducting Company Address											Т	Т			Т	Т		T						Т		Τ					Т		
Country of Conduct Limit Any One Person (NR) Please provide the following for each study Shuty Protocol (Final Version) Shuty Protocol (Final Version) Shuty Protocol (Final Version) Shuty Protocol (Final Version) Premium Details Confidentially Statement The information you provide with this questionner as well as all documents sent to us will be revealed just for the purpose to estimate the risk involved and to provide insurance cover. Every information will be revealed confidential and will not be disclosed to others without written authorization from Sponeor. Premium Details Amount Rs Rupees Sources of Fund Salary Business Other (Please Spootly) Bank Account Details Name of the Bank Account Hobber Bank Account No. Name of Bank Account No. Name of Bank Account Hobber Bank Account No. Name of Bank																									Ì									
Limit Any One Person (INR) Limit Any One Person (INR) Please provide the following for each study	Broker Name																			Τ					Τ		T				\top	Т		
Limit Any One Person (INR) Limit Any One Person (INR) Please provide the following for each study																		Ť							Ì							İ		
Limit Any One Person (INR) Limit Any One Person (INR) Please provide the following for each study	Country of Conduct											Т		Т					Т	Т					Т									
Please provide the following for each study Study Protocol (Final Version) Synopsis of Study Patient Information you provide with this questionnaire as well as all documents sent to s with breviewed just for the purpose to estimate the risk involved and to provide insurance cover. Every information will be treated confidential and will not be disclosed to others without written authorization from Sporsoc. Premium Details Amount Rs Rupees Sources of Fund Salary Business Other (Please Specify) Bank Account Details Name of the Bank Account Holder Bank Account No. Name of Bank MRC code (9 digit MICR code number of the bank and branch appearing on the cheque issued by the bank) IFSC Code (11 character code appearing on your cheque leaf) I wish: Any return due on the premium payment / any payment/claims will be directly credited to my aforesaid Bank Account. "As per the IRDA, its mandatory that air payments made to the insurance on the insurance on the insurance of payuut due to incomplete/incorrect information provided by the customer. Please ensure that you provide accurate details to the Company. INSURED'S DECLARATION New details to effect SER Citical Trial featurence with HOPC ERCO General Insurance Company Limited for information provided done and against the first statements considered in this application are to implicit before received along with the terms and continuous prescribed by the Company. INSURED'S DECLARATION New details to effect SER Citical Trial featurence with HOPC ERCO General Insurance Company Limited for information provided done and against the first statements considered in this application are to implicate charged with the terms and continuous prescribed by the Company. INSURED'S DECLARATION New details to effect SER Citical Trial featurence with HOPC ERCO General Insurance Company Limited for information provided done and against the first insurance and continuous prescribed by the Company Weel adversaled dainy and despectable to the Company immediately in writing. New	•		_		_	+					\pm	+	_	+			_	+	+	+				_	÷		+			_	\mp	_		\equiv
Please provide the following for each study Study Protocol (Final Version) Synopsis of Study Palient Informed Consent Form Confidentially Statement The information you provide with this questionnaire as well as all documents sent to us will be reviewed just for the purpose to estimate the risk involved and to provide insurance cover. Every information will be treated confidential and will not be disclosed to others without written authorization from Sponsor. Premium Details Amount Rs. Rupees Sources of Fund Salary Business Other (Please Specify) Bank Account Details Name of the Bank Account Holder Bank Account Holder Bank Account Holder MICR Code (9 digit MICR code number of the bank and branch appearing on the cheque issued by the bank) IFSC Code (11 character code appearing on your cheque leat) I visit: Any refund due on the premium payment / any payment/daims will be directly credited to my aforesaid Bank Account.* **As per the IRDAL its mandatory that all payments made to the insured 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 rectir 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. INSURED'S DECLARATION New desire to effect SER Citical Trial focusions with HDPC ERGO General Insurance Company, United for the limits of insurance appecients do not any except the first paylication are company is policy for insurance along with the terms and company selection and a step to account the Company was defined as any except and a step in secret and agree to account the Company in the terms and control in the proposed many remed for the policy void. Ive also agree that if any additional alterations are corried out after the submission of this application to the Company and the payment of the premium by mela in advance.	, ,		_		_	+				_	_	+	+	+		_	_	+	+	-			+	_	+	-	+			_	_	+		
Study Protocol (Final Version) Synopsia of Study Patient Information you provide with this questionnears as well as all documents sent to us will be reviewed just for the purpose to estimate the risk involved and to provide insurance cover. Every information will be reviewed just for the purpose to estimate the risk involved and to provide insurance cover. Every information will be reviewed just for the purpose to estimate the risk involved and to provide insurance cover. Every information will be reviewed just for the purpose to estimate the risk involved and to provide insurance cover. Every information will be reviewed just for the purpose to estimate the risk involved and to provide insurance cover. Every information will be reviewed just for the purpose to estimate the risk involved and to provide insurance cover. Every information will be reviewed just for the purpose to estimate the risk involved and to provide insurance cover. Every information will be reviewed just for the purpose to estimate the risk involved and to provide insurance cover. Every information will be reversible in a set of the surface of Fund Salary Premium Details Salary Business Other (Please Specify)	Limit Any One Person (INR)																													_				Ш
Synopsis of Study Patient Informed Consent Form Confidentially Statement The information you provide with this questionnaire as well as all documents sent to us will be reviewed just for the purpose to estimate the risk involved and to provide insurance cover. Every information will be treated confidential and will not be disclosed to others without written authorization from Sponsor. Premium Details Amount Rs. Rupees Sources of Fund Salary Business Other (Please Specify) Bank Account Details Name of the Bank Account Holder Bank Account Holder Bank Account No. Account Savings Current MINCR Code (9 digit MICR code number of the bank and branch appearing on the cheque issued by the bank) IFSC Code (11 character code appearing on your cheque leaf) will be directly credited to my aforesaid Bank Account.* "As per the IRDAI, its mandatory, that all payment are yapmenticlaims will be directly credited to my aforesaid Bank Account." "As per the IRDAI, its mandatory that all payments made to the insured 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. INSURED'S DECLARATION INSURED'S DECLARATION INSURED'S DECLARATION INSURED'S DECLARATION INSURED'S DECLARATION IVer desire to effect SRC Circia Trial Insurance with HOFC ERGO General Insurance along with the terms and conditions resolated by the Company is purisely for insurance along with the terms and conditions resolated by the Company is purisely for insurance along with the terms and conditions resolated by the Company is purisely for insurance along with the terms and conditions resolated by the Company is purisely for insurance along with the terms and conditions resolated by the Company is purisely for insurance along with the terms and conditions resolated by the Company							Ple	ase	pro	vid	le th	e fo	ollov	ving	for	eacl	h st	udy																
Patient Informed Consent Form Confidentially Statement The information you provide with this questionnaire as well as all documents sent to us will be reviewed just for the purpose to estimate the risk involved and to provide insurance cover. Every information will be treated confidential and will not be discissed to others without written authorization from Sponsor. Premium Details Amount Rs. Rupees Sources of Fund Salary Business Other (Please Specify) Bank Account Details Name of the Bank Account Holder Bank Account Holder Bank Account No. Name of the Bank Account Holder Bank Account No. Name of Bank Bank Account Holder Bank Account No. Name of Bank Bank Account Holder Bank Account No. Name of Bank Bank Bank Bank Bank Bank Bank Bank																																		
Confidentially Statement The information you provide with this questionnaire as well as all documents sent to us will be reviewed just for the purpose to estimate the risk involved and to provide insurance cover. Every information will be treated confidential and will not be disclosed to others without written authorization from Sponsor. Premium Details Amount Rs. Rupees Sources of Fund Salary Business Other (Please Specify) Bank Account Details Name of the Bank Account Holder Account Holder Bank Account Holder Bank Account to the Bank Account Savings Current Bank Account No. Account Savings Current Bank Account No. Account Savings Current In State Code (9 digit MiCR code number of the bank and branch appearing on the cheque issued by the bank) IFSC Code (11 character code appearing on your cheque leaf) I wish: Any refund due on the premium payment/ any payment/claims will be directly credited to my aforesaid Bank Account.* *As per the IRDAI, its mandatory that all payments made to the insured 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. INSURED'S DECLARATION I/We desire to effect SER Clinical Trial insurance with HDFC ERGO General Insurance Company Limited and agree to accept the Company's policy for insurance along with the terms and conditions preceded by the Company (14 pay delitions) and say the the mass and conditions preceded by in this application as the provision yand shall be the basis of the contract between nebus and HDFC ERGO contract in this application are to mylour belief complete, frue and accurate representations. Iwe agree that the spliciation shall be provisionally and shall be the basis of the contract between nebus and HDFC ERGO contract in this Proposal ma		H																																
The information you provide with this questionnaire as well as all documents sent to us will be reviewed just for the purpose to estimate the risk involved and to provide insurance cover. Every information will be treated confidential and will not be disclosed to others without written authorization from Sponsor. Premium Details Amount Rs. Rupees Sources of Fund Salary Business Other Please Specify Bank Account Details Name of the Bank Account Holder Bank Account No. Account: Savings Current Name of Bank Account No. Bank Account Potalis Name of Bank Account No. Bank Account Potalis Name of Bank Account No. Bank Account No. Bank Account: Savings Current Name of Bank Account No. Bank Account No. Bank Account: Savings Current Name of Bank Account No. Bank Account No. Bank Account: Savings Current NICR Code (9 digit MICR code number of the bank and branch appearing on the cheque issued by the bank) IFSC Code (11 character code appearing on your cheque leaf) I wish: Any refund due on the premium payment // any payment/claims will be directly credited to my aforesaid Bank Account.* **As per the IRDA, its mandatory that all payments made to the insured 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. INSURED'S DECLARATION Note desire to effect SER Circle (Vical I final insurance with DPC CROC General Insurance Company, Limited for the limits of insurance appeting dates and garse that the atternets contained in this application are to implicit for insurance along with the terms and continues preceived by the Company in processing of the company will not be responsible in this paylor of insurance along with the terms and continues preceived by the Company is paid for finance along with the terms and continues are carried out	Patient informed Consent Form																																	
Premium Details Amount Rs.																																		
Amount Rs. Rupees Sources of Fund Salary Business Other (Please Specify) Bank Account Details Name of the Bank Account Holder Bank Account No. Account: Savings Current Bank Account No. Branch Br												ed ji	ust foi	r the	purpo	se to	estii	nate	the r	isk in	volve	ed an	d to	orovi	de in	sura	nce c	ove	r. Eve	ry in	itorma	ation	will be	;
Sources of Fund Salary Business Other (Please Specify) Bank Account Details Name of the Bank Account Holder Bank Account No. Account: Savings Current Bank Account No. Account: Savings Current Bank Account No. Account: Savings Current MICR Code (9 digit MICR code number of the bank and branch appearing on the cheque issued by the bank) IFSC Code (11 character code appearing on your cheque leaf) I wish: Any refund due on the premium payment / any payment/claims will be directly credited to my aforesaid Bank Account.* 'As per the IRDAI, its mandatory that all payments made to the insured 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. INSURED'S DECLARATION INSURED'S									·		Pre	miu	ım D	etai	ls																			
Sources of Fund Salary Business Other (Please Specify) Bank Account Details Name of the Bank Account Holder Bank Account No. Account: Savings Current Bank Account No. Account: Savings Current Bank Account No. Account: Savings Current MICR Code (9 digit MICR code number of the bank and branch appearing on the cheque issued by the bank) IFSC Code (11 character code appearing on your cheque leaf) I wish: Any refund due on the premium payment / any payment/claims will be directly credited to my aforesaid Bank Account.* 'As per the IRDAI, its mandatory that all payments made to the insured 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. INSURED'S DECLARATION INSURED'S		_																																
Bank Account Details Name of the Bank Account Holder Bank Account No. Account: Savings Current Bank Account No. Name of Bank Maccount No. Name of Bank Branch Branch Branch Branch Branch Branch Branch Branch Branch In Wish: Any refund due on the premium payment / any payment/claims will be directly credited to my aforesaid Bank Account.* **As per the IRDAI, its mandatory that all payments made to the insured 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. INSURED'S DECLARATION Ilive desire to effect SER Clinical Trial Insurance with HDFC ERGO General Insurance Company Limited for the limits of insurance specified above and agree that the statements contained in this application are to mylour belief complete, true and accurate representations. Ilive agree that this application shall be promissory and shall be the bases of the contract between melus and HDFC ERGO General Insurance Company Limited for the limits of insurance specified above and agree that the statements contained in this application are to mylour belief complete, true and accurate representations. Ilive agree that this application are to mylour belief complete, true and accurate representations. In the proposed may render the policy void. Ilive also agree that if any additions/alterations are carried out after the submission of this application to the Company; then the same will be communicated to the Company immediately in writing. Ilive understand the terms of cover of this insurance and agree that the insurance would be effective only on acceptance of this application by the Company and the payment of the premium by melus in advance.	Amount Rs.	Rupe	es																															
Bank Account Details Name of the Bank Account Holder Bank Account No. Name of Bank MICR Code (9 digit MICR code number of the bank and branch appearing on the cheque issued by the bank) IFSC Code (11 character code appearing on your cheque leaf) If wish: Any refund due on the premium payment / any payment/claims will be directly credited to my aforesaid Bank Account.* *As per the IRDAI, its mandatory that all payments made to the insured 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. INSURED'S DECLARATION INSURED'S DECLARATION INSURED'S DECLARATION INSURED'S DECLARATION INSURED'S DECLARATION Insurance specified above and agree that the statements contained in this application are to mylour belief complete, true and accurate representations. I/we agree that the statements contained in this application are to mylour belief complete, true and accurate representations. I/we agree that the supplication shall be promissory and shall be the basis of the contract between melius and HDFC ERGO General Insurance Company Limited for the limits of insurance specified above and agree that the statements contained in this application are to mylour belief complete, true and accurate representations. I/we agree that the supplication shall be promissory and shall be the basis of the contract between melius and HDFC ERGO General Insurance Company Limited and agree to accept the Company. I/we understand that any misrepresentation or insorrer statement or incorrect statement or a material fact in his insurance are removed to accurate the policy void. I/we also agree that if any additions/alterations are carried out after the submission of this application to the Company, then the same will be communicated to the Company immediately in wri											Sou	rce	s of	Fun	ıd																			
Name of Bank Account No. Name of Bank Name of	Salary Business Other	(Please S	pecify)																														
Bank Account No. Account: Savings Current Name of Bank Branch Branch Branch MICR Code (9 digit MICR code number of the bank and branch appearing on the cheque issued by the bank) IFSC Code (11 character code appearing on your cheque leaf) I wish: Any refund due on the premium payment / any payment/claims will be directly credited to my aforesaid Bank Account.* *As per the IRDAI, its mandatory that all payments made to the insured 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. INSURED'S DECLARATION Ilive desire to effect SER Clinical Trial Insurance with HDFC ERGO General Insurance Company Limited for the limits of insurance specified above and agree that the statements contained in this application are to my/our belief complete, true and accurate representations. Iwe agree that this application shall be promissory and shall be the basis of the contract between melus and HDFC ERGO General Insurance Company Limited and agree to accept the Company's policy for insurance along with the terms and conditions prescribed by the Company's policy for insurance along with the terms and conditions prescribed by the Company's policy for insurance along with the terms and in this Proposal may render the policy void. I/we also agree that if any additions/elterations are carried out after the submission of this application to the Company, then the same will be communicated to the Company immediately in writing. I/we understand the terms of cover of this insurance and agree that the insurance would be effective only on acceptance of this application by the Company and the payment of the premium by melus in advance.										Ва	ınk /	Acc	oun	t De	tails	;																		
Bank Account No. Account: Savings Current Name of Bank Branch Branch Branch MICR Code (9 digit MICR code number of the bank and branch appearing on the cheque issued by the bank) IFSC Code (11 character code appearing on your cheque leaf) I wish: Any refund due on the premium payment / any payment/claims will be directly credited to my aforesaid Bank Account.* *As per the IRDAI, its mandatory that all payments made to the insured 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. INSURED'S DECLARATION Ilive desire to effect SER Clinical Trial Insurance with HDFC ERGO General Insurance Company Limited for the limits of insurance specified above and agree that the statements contained in this application are to my/our belief complete, true and accurate representations. Ilive agree that this application shall be promissory and shall be the basis of the contract between melus and HDFC ERGO General Insurance Company Limited and agree to accept the Company's policy for insurance along with the terms and conditions prescribed by the Company's policy for insurance along with the terms and conditions prescribed by the Company's policy for insurance along with the terms of cover of this insurance and agree that the insurance would be effective only on acceptance of this application by the Company and the payment of the premium by melus in advance. Place:	Name of the Bank Account Holder		П	$\overline{}$			T	Т		T	T	Т	П	T	T	П	T	Т	П	T		П	T	Т		T	\top		П	Ŧ	\top	П	\top	$\overline{\Box}$
Name of Bank MICR Code (9 digit MICR code number of the bank and branch appearing on the cheque issued by the bank) IFSC Code (11 character code appearing on your cheque leaf) Iwish: Any refund due on the premium payment / any payment/claims will be directly credited to my aforesaid Bank Account.* *As per the IRDAI, its mandatory that all payments made to the insured 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. INSURED'S DECLARATION Use desire to effect SER Clinical Trial Insurance with HDFC ERGO General Insurance Company Limited for the limits of insurance specified above and agree that the statements contained in this application are to my/our belief complete, true and accurate representations. live agree that this application shall be promissory and shall be the basis of the contract between melus and HDFC ERGO General Insurance Company Limited and agree to accept the Company's policy for insurance along with the terms and conditions prescribed by the Company. Well-understand that any misrepresentation, suisson, concealament of a material fact in this Proposal rany render the policy void. Ilive also agree that if any additions/alterations are carried out after the submission of this application to the Company, then the same will be communicated to the Company immediately in writing. Ilive understand the terms of cover of this insurance and agree that the insurance would be effective only on acceptance of this application by the Company and the payment of the premium by me/us in advance.		=		$\overline{\Box}$			Ť																			Acc	count	: Sa	vinas	Ė	1	Cu	rrent	\Box
MICR Code (9 digit MICR code number of the bank and branch appearing on the cheque issued by the bank) IFSC Code (11 character code appearing on your cheque leaf) I wish: Any refund due on the premium payment / any payment/claims will be directly credited to my aforesaid Bank Account.* *As per the IRDAI, its mandatory that all payments made to the insured 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. INSURED'S DECLARATION I/We desire to effect SER Clinical Trial Insurance with HDFC ERGO General Insurance Company Limited for the limits of insurance specified above and agree that the statements contained in this application are to my/our belief complete, true and accurate representations. I/We agree that this application shall be promissory and shall be the basis of the contract between melus and HDFC ERGO General Insurance Company Limited and agree to accept the Company's policy for insurance along with the terms and conditions prescribed by the Company. I/We understand that any misrepresentation, omission, concealment or incorrect statement of a material fact in this Proposal may render the policy void. I/We also agree that if any additions/alterations are carried out after the submission of this application to the Company, then the same will be communicated to the Company immediately in writing. I/We understand the terms of cover of this insurance and agree that the insurance would be effective only on acceptance of this application by the Company and the payment of the premium by melus in advance.		\pm		\pm			_			\top	\top	Т		\top	Т		\top						Bra	nch		1.00		. •	90	十				H
IFSC Code (11 character code appearing on your cheque leaf) Any refund due on the premium payment / any payment/claims will be directly credited to my aforesaid Bank Account.* *As per the IRDAI, its mandatory that all payments made to the insured 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. INSURED'S DECLARATION I/We desire to effect SER Clinical Trial Insurance with HDFC ERGO General Insurance Company Limited for the limits of insurance specified above and agree that the statements contained in this application are to my/our belief complete, true and accurate representations. I/we agree that this application shall be promissory and shall be the basis of the contract between me/us and HDFC ERGO General Insurance Company Limited and agree to accept the Company's policy for insurance along with the terms and conditions prescribed by the Company. I/We understand that any misrepresentation, omission, concealment or incorrect statement of a material fact in this Proposal may render the policy void. I/we also agree that if any additions/alterations are carried out after the submission of this application to the Company, then the same will be communicated to the Company immediately in writing. I/we understand the terms of cover of this insurance and agree that the insurance would be effective only on acceptance of this application by the Company and the payment of the premium by me/us in advance.		the bank a	and hre	nch a	nnoari	og on	tho	choa	uo ic	CHO	d by f	ho h	ank)		<u> </u>		$\frac{1}{1}$			_	1		Dia	ICII										
I wish: Any refund due on the premium payment / any payment/claims will be directly credited to my aforesaid Bank Account.* *As per the IRDAI, its mandatory that all payments made to the insured 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. INSURED'S DECLARATION I/We desire to effect SER Clinical Trial Insurance with HDFC ERGO General Insurance Company Limited for the limits of insurance specified above and agree that the statements contained in this application are to my/our belief complete, true and accurate representations. I/we agree that this application shall be promissory and shall be the basis of the contract between melius and HDFC ERGO General Insurance Company Limited and agree to accept the Company's policy for insurance along with the terms and conditions prescribed by the Company. I/We understand that any misrepresentation, omission, concealment or incorrect statement of a material fact in this Proposal may render the policy void. I/we also agree that if any additions/alterations are carried out after the submission of this application to the Company, then the same will be communicated to the Company immediately in writing. I/we understand the terms of cover of this insurance and agree that the insurance would be effective only on acceptance of this application by the Company and the payment of the premium by me/us in advance. Place: Place:				г	ppean	ig on	ule	rieq	lue is	Sue	и Бу	ille r																						
*As per the IRDAI, its mandatory that all payments made to the insured 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. INSURED'S DECLARATION I/We desire to effect SER Clinical Trial Insurance with HDFC ERGO General Insurance Company Limited for the limits of insurance specified above and agree that the statements contained in this application are to my/our belief complete, true and accurate representations. I/we agree that this application shall be promissory and shall be the basis of the contract between me/us and HDFC ERGO General Insurance Company Limited and agree to accept the Company's policy for insurance along with the terms and conditions prescribed by the Company. I/We understand that any misrepresentation, omission, concealment or incorrect statement of a material fact in this Proposal may render the policy void. I/we also agree that if any additions/alterations are carried out after the submission of this application to the Company, then the same will be communicated to the Company immediately in writing. I/we understand the terms of cover of this insurance and agree that the insurance would be effective only on acceptance of this application by the Company and the payment of the premium by me/us in advance. Place:	IFSC Code (11 character code appearing of	n your cne	eque 16	еат) [_																											
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. INSURED'S DECLARATION I/we desire to effect SER Clinical Trial Insurance with HDFC ERGO General Insurance Company Limited for the limits of insurance specified above and agree that the statements contained in this application are to my/our belief complete, true and accurate representations. I/we agree that this application shall be promissory and shall be the basis of the contract between me/us and HDFC ERGO General Insurance Company Limited and agree to accept the Company's policy for insurance along with the terms and conditions prescribed by the Company. I/We understand that any misrepresentation, omission, concealment or incorrect statement of a material fact in this Proposal may render the policy void. I/we also agree that if any additions/alterations are carried out after the submission of this application to the Company, then the same will be communicated to the Company immediately in writing. I/we understand the terms of cover of this insurance and agree that the insurance would be effective only on acceptance of this application by the Company and the payment of the premium by me/us in advance. Place:	I wish: Any refund due on the premi	ium paym	ent / a	iny pa	yment/	claim	s will	be c	direct	tly cr	edite	d to	my a	fores	aid B	ank A	ccou	ınt.*																
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. INSURED'S DECLARATION I/we desire to effect SER Clinical Trial Insurance with HDFC ERGO General Insurance Company Limited for the limits of insurance specified above and agree that the statements contained in this application are to my/our belief complete, true and accurate representations. I/we agree that this application shall be promissory and shall be the basis of the contract between melus and HDFC ERGO General Insurance Company Limited and agree to accept the Company's policy for insurance along with the terms and conditions prescribed by the Company. I/We understand that any misrepresentation, omission, concealment or incorrect statement of a material fact in this Proposal may render the policy void. I/we also agree that if any additions/alterations are carried out after the submission of this application to the Company, then the same will be communicated to the Company immediately in writing. I/we understand the terms of cover of this insurance and agree that the insurance would be effective only on acceptance of this application by the Company and the payment of the premium by me/us in advance. Place:		that all pa	aymen	its ma	de to th	ne ins	ured	only	thro	ugh	elect	roni	c mod	le.																				
Please ensure that you provide accurate details to the Company. INSURED'S DECLARATION I/we desire to effect SER Clinical Trial Insurance with HDFC ERGO General Insurance Company Limited for the limits of insurance specified above and agree that the statements contained in this application are to my/our belief complete, true and accurate representations. I/we agree that this application shall be promissory and shall be the basis of the contract between me/us and HDFC ERGO General Insurance Company Limited and agree to accept the Company's policy for insurance along with the terms and conditions prescribed by the Company. I/We understand that any misrepresentation, omission, concealment or incorrect statement of a material fact in this Proposal may render the policy void. I/we also agree that if any additions/alterations are carried out after the submission of this application to the Company, then the same will be communicated to the Company immediately in writing. I/we understand the terms of cover of this insurance and agree that the insurance would be effective only on acceptance of this application by the Company and the payment of the premium by me/us in advance. Place:		ue of your	bank	accou	nt.																													
INSURED'S DECLARATION I/we desire to effect SER Clinical Trial Insurance with HDFC ERGO General Insurance Company Limited for the limits of insurance specified above and agree that the statements contained in this application are to my/our belief complete, true and accurate representations. I/we agree that this application shall be promissory and shall be the basis of the contract between me/us and HDFC ERGO General Insurance Company Limited and agree to accept the Company's policy for insurance along with the terms and conditions prescribed by the Company. I/We understand that any misrepresentation, omission, concealment or incorrect statement of a material fact in this Proposal may render the policy void. I/we also agree that if any additions/alterations are carried out after the submission of this application to the Company, then the same will be communicated to the Company immediately in writing. I/we understand the terms of cover of this insurance and agree that the insurance would be effective only on acceptance of this application by the Company and the payment of the premium by me/us in advance. Place:	2. The Company will not be responsible in c	ase of nor	n cred	it or d	elay in	proce	essin	g of p	payo	ut dı	ue to	inco	mplet	e/inc	orrec	t info	rmati	on pi	rovide	ed by	the	custo	mer.											
I/we desire to effect SER Clinical Trial Insurance with HDFC ERGO General Insurance Company Limited for the limits of insurance specified above and agree that the statements contained in this application are to my/our belief complete, true and accurate representations. I/we agree that this application shall be promissory and shall be the basis of the contract between me/us and HDFC ERGO General Insurance Company Limited and agree to accept the Company's policy for insurance along with the terms and conditions prescribed by the Company. I/We understand that any misrepresentation, omission, concealment or incorrect statement of a material fact in this Proposal may render the policy void. I/we also agree that if any additions/alterations are carried out after the submission of this application to the Company, then the same will be communicated to the Company immediately in writing. I/we understand the terms of cover of this insurance and agree that the insurance would be effective only on acceptance of this application by the Company and the payment of the premium by me/us in advance. Place:	Please ensure that you provide accurate	details to	the Co	ompar	y.																													
accurate representations. I/we agree that this application shall be promissory and shall be the basis of the contract between me/us and HDFC ERGO General Insurance Company Limited and agree to accept the Company's policy for insurance along with the terms and conditions prescribed by the Company. I/We understand that any misrepresentation, omission, concealment or incorrect statement of a material fact in this Proposal may render the policy void. I/we also agree that if any additions/alterations are carried out after the submission of this application to the Company, then the same will be communicated to the Company immediately in writing. I/we understand the terms of cover of this insurance and agree that the insurance would be effective only on acceptance of this application by the Company and the payment of the premium by me/us in advance. Place:									IN	SU	RED	'S I	DEC	LAF	RATI	ON																		
with the terms and conditions prescribed by the Company. I/We understand that any misrepresentation, omission, concealment or incorrect statement of a material fact in this Proposal may render the policy void. I/we also agree that if any additions/alterations are carried out after the submission of this application to the Company, then the same will be communicated to the Company immediately in writing. I/we understand the terms of cover of this insurance and agree that the insurance would be effective only on acceptance of this application by the Company and the payment of the premium by me/us in advance. Place:																																		
I/we also agree that if any additions/alterations are carried out after the submission of this application to the Company, then the same will be communicated to the Company immediately in writing. I/we understand the terms of cover of this insurance and agree that the insurance would be effective only on acceptance of this application by the Company and the payment of the premium by me/us in advance. Place:																													ompar	ıy's p	olicy f	or insu	rance	along
I/we understand the terms of cover of this insurance and agree that the insurance would be effective only on acceptance of this application by the Company and the payment of the premium by me/us in advance. Place:																																		
Place:																										s in a	ıdvano	e.						
	"" anderstand the terms of toyer of this illsuidible	Janu ayıdt	uidtil	io ii loul	unoc Wi	ould Dt	, one	VIAC (orny 0	ii aul	ωμιαι	100 U	unod	philing	aon D	, u10 (Joilih	uny d	iiu liit	payıl	ont U	ı uıc þ	- GIIII	Dy	c/u	JIII d	uvanu	<i>.</i>		_	—			\neg
Date:	Place:	-																																
	Date:																																	
Signature of the Proposer																													;	Sign	ature	of the	Prop	oser

LIABILITY OF THE COMPANY DOES NOT COMMENCE UNTIL THE PROPOSAL HAS BEEN ACCEPTED AND THE PREMIUM HAS BEEN RECEIVED IN ACCORDANCE WITH THE PROVISIONS OF SECTION 64VB OF THE INSURANCE ACT. 1938

NOTICE TO APPLICANT - PLEASE READ CAREFULLY

ANY PERSON WHO, BY ANY STATEMENT, PROMISE OR REPRESENTATION WHICH HE KNOWS TO BE FALSE, MISLEADING OR DECEPTIVE, OR BY ANY DISHONEST CONCEALMENT OF MATERIAL FACTS, OR BY THE RECKLESS MAKING (DISHONEST OR OTHERWISE) OF ANY STATEMENT, PROMISE OR REPRESENTATION WHICH IS FALSE, MISLEADING OR DECEPTIVE, INDUCES OR ATTEMPTS TO INDUCE ANOTHER PERSON TO ENTER INTO OR OFFER TO ENTER INTO ANY CONTRACT OF INSURANCE COMMITS AN OFFENCE.

Notice

The rebate of premiums shall be allowed only in accordance with the details given in the prospectus or table of premium rates [or, as the case may be, the relevant document]. An offer or acceptance of any other rebate shall be an offence under section 41 of the Act.

Section 41 of the Insurance Act: Prohibition of Rebates

- 1) 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 Insurer.
- 2) Any person making default in complying with the provisions of this section shall be punishable with fine which may extend to ₹10 Lakhs.

	Clinical Trial No.
Title of Study	
Internal Number/ Study Code	
Number of Research Subjects	
Start Date of Study	
End Date of Study	
Duration of Study	
Phase	
Period Research Subject Under Drug	
API used in the study if any	
Test of Medical Devices	
Invasive Surgery	
Xenotransplantation during trial	
Risk arising out of the trial	
Cover required from	