

PROPOSED INSURED(S) INFORMATION

(Please provide more details of the persons who are being covered in this Policy)

| 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 Benefit & Sum Insured | | Existing Injury/ Disability (if any) | Name of the Nominee/ Relationship | Annual Income |
|---------|------|----------------------------|--------------------------|--------|--|--|-------------|--------------------------------------|-----------------------------------|---------------|
| | | | | | | Table of Benefit selected (Refer 'Table of Benefit' in the brochure) | Sum Insured | | | |
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*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:

| Sr. No. | Policy No. | Insurer | From Date | To Date | Sum Insured | Claim Details | | | Cumulative Bonus Earned | |
|---------|------------|---------|-----------|---------|-------------|---------------|--------|---------|-------------------------|------------|
| | | | | | | No. of Claims | Amount | Ailment | % | Amount (₹) |
| 1. | | | | | | | | | | |
| 2. | | | | | | | | | | |
| 3. | | | | | | | | | | |
| 4. | | | | | | | | | | |
| 5. | | | | | | | | | | |
| 6. | | | | | | | | | | |

PREMIUM PAYMENT DETAILS

(Please provide the details of premium payment)

Premium Amount: ₹

Payment Option: Cash* Cheque DD Credit / Debit Card

Amount in words: _____

*Premium in Cash 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:

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.

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.

Date: _____ Time: _____

Signature of Proposer