Printing Code: IIPA4 1&2/PF/142/JAN19

HDFC ERGO General Insurance Company Limited

HDFC ERGO

PERSONAL ACCIDENT INSURANCE - PROPOSAL FORM

IPA Plan - 4

Please fill the form in BLOCK LET PLEASE USE ONLY ORIGINAL F			FOR OFFICE USE ONLY Branch Code :														
Details of POS Aadhar No :						Intermediary Intermediary Intermediary Intermediary Sales Manag											
			LS														
Title* (Tick):	r. Ms.	Birth: DD M	1 M Y Y Y	ngle Married													
Name*:	,																
(First Na	me)			(Middle	Name)			(Last Na	ame)								
Father's Name: (First Na	me)			(Middle	Name)			(Last Na	ame)								
Annual Income*																	
Address*																	
Telephone			#1				7		Pin Code								
			"N	Mobile No.:				PAN No.									
Email ID Occupation: Clerica	I/Administrative	Profe	essional – Servic	e/Business	Enginee	r/Worker/Superv	risor	Driver/Daily Wa	age Labourer	Others							
(Persons engaged in military service,									0								
PROPOSED POLICY DETAILS	(Please provide	details of your pro	oposed policy) _														
Type: Individual Floa	ter*	Pro	posed Policy Sta	art Date D D	M M Y Y	YY		Proposed Poli	cy Start Time	H H : M M							
Policy Duration 1 Year 2 Years 3 Years																	
#Please provide correct mobile number of the proposed insured, to receive information relating to policy servicing and premium acknowledgement.																	
,			o receive informa	ation relating to p	olicy servicing ar	nd premium ackr	nowledgement.										
,		posed insured, to	o receive informa							Figures in ₹							
· —		posed insured, to						1.5 Cr	2 Cr	Figures in ₹							
#Please provide correct mobile	number of the pro	posed insured, to	USTRATIVE	SUM INSU	RED FOR PL	AN 4 (1 YEA	AR)	1.5 Cr 17989	2 Cr 23726	_							
#Please provide correct mobile Sum Insured (₹) Self Plan Self + Spouse	number of the pro	posed insured, to	USTRATIVE 20 Lakhs	SUM INSUF	RED FOR PL	AN 4 (1 YEA	1 Cr 10721 14221			2.5 Cr							
#Please provide correct mobile Sum Insured (₹) Self Plan Self + Spouse Self + Spouse + 1 Child	10 Lakhs 1645 1845 1945	15 Lakhs 2769 3219 3444	20 Lakhs 3070 3670 3970	25 Lakhs 3370 4120 4495	50 Lakhs 5522 7022 7772	75 Lakhs 8196 10821 12133	1 Cr 10721 14221 15971	17989 23989 26989	23726 31726 35726	2.5 Cr 29463 39463 44463							
#Please provide correct mobile Sum Insured (₹) Self Plan Self + Spouse	10 Lakhs 1645 1845	15 Lakhs 2769 3219	20 Lakhs 3070 3670	25 Lakhs 3370 4120	50 Lakhs 5522 7022	75 Lakhs 8196 10821	1 Cr 10721 14221	17989 23989	23726 31726	2.5 Cr 29463 39463							
#Please provide correct mobile Sum Insured (₹) Self Plan Self + Spouse Self + Spouse + 1 Child	10 Lakhs 1645 1845 1945	15 Lakhs 2769 3219 3444 3669	20 Lakhs 3070 3670 3970	25 Lakhs 3370 4120 4495 4870	50 Lakhs 5522 7022 7772 8522	75 Lakhs 8196 10821 12133 13446	1 Cr 10721 14221 15971 17721	17989 23989 26989	23726 31726 35726	2.5 Cr 29463 39463 44463							
#Please provide correct mobile Sum Insured (₹) Self Plan Self + Spouse Self + Spouse + 1 Child	10 Lakhs 1645 1845 1945	15 Lakhs 2769 3219 3444 3669	20 Lakhs 3070 3670 3970 4270	25 Lakhs 3370 4120 4495 4870	50 Lakhs 5522 7022 7772 8522	75 Lakhs 8196 10821 12133 13446	1 Cr 10721 14221 15971 17721	17989 23989 26989	23726 31726 35726	2.5 Cr 29463 39463 44463 49463							
#Please provide correct mobile Sum Insured (₹) Self Plan Self + Spouse Self + Spouse + 1 Child Self + Spouse + 2 Children	10 Lakhs 1645 1845 1945 2045	15 Lakhs 2769 3219 3444 3669	20 Lakhs 3070 3670 3970 4270	25 Lakhs 3370 4120 4495 4870	50 Lakhs 5522 7022 7772 8522	75 Lakhs 8196 10821 12133 13446	1 Cr 10721 14221 15971 17721	17989 23989 26989 29989	23726 31726 35726 39726	2.5 Cr 29463 39463 44463 49463 Figures in ₹							
#Please provide correct mobile Sum Insured (₹) Self Plan Self + Spouse Self + Spouse + 1 Child Self + Spouse + 2 Children	10 Lakhs 1645 1845 1945 2045	15 Lakhs 2769 3219 3444 3669 ILL 15 Lakhs	20 Lakhs 3070 3670 3970 4270 USTRATIVE 20 Lakhs	25 Lakhs 3370 4120 4495 4870 SUM INSUF	50 Lakhs 5522 7022 7772 8522 RED FOR PL 50 Lakhs	75 Lakhs 8196 10821 12133 13446 AN 4 (2 YEA	1 Cr 10721 14221 15971 17721 AR)	17989 23989 26989 29989	23726 31726 35726 39726 2 Cr	2.5 Cr 29463 39463 44463 49463 Figures in ₹ 2.5 Cr							
#Please provide correct mobile Sum Insured (₹) Self Plan Self + Spouse Self + Spouse + 1 Child Self + Spouse + 2 Children Sum Insured (₹) Self Plan	10 Lakhs 1645 1845 1945 2045 10 Lakhs 3061	15 Lakhs 2769 3219 3444 3669 ILL 15 Lakhs 5150	20 Lakhs 3070 3670 3970 4270 USTRATIVE 20 Lakhs 5709	25 Lakhs 3370 4120 4495 4870 E SUM INSUF 25 Lakhs 6269	50 Lakhs 5522 7022 7772 8522 RED FOR PL 50 Lakhs 10270	75 Lakhs 8196 10821 12133 13446 AN 4 (2 YEA 75 Lakhs 15244	1 Cr 10721 14221 15971 17721 AR) 1 Cr 19941	17989 23989 26989 29989 1.5 Cr 33460	23726 31726 35726 39726 2 Cr 44131	2.5 Cr 29463 39463 44463 49463 Figures in ₹ 2.5 Cr 54801							
#Please provide correct mobile Sum Insured (₹) Self Plan Self + Spouse Self + Spouse + 1 Child Self + Spouse + 2 Children Sum Insured (₹) Self Plan Self + Spouse	10 Lakhs 1645 1845 1945 2045 10 Lakhs 3061 3433	15 Lakhs 2769 3219 3444 3669 ILL 15 Lakhs 5150 5987	20 Lakhs 3070 3670 3970 4270 CUSTRATIVE 20 Lakhs 5709 6825	25 Lakhs 3370 4120 4495 4870 E SUM INSUE 25 Lakhs 6269 7664	50 Lakhs 5522 7022 7772 8522 RED FOR PL 50 Lakhs 10270 13060	75 Lakhs 8196 10821 12133 13446 AN 4 (2 YEA 75 Lakhs 15244 20126	1 Cr 10721 14221 15971 17721 AR) 1 Cr 19941 26451	17989 23989 26989 29989 1.5 Cr 33460 44620	23726 31726 35726 39726 2 Cr 44131 59011	2.5 Cr 29463 39463 44463 49463 Figures in ₹ 2.5 Cr 54801 73401							
#Please provide correct mobile Sum Insured (₹) Self Plan Self + Spouse Self + Spouse + 1 Child Self + Spouse + 2 Children Sum Insured (₹) Self Plan Self + Spouse Self + Spouse + 1 Child Self + Spouse Self + Spouse Self + Spouse + 2 Children Hospital Daily Cash:	10 Lakhs 1645 1845 1945 2045 10 Lakhs 3061 3433 3619 3805	15 Lakhs 2769 3219 3444 3669 ILL 15 Lakhs 5150 5987 6406	20 Lakhs 3070 3670 3970 4270 LUSTRATIVE 20 Lakhs 5709 6825 7383 7941	25 Lakhs 3370 4120 4495 4870 E SUM INSUF 25 Lakhs 6269 7664 8361 9059	70 Lakhs 5522 7022 7772 8522 RED FOR PL 50 Lakhs 10270 13060 14455 15850	75 Lakhs 8196 10821 12133 13446 AN 4 (2 YEA 75 Lakhs 15244 20126 22568	1 Cr 10721 14221 15971 17721 AR) 1 Cr 19941 26451 29706 32961	17989 23989 26989 29989 1.5 Cr 33460 44620 50200 55780	23726 31726 35726 39726 2 Cr 44131 59011 66451 73891	2.5 Cr 29463 39463 44463 49463 Figures in ₹ 2.5 Cr 54801 73401 82701 92001							
#Please provide correct mobile Sum Insured (₹) Self Plan Self + Spouse Self + Spouse + 1 Child Self + Spouse + 2 Children Sum Insured (₹) Self Plan Self + Spouse Self + Spouse + 1 Child Self + Spouse Self + Spouse Self + Spouse + 2 Children Hospital Daily Cash: Acc	10 Lakhs 1645 1845 1945 2045 10 Lakhs 3061 3433 3619 3805	11	20 Lakhs 3070 3670 3970 4270 LUSTRATIVE 20 Lakhs 5709 6825 7383 7941	25 Lakhs 3370 4120 4495 4870 E SUM INSUF 25 Lakhs 6269 7664 8361 9059	70 Lakhs 5522 7022 7772 8522 RED FOR PL 50 Lakhs 10270 13060 14455	75 Lakhs 8196 10821 12133 13446 AN 4 (2 YEA 75 Lakhs 15244 20126 22568 25009	1 Cr 10721 14221 15971 17721 AR) 1 Cr 19941 26451 29706 32961	17989 23989 26989 29989 1.5 Cr 33460 44620 50200 55780	23726 31726 35726 39726 2 Cr 44131 59011 66451	2.5 Cr 29463 39463 44463 49463 Figures in ₹ 2.5 Cr 54801 73401 82701 92001							
#Please provide correct mobile Sum Insured (₹) Self Plan Self + Spouse Self + Spouse + 1 Child Self + Spouse + 2 Children Sum Insured (₹) Self Plan Self + Spouse Self + Spouse + 1 Child Self + Spouse + 2 Children Hospital Daily Cash: Age	10 Lakhs 1645 1845 1945 2045 10 Lakhs 3061 3433 3619 3805 ident Only Band	11	20 Lakhs 3070 3670 3970 4270 LUSTRATIVE 20 Lakhs 5709 6825 7383 7941	25 Lakhs 3370 4120 4495 4870 E SUM INSUE 25 Lakhs 6269 7664 8361 9059 Hospital Cash	50 Lakhs 5522 7022 7772 8522 RED FOR PL 50 Lakhs 10270 13060 14455 15850 Accident only	75 Lakhs 8196 10821 12133 13446 AN 4 (2 YEA 75 Lakhs 15244 20126 22568	1 Cr 10721 14221 15971 17721 AR) 1 Cr 19941 26451 29706 32961	17989 23989 26989 29989 1.5 Cr 33460 44620 50200 55780	23726 31726 35726 39726 2 Cr 44131 59011 66451 73891	2.5 Cr 29463 39463 44463 49463 Figures in ₹ 2.5 Cr 54801 73401 82701 92001							
#Please provide correct mobile Sum Insured (₹) Self Plan Self + Spouse Self + Spouse + 1 Child Self + Spouse + 2 Children Sum Insured (₹) Self Plan Self + Spouse Self + Spouse + 1 Child Self + Spouse + 2 Children Hospital Daily Cash: Acc Age	10 Lakhs 1645 1845 1945 2045 10 Lakhs 3061 3433 3619 3805	11	20 Lakhs 3070 3670 3970 4270 LUSTRATIVE 20 Lakhs 5709 6825 7383 7941	25 Lakhs 3370 4120 4495 4870 E SUM INSUF 25 Lakhs 6269 7664 8361 9059 Hospital Cash	70 Lakhs 5522 7022 7772 8522 RED FOR PL 50 Lakhs 10270 13060 14455 15850	75 Lakhs 8196 10821 12133 13446 AN 4 (2 YEA 75 Lakhs 15244 20126 22568 25009	1 Cr 10721 14221 15971 17721 AR) 1 Cr 19941 26451 29706 32961	17989 23989 26989 29989 1.5 Cr 33460 44620 50200 55780	23726 31726 35726 39726 2 Cr 44131 59011 66451 73891	2.5 Cr 29463 39463 44463 49463 Figures in ₹ 2.5 Cr 54801 73401 82701 92001							
#Please provide correct mobile Sum Insured (₹) Self Plan Self + Spouse Self + Spouse + 1 Child Self + Spouse + 2 Children Sum Insured (₹) Self Plan Self + Spouse Self + Spouse Self + Spouse + 1 Child Self + Spouse + 2 Children Hospital Daily Cash: Acc Age	10 Lakhs 1645 1845 1945 2045 10 Lakhs 3061 3433 3619 3805 ident Only Band	11	20 Lakhs 3070 3670 3970 4270 LUSTRATIVE 20 Lakhs 5709 6825 7383 7941	25 Lakhs 3370 4120 4495 4870 E SUM INSUF 25 Lakhs 6269 7664 8361 9059 Hospital Cash	50 Lakhs 5522 7022 7772 8522 RED FOR PL 50 Lakhs 10270 13060 14455 15850 Accident only	75 Lakhs 8196 10821 12133 13446 AN 4 (2 YEA 75 Lakhs 15244 20126 22568 25009	1 Cr 10721 14221 15971 17721 AR) 1 Cr 19941 26451 29706 32961	17989 23989 26989 29989 1.5 Cr 33460 44620 50200 55780	23726 31726 35726 39726 2 Cr 44131 59011 66451 73891 ccident and Sick	2.5 Cr 29463 39463 44463 49463 Figures in ₹ 2.5 Cr 54801 73401 82701 92001							
#Please provide correct mobile Sum Insured (₹) Self Plan Self + Spouse Self + Spouse + 1 Child Self + Spouse + 2 Children Sum Insured (₹) Self Plan Self + Spouse Self + Spouse + 1 Child Self + Spouse + 2 Children Hospital Daily Cash: Acc Age 18 41 51	10 Lakhs 1645 1845 1945 2045 10 Lakhs 3061 3433 3619 3805 ident Only Band	11	20 Lakhs 3070 3670 3970 4270 LUSTRATIVE 20 Lakhs 5709 6825 7383 7941	25 Lakhs 3370 4120 4495 4870 E SUM INSUF 25 Lakhs 6269 7664 8361 9059 Hospital Cash 33 33	50 Lakhs 5522 7022 7772 8522 RED FOR PL 50 Lakhs 10270 13060 14455 15850 Accident only	75 Lakhs 8196 10821 12133 13446 AN 4 (2 YEA 75 Lakhs 15244 20126 22568 25009	1 Cr 10721 14221 15971 17721 AR) 1 Cr 19941 26451 29706 32961	17989 23989 26989 29989 1.5 Cr 33460 44620 50200 55780	23726 31726 35726 39726 2 Cr 44131 59011 66451 73891 ccident and Sick	2.5 Cr 29463 39463 44463 49463 Figures in ₹ 2.5 Cr 54801 73401 82701 92001							

The above sum insured's are only for illustrative purpose. All above mentioned premium is exclusive of GST Disclaimer: Your Personal Accident sum insured cannot exceed 7 times of your annual income.

	PROPOSED INSURED(S) INFORMATION																			
(Please	e provide more details of t	the persons who	are being covered in the	nis Policy)			Table of Bana	Et 9 Com Inc.												
Sr. No. Name			Relationship with Proposer	Date of Birth (DD/MM/YY)	Gender	Profession/ Occupation (refer list at the end of the form)	Table of Ber	efer Sur nefit' Insur	Existi n Dis	ng Injury/ ability f any)	Name of the Nominee/ Relationship	Annual								
*Floater Plan: Accidental Death & Permanent disability - Spouse 50%, Children (Max 2) 25%																				
	PREVIOUS/CURRENT INSURANCE DETAILS																			
	Is the proposer or the person(s) proposed to be insured currently insured or have been insured in the past under a Life / Accident Insurance Policy? Yes No If Yes, please provide the details:																			
						Cum		Claim Details	m Details Cumulative Bonus Earned											
Sr. No.	Policy No.		Insurer	From Date	To Date	Sum Insured	No. of Claims	Amount	Ailment	:	% Ar	nount (₹)								
1.																				
2.																				
3. 4.																				
5.																				
6.																				
				PRFMILI	М РАУМІ	ENT DETAILS	S													
Premium Amount: ₹																				
SOURCES OF FUND																				
Salary Business Other (Please Specify)																				
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 inducement to any person to take out 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. Any person making default in complying with the provision of this section shall be punishable with fine which may extend to ₹10 Lakhs.																				
				I	DECLAR	ATION														
I/We hebest of	ereby declare, on my beh my knowledge and that l	alf and on behalf /We am/are autho	of all persons propose orized to propose on bo	ed to be insured, the half of these other	nat the abover persons.	e statements, ans	swer and/or part	iculars given b	y me are tru	e and com	plete in all res	pects to the								
	rstand that the information I and that the policy will co					ect to the Board a	pproved underv	vriting policy o	f the HDFC	ERGO Ge	neral Insuranc	e Company								
	urther declare that I/we wunication of the risk accep			ng in the occupat	ion or gene	ral health of the	life to be insure	ed/proposer aft	er the prop	osal has b	een submitted	but before								
employ	eclare and consent to the ver concerning anything nce on the life to be insure	which affects the	physical or mental h	nealth of the life t	o be insure	d/proposer and s	eeking informat													
	uthorize the company to nmental and/or Regulatory									d/or claims	settlement a	nd with any								
Date:			Time:							Sig	nature of Prop	oser								

VERNACULAR DECLARATION																													
Declaration in case the proposal is filled by other than the proposer / the proposer signs in vernacular language / proposer is illiterate (to be certified by someone other than the agent / employee of the company). The content of this form and its particulars have been explained by me in vernacular to the proposer who has understood and confirmed the same.																													
Name	of the Translator																												
Place																													
Date	D D M M	YY	YY																						Signa	ture o	f the	Trans	lator
Name o	of the Proposer																												
Place																													
Date	DDMM	YY	YIY																	;	Signa	ature	e / Th	numb	Impre	ssion	of th	e Pro	poser