HDFC ERGO General Insurance Company Limited





(All fields are mandatory and fill in CAPITALS only)

#Please provide correct mobile number of the proposed insured, to receive information relating to policy servicing and premium acknowledgement

LIFE INSU Mr. /Ms. /Mrs.	Loan Account I LC co (First Name) Gender: Male	Female State: (Off.):	TG STD Code	a Name)	Customers F	PAN No: (Last Name) Pincode: Mobile:	
LIFE INSU	(First Name) Gender: Male	Female State: (Off.):	TG STD Code	a Name)		Pincode:	
LIFE INSU	Gender: Male	State: (Off.): s	TG STD Code	e Name)		Pincode:	
LIFE INSU	Gender: Male	State: (Off.): s	TG STD Code			Pincode:	
LIFE INSU		State: (Off.): s	STD Code				
LIFE INSU		State: (Off.): s	STD Code		·		
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		S				*Mobile:	
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	IDED DETAILS	I AIN.			Page	sport No:	
Mr /Me /Mre	KED DETAILS	TO BE FILL	ED INCASE	DIFFERE	NT FROM PROPO	OSER	
WII. / WIO. / WII O.	(First Name)		(Middle	e Name)		(Last Name)	
YYYY	Gender: Male	Female	TG				
		State:				Pincode:	
		(Off.):			#	Mobile:	
		s	STD Code				
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		FAMILY PH	HYSICIAN D	ETAILS			
				DOB:	D D M M Y Y Y	<u> </u>	
		State:				Pincode:	
			STD Code			#Mobile:	
		MEC atment / Advice / Consultation for any Medic	FAMILY PI State: (Off.): S MEDICAL HIST MEDICAL HIST Authority PI State: (Off.): S MEDICAL HIST MEDICAL HIST	State: (Off.): STD Code FAMILY PHYSICIAN D State: (Off.): STD Code MEDICAL HISTORY OF LIF	State: (Off.): STD Code FAMILY PHYSICIAN DETAILS DOB: State: (Off.): STD Code MEDICAL HISTORY OF LIFE INSURED State: Attendary Advice / Consultation for any Medical Condition in the last 4 years: Yes	State: (Off.): STD Code Pass FAMILY PHYSICIAN DETAILS DOB: DOB: Off.): STD Code MEDICAL HISTORY OF LIFE INSURED State: No Medical Condition in the last 4 years: Yes No	State: Pincode: (Off.): STD Code Passport No: Passport

				PLAN DET	AILS		
Mandatory Base Plan (Pl	lease Tick):	Bronze	Silver	Gold	Platinium	Standard	
Optional: Plus Plan (Plea	ise Tick):	Yes	No				
			ADI	DITIONAL INF	ORMATION		
Name of University:							
Address of Institute:	Building Name	e Block No.	Street N	Jame		Locality	
	Damaing Name		0.001				
	City			State		Country	Zip Code
Name of Program:						Program Duratio	n:
				SPONSOR D	ETAILS		
Name of the Sponsor M							
DOB:	DDMM	YYYY	Gende	er: Male Fe	male TG		
Address:							
City:					Pincoo		
State:					Relati	ionship with Insured:	
Tel.(Res.):	STD Code			(Off.): STD Code		Mobile	e:
E-mail:							
Occupation:				ID Proof:			
			ВА	NK ACCOUN	T DETAILS		
Name of the Bank Acco	ount Holder:						
Bank Account No:							
Name of Bank:						Branch:	
MICR Code (9 digit MIC	CR code number o	of the bank and branch	n appearing on	the cheque issued	by the bank)		
IFSC Code (11 characte	er code appearing	on your cheque leaf)					Account: Savings Current
,	•	,		vill be directly credit	ed to my aforesaid Ba	nk Account.*	<u> </u>
		nat all payments are m					
				PAYMENT DI	ETAIL S		
					M M Y Y Y Y	Amazinti	
Cheque No:				Dated: DDI	VI VI Y Y Y Y	Amount:	
Bank Name:							
Bank Account/ LOS No.	.:						
				NOMINEE DI	ETAILS		
Name of Nominee:						lationship to Insured:	
or reditinoo.					T(C	.a.crionip to mourou.	

PROPOSER DECLARATION

I hereby declare that the Insured Person listed above:

- Is / are not traveling against the advise of a physician
- Is/are not on the waiting list for any medical treatment Is/are not traveling for the purpose of medical treatment

- Have not received a terminal prognosis for a medical condition before this day

 1/we have read the Policy Terms and Condition and have accepted the same

 1/we accept that this policy does not cover treatment for Pre Existing Medical Conditions/Diseases/Ailments that are declared or undeclared
- I/We hereby declare that the contents of the form and documents have been fully explained to me/us and that I/we have fully understood the significance of the proposed contract. I/We hereby declare on my behalf and on behalf of all persons proposed to be insured that the above statements 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. l understand that the information provided by me will form the basis of insurance policy, is subject to the Board approved underwriting policy of the Insurance company 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.
- live declare and further 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 and mental health of the life to be assured/proposer and seeking information from any insurance company to which an application for insurance on the life to be assured/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.

 I authorize HDFC ERGO General Insurance and associate partners to contact me via email, phone, SMS

Note: We are under no obligation to accept any proposal for insurance. The Proposer agrees that the receipt of the Proposal Form by HDFC ERGO General Insurance Company Limited along with the premium payment does not tantamount to the acceptance of the Proposal for insurance by HDFC ERGO General Insurance Company Limited and does not result in a concluded contract of insurance. The acceptance of the Proposal for insurance shall be at the Company's sole and absolute discretion and your proposal form will be considered only after HDFC ERGO General Insurance Company Limited receives premium payment and upon full realization of the premium payment. In the event of acceptance of the Proposal for insurance by HDFC ERGO General Insurance Company Limited, such acceptance shall be specifically intimated to the Proposer by HDFC ERGO General Insurance Company Limited. HDFC ERGO General Insurance Company Limited shall not be liable for any claim in respect of an event giving rise to a claim covered under the Policy of Insurance that has occurred prior to policy issuance. Claims payable in INR only

Anti-Rebating Warning: As per Section 41 of the Insurance Act 1938, as amended, the practice of rebating is prohibited, as follows: 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.

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 particulars 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.

I/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 Place: Date: Signature of the Proposer **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 Signature of the Translator Date Name of the Proposer Place Signature / Thumb Impression of the Proposer Date FOR OFFICE USE ONLY Channel Partner Code: **Branch Location:** Signature of the Channel Partner