## Product Code: MD/PF/0081/Dec16

## **HDFC ERGO General Insurance Company Limited**

(Please fill-up this form in CAPITAL LETTERS)





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. All details with\* are mandatory.

					PRC	POSER	DETAILS												
Title* (	Tick):	Ms.	Mrs. Gen	ler*: 1	Male F	emale	Date of Bi	rth*:	D D	MM	YY	′ Y	Υ	I	Marital S	tatus:	Single	e	Married
Propos	er Mr./Ms./Mrs.*																		
	(First Name)	me)							(I	ast Name	)								
Father's Name.  (First Name)						(Middle Na	me)							(I	_ast Name	:)			
Annual	Income* Less than ₹2	5 -10 Lacs Between ₹ 10 - 20 Lacs ₹ 20 Lacs and above																	
Addres	s*														Pin	Code*			
Telephone Mobile No.* PAN No.																			
Email id	d*																		
	Occupation* Government Service Private Sales Other Private Services Self Employed Housewife Student Retired Not Employed  PROPOSED POLICY DETAILS* (Please provide details of your proposed policy)																		
Type: Individual Floater Proposed Policy Start Date DDMMYYYY Proposed Policy Start Time HH:MM Policy Duration 1 Year 2 Year																			
DEDUCTIBLE & SUM INSURED																			
	Aggregate Deductible (₹)	Sum Insur	ed (₹	•)															
	2 lakhs		3 lakhs																
	3 lakhs		7 lakhs																
	4 lakhs		6 lakhs			11 lak	16 lakhs												
	5 lakhs	5 lakhs			10 lakhs				15 lakhs						20 lakhs				
		O(S) INFO	RM	ATION	1				·										
(Please	e provide more details of the p	ersons w	ho are being cov				(-, -												
Sr. No.	Name				of Birth MM/YY) Gende		Profession/ Occupation				/ir	Height (in cms)		eight kgs)	Aggre Dedu	ctible	Ins	Sum sured (₹)	
	Name of the		Roll over/Portability from previous insurer Yes/No. If Yes, below table is mandatory																

## PREVIOUS/CURRENT INSURANCE DETAILS

(Please enter previous insurers details)

Sr. Policy No.			Insurer			n Date	То С	ato	Sum		s Health
No.	rolley No.	ilisurei	FIOI	From Date		ale	Insured	Card N	lumber		
1.											
2. 3.											
4.											
5.											
6.											
		Olain Da	4 - 11 -						0 la (i D		
		Claim De							Cumulative B		
	No. of Claims	Amour	nt	Ailme			%		Amount	(₹)	
		ICAL & LIFESTY		•		-		-			
	story: Please answer the be sheet of paper	elow mentioned ques	tions in Yes (Y)	/No (N). If the answ	er to any	of the que	stions is Ye	s, pleas	e give details in th	ne table given. Alter	natively attach
	person, proposed to beinsu	red, suffer from or ha	ve been treated	d for any heart relat	edailme	nt/blood pre	essure?	Yes	No		
	person, proposed to beinsu					No					
oes any	person, proposed to beinsu	red, suffer from any	other disease/ai	ilment? Yes		No					
s any per	son, proposed to be insured	d, receiving any treatr	ment/medicatior	n or have in the pas	t receive	d treatmen	t or underg	one surg	geries for any med	lical condition/disab	ility?
Yes		ed details of hereditar	y medical histor	ry, if any							
answer	to the above questions is Ye	es, please elaborate:	Name of the co								
Sr.No.	Name of the person prop	•Name of illness/injury suffering from or suffered in the past *Treatment/medication received/receiving			Date first diagnosed /treated				& Tel. No./Hospital Whether fully cured		
1.											
2.											
3.											
4.											
5.											
Dlagge p	ovide the details of premiur	m novmont))		PREMIUM PAYI	WENI	DETAILS					
	Amount: ₹	ii payiileiit))		Daym	ent Optio	n: Cas	h#	heque	DD Cre	edit / Debit Card	
Telliulii	Amount. V			rayılı	oni Opiio	II Cas		neque		edit / Debit Gard	
lame of P	remium Payer:	(First Name)		(Middle I	Vame)					ast Name)	
Amount in		(i not riamo)		(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
Cash towa	ards premium up `50,000 will	be accepted only at ou	ır branch offices.								
or Chequ	e / DD (Payable in favour of "	HDFC ERGO General	Insurance Com								
nstrumen	t No.:			Instrument Da	ate: 🔼	D M M	Y   Y   Y	Y	Instrument A	Amount: ₹	
Bank Nan											
	Card / Debit Card (Only Prop		pted) Card	d No.:					Card Typ	pe: Master	Visa AME
xpiry Da	te: DDMMYYYY	Y	Name o	on Card:							
Bank det	ails for NEFT transfers* (N	landatory if paymer	nt is made othe	er than cheque)							
Name of E Account H											
	Savings Current			Name	of Bank						
ank Acco				IFSC Co	de <b>(</b> 11 c	naracter co	de appearir	ng on yo	ur cheque leaf)		
ranch Na	me & Address										
AICD Cod	le (9 digit MICR code number										

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### **DECLARATION**

I/We hereby declare, on my behalf and on behalf of all persons proposed to be insured, that the above statements, answer and/or particulars given by me 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 the Insurance Policy, is subject to the Board approved underwriting policy of the HDFC ERGO General Insurance Company Limited and that the policy will come into force only after full receipt of 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 consent to the company seeking medical information from any doctor or from a hospital who at anytime has attended on the life to be insured/proposer or from any past or present employer concerning anything which affects the physical or mental health of the life to be insured/proposer and seeking information from any insurance company to which an application for insurance on the life to be insured/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.

Signature of Proposer **AUTO RENEWAL CONSENT** I hereby authorise HDFC ERGO General Insurance Limited to charge premium for me and my family member's policy to my above mentioned Visa/Master Card and renew the policy (Subject to Conditions) every year till further written notification and so long as my Visa / Master card is valid. I understand that my cover would start on remittance being receiver by HDFC ERGO General Insurance Limited from the bank. Signature of Proposer Date: Time: PROHIBITION OF REBATES - Under Section 41 Of The Insurance Laws (amendment) Act, 2015 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 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 ₹10 Lakhs. **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 particular by the proposer. Any person who, knowingly and with intent to defraud the insurance company or other persons, 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 act which will render the policy voidable at the company's sole discretion and result in a denial of insurance benefits **AUTO RENEWAL DECLARATION** II/We hereby understand, declare, consent and authorize the Company to use personal health details and financial information, as provided to the Company for underwriting the risk. I, Mr./ Ms. hereby give my consent out of free will to HDFC ERGO to renew my insurance policy automatically upon expiry until a written notice/ request is issued by me for cancellation of the Policy. Place Signature of Proposer **ACKNOWLEDGEMENT** IMPORTANT NOTICE- PLEASE DO NOT PAY PREMIUM IN CASH. Received from Ms / Mrs / Mr through Cash#/Cheque/DD/Credit Card/Debit Card No. a sum of ₹ against your proposal for my:health Medisure Super Top Up Neither the submission of a complete proposal for insurance not does any payment for any policy sought oblige the Company to agree issue a policy, which decision is and always shall be in the Company's sole and absolute discretion against your proposal for my health Medisure Super Top Up. If the Company accept's a proposal for insurance, it shall be subject to the policy terms and conditions and the Company shall have no liability to make any payment if premium is not received by the Company in full and in time, or is not realised. If a proposal is not accepted, the Company will inform you and refund any payment received from you without interest. D D M M Y Y Y Y Signature of HDFC ERGO official/Intermediary:\_ HDFC ERGO official/Intermediary Name: Place\_ Time \*Cash towards premium upto ₹50,000 will be accepted only at our branch offices.

Intermediary Location Code:

Intermediary Contact Details:

Branch Code:

Intermediary Reference Code:

\_ Intermediary Code\*:

Intermediary Employee Code: