



**PREVIOUS/CURRENT INSURANCE DETAILS**

(Please enter previous insurers details)

Does the proposer or the person(s) proposed to be insured currently have an existing insurance cover or have been insured in the past under a Medidaim, Critical illness, Accident or any other Medical Insurance Policy (Individual or Group)? If Yes, please provide the details:

Sr. No.	Policy No.	Insurer	From Date	To Date	Sum Insured	Previous Health Card Number
1.						
2.						
3.						
4.						
5.						
6.						

Claim Details			Cumulative Bonus Earned	
No. of Claims	Amount	Ailment	%	Amount (₹)

**MEDICAL & LIFESTYLE INFORMATION** (Please answer questions related to your medical history)

Medical History: Please answer the below mentioned questions in Yes (Y)/No (N). If the answer to any of the questions is Yes, please give details in the table given. Alternatively attach a separate sheet of paper

Does any person, proposed to be insured, suffer from or have been treated for any heart related ailment/blood pressure?  Yes  No

Does any person, proposed to be insured, suffer from Diabetes/Asthma/Epilepsy?  Yes  No

Does any person, proposed to be insured, suffer from any other disease/ailment?  Yes  No

Is any person, proposed to be insured, receiving any treatment/medication or have in the past received treatment or undergone surgeries for any medical condition/disability?

Yes  No Please provide details of hereditary medical history, if any \_\_\_\_\_

If answer to the above questions is Yes, please elaborate:

Sr.No.	Name of the person proposed to be insured	*Name of illness/injury suffered from or suffered in the past *Treatment/medication received/receiving	Date first diagnosed /treated	Name of attending Medical Practitioner/ Surgeon with address & Tel. No./Hospital details	Whether fully cured
1.					
2.					
3.					
4.					
5.					

**PREMIUM PAYMENT DETAILS**

(Please provide the details of premium payment)

Premium Amount: ₹

Payment Option:  Cash\*  Cheque  DD  Credit / Debit Card

Name of Premium Payer:  (First Name)  (Middle Name)  (Last Name)

Amount in words: \_\_\_\_\_

\*Cash towards premium up to 50,000 will be accepted only at our branch offices.

For Cheque / DD (Payable in favour of "HDFC ERGO General Insurance Company Limited")

Instrument No.:

Instrument Date:

Instrument Amount: ₹

Bank Name \_\_\_\_\_

For Credit Card / Debit Card (Only Proposer's Card to be accepted)

Card No.:

Card Type:  Master  Visa  AMEX

Expiry Date:

Name on Card:

**Bank details for NEFT transfers\* (Mandatory if payment is made other than cheque)**

Name of Bank Account Holder

Account: Savings  Current

Name of Bank

Bank Account No.

IFSC Code (11 character code appearing on your cheque leaf)

Branch Name & Address

MICR Code (9 digit MICR code number of the bank and branch appearing on the cheque issued by the bank)

