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## PERSONAL ACCIDENT INSURANCE - PROPOSAL FORM

IPA Plan - 4

Please fill the form in BLOCK LETTERS. All details with\* are mandatory.

PLEASE USE ONLY ORIGINAL PROPOSAL FORM. PHOTO COPIES WILL NOT BE ACCEPTED BY THE COMPANY

Details of	PO	s					
Aadhar No	):						
or							
PAN No.	:						

FOR OFFICE USE ONLY		
Branch Code	:	
Intermediary Code*	:	
Intermediary Location Code	:	
Intermediary Employee Code	:	
Intermediary Reference Code	:	
Sales Manager Code	:	

				PROPOSE	R DETAILS					
Title* (Tick):	Mr. Ms.	Mrs. Ge	ender*: Mal			th: DDM	M Y Y Y '	Y Marita	l Status: S	ingle Married
Name*:	First Name)			(Middle	Name)			(Last Na	ime)	
Father's Name: (First Name) (Middle Name) (Last Name)										
Annual Income*										
Address*										
								P	in Code	
Telephone			Μ	lobile No.:				PAN No.		
Email ID										
Occupation: C   (Persons engaged in military s   PROPOSED POLICY DE   Type: Individual   Policy Duration 1 Yes	TAILS (Please provide	, mine workers, fire details of your pr		el crew, oil field/rig	workers, structural			Driver/Daily Wamilar hazardous occ	cupation's are exc	Uded under the plan.
		ILI	USTRATIVE	SUM INSU	RED FOR PL	AN 4 (1 YE	AR)			Figures in ₹
Sum Insured (₹)	10 Lakhs	15 Lakhs	20 Lakhs	25 Lakhs	50 Lakhs	75 Lakhs	1 Cr	1.5 Cr	2 Cr	2.5 Cr
Self Plan	1645	2769	3070	3370	5522	8196	10721	17989	23726	29463
Self + Spouse	1845	3219	3670	4120	7022	10821	14221	23989	31726	39463
Self + Spouse + 1 Chile	d 1945	3444	3970	4495	7772	12133	15971	26989	35726	44463
Self + Spouse + 2 Child	dren 2045	3669	4270	4870	8522	13446	17721	29989	39726	49463
						AN 4 (2 VE				Figures in ₹
		160								i iguico ili X

	ILLUSTRATIVE SUM INSURED FOR PLAN 4 (2 YEAR)												
Sum Insured (₹)	10 Lakhs	15 Lakhs	20 Lakhs	25 Lakhs	50 Lakhs	75 Lakhs	1 Cr	1.5 Cr	2 Cr	2.5 Cr			
Self Plan	3061	5150	5709	6269	10270	15244	19941	33460	44131	54801			
Self + Spouse	3433	5987	6825	7664	13060	20126	26451	44620	59011	73401			
Self + Spouse + 1 Child	3619	6406	7383	8361	14455	22568	29706	50200	66451	82701			
Self + Spouse + 2 Children	3805	6824	7941	9059	15850	25009	32961	55780	73891	92001			

Hospital Daily Cash: Accident Only Accident and Sickness

Age Band	Hospital Cash Accident only	Hospital Cash Accident and Sickness				
	1000 per day - n	nax upto 30 day				
18 to 40	375	1080				
41 to 50	375	1773				
51 to 60	375	3092				
61 to 65	375	5296				
66 to 80	375	9000				

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.

HDFC ERGO General Insurance Company Limited. Formerly HDFC General Insurance Limited from Sept, 14, 2016 and L&T General Insurance Company Limited upto Sept, 13, 2016). CIN: U66030MH2007PLC177117. Registered & Corporate Office: 1st Floor, HDFC House, 165-166 Backbay Reclamation, H. T. Parekh Marg, Churchgate, Mumbai – 400020. Customer Service Address: D-301, 3rd Floor, Eastern Business District (Magnet Mall), LBS Marg, Bhandup (West), Mumbai - 400078. Toll-free: 1800 2 700 700 (Accessible from India only) | Fax: 9122 66383699 | care@hdfcergo.com | www.hdfcergo.com. UIN: HDFPAIP03002V010203. IRDAI Reg. No. 146.

				PROPOSED II	NSURED	(S) INFORM	ATION						
(Please	e provide more details of t	he persons who	are being covered in th	his Policy)		1							
						Profession/		efit & Sum Insu			No. 10		
Sr. No.			Relationship with Proposer	Date of Birth (DD/MM/YY)	Gender	Occupation (refer list at the end of the form)		efer Sum nefit' Insure	1.6	ity	Name of th Nominee/ Relationshi	Annual	
'Floatei	Plan: Accidental Death 8	Permanent disa		, ,									
			PF	REVIOUS/CUF	RRENT IN	ISURANCE [	DETAILS			-			
	proposer or the person(s) please provide the details		nsured currently insure	ed or have been ins	sured in the	past under a Life	/ Accident Insur	ance Policy?	Yes	No			
Sr.						Sum		Claim Details		Cum	nulative Bonus Earned		
No.	Policy No.		Insurer	From Date	To Date	Insured	No. of Claims	Amount	Ailment		% A	mount (₹)	
1.													
2.													
3.													
4.													
5. 6.													
0.													
				PREMIU	M PAYM	ENT DETAILS	5						
	e provide the details of pr	emium payment)	)						_				
Premiu	um Amount: ₹					Pa	ayment Option:	Cash <sup>#</sup>	Cheque	DD	Credi	/ Debit Card	
Amour	nt in words:												
	um in Cash will be accept												
	eque / DD (Payable in fav	vour of "HDFC E	RGO General Insurance		,	: D D M M		Inc	strument Amour				
Bank N	nent No.:								arument Amour	II. K			
	edit Card / Debit Card (Or	ly Proposor's Co	rd to be accepted)									· · · · · · · · · · · · · · · · · · ·	
								Card	Туре: М	actor	Visa	AMEX	
Caruin								Calu		asiei	Visa		
Expiry	Date: DDMMY	YYYY	Ν	lame on Card:									
				SOL	JRCES (	OF FUND							
Salary	Business	Other	(Please Specify)	)									
		PROHIBIT	ION OF REBAT	ES - Under Se	ction 41	of The Insurar	nce Laws (A	mendment)	Act, 2015				
rebate	son shall allow or offer to a of the whole or part of the as may be allowed in acco	commission paya	able or any rebate of th	e premium shown o	on the Policy					•			
Anype	rson making default in com	nplying with the pr	ovision of this section s	hall be punishable	with fine whi	ch may extend to ₹	₹10 Lakhs.						
				[	DECLAR	ATION							
	ereby declare, on my beh my knowledge and that l/					e statements, ans	swer and/or part	ticulars given by	me are true an	id comp	olete in all re	spects to the	
	stand that the information and that the policy will co					ect to the Board a	pproved under	writing policy of	the HDFC ERG	GO Gen	ieral Insuran	ce Company	
	irther declare that I/we w inication of the risk accep			ing in the occupati	ion or gene	ral health of the	life to be insure	ed/proposer afte	er the proposal	has be	en submitte	d but before	
employ	eclare and consent to the ver concerning anything ince on the life to be insure	which affects the	physical or mental h	nealth of the life to	o be insure	d/proposer and s	eeking informa						
1/1/1/	uthorize the company to	abora informatio	n nortaining to	ronocol includina t	ho modia-l	records for the	ala numana af	proposal unde	writing and/c-	alaima	aattlamart	nd with are	

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.

Date:

\_\_\_\_ Time: \_\_\_\_

Signature of Proposer

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