HDFC ERGO General Insurance Company Limited

TRAVEL INSURANCE - PROPOSAL FORM FOR INDIVIDUAL / ASIA / MULTI TRIP / FAMILY

(All fields are mandatory and fill in CAPITALS only)

CUSTOMER INFORMATION

Name of Proposer: (First Name) (Middle Name) (Last Name)

Date of Birth: D D M M Y Y Y Y Gender: Male ☐ Female ☐ TG ☐

Corr. Add : Building Name / Block No.*

Street Name*:

City*: Pin Code*: State*:

Tel.*: STD Code Fax: STD Code #Mobile:

Email*:

Overseas Contact No: STD Code PAN: Passport No:

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

PREMIUM DETAILS

Amount Rs.* Rupees* _____

SOURCES OF FUND

Salary ☐ Business ☐ Other ☐ (Please Specify) _____

BANK ACCOUNT DETAILS

Name of the Bank Account Holder:

Bank Account No: Account: Savings ☐ Current ☐

Name of Bank: Branch:

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

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

I wish: ☐ Any refund due on the premium payment / any payment/claims will be directly credited to my aforesaid Bank Account.*

*As per IRDAI, it is mandatory that all payments are made to the insured only through electronic mode.

FAMILY PHYSICIAN DETAILS

Name of Physician Dr.: (First Name) (Middle Name) (Last Name)

Corr. Add : Building Name / Block No.*

Street Name*:

City*: Pin Code*: State*:

Tel.* STD Code Fax: STD Code Mobile*:

RISK INFORMATION

Geographic Coverage: ☐ Excluding USA/Canada ☐ Including USA/Canada

Specify Countries of visit:

Departure Date: D D M M Y Y Y Y Return Date: D D M M Y Y Y Y

Purpose of Visit: ☐ Business ☐ Holiday ☐ Study

COVERAGE INFORMATION

Choose your Insurance Plan

Single Trip Sum Insured	Silver ☐ ($ 50,000)	Gold ☐ ($ 100,000)	Platinum ☐ ($ 200,000)	Titanium ☐ ($ 500,000)
Annual Multi Trip (Worldwide) Sum Insured	Gold ☐ ($ 250,000)	Platinum ☐ ($ 500,000)	Max. Duration per trip	
Family Floater Sum Insured	Silver ☐ ($ 50,000)	Gold ☐ ($ 100,000)	Platinum ☐ ($ 200,000)	Titanium ☐ ($ 500,000)

Product Code: TR/PF/0014/JAN19

DETAILS OF PERSON TO BE INSURED

Name	Relationship with Proposer	Gender	Date of Birth	Passport No.	Name of Benefciary	Relationship to Insured

MEDICAL HISTORY

Have you received any Treatment / Advice / Consultation for any Medical Condition in the last 4 years : Yes ☐ No ☐ If Yes, please fill in the details

Name	Treatment	Institution	Doctor's Name & Contact Nos.

Are you presently taking any medication: Yes ☐ No ☐

Name	Medication

PAYMENT DETAILS

Cheque No: Dated: D D M M Y Y Y Y

Amount: Bank Name:

BENEFICIARY DETAILS

Name of Beneficiary: Relationship to Insured:

PROPOSER DECLARATION

I hereby declare that the Insured Person(s) 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
- I/We have read the Policy Terms and Condition and have accepted the same
- I/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.
- I 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.
- I/we 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

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.

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.

Fraud Warning: 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 any other person, 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 insurance act, which will render the policy voidable at the sole discretion of the insurance company and result in a denial of insurance benefits.

Mode of Payment : Cheque & Demand Draft. Payment by cash will not be accepted. 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.

Note: The liability of the company does not commence until the acceptance of the proposal has been formally intimated by the insured and full premium has been realized by the company.

Place:

Date: D D M M Y Y Y Y

Signature of 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

Date D D M M Y Y Y Y

Signature of theTranslator

Name of the Proposer

Place

Date D D M M Y Y Y Y

Signature / Thumb Impression of the Proposer

FOR OFFICE USE ONLY

Channel Partner Code:

Branch Location:

Signature of the Channel Partner