HDFC ERGO General Insurance Company Limited

Proposal Form

my:health GROUP PERSONAL ACCIDENT INSURANCE

GUIDELINES TO FILL THE FORM	FOR OFFICE USE ONLY	
1. Please fill the form in BLOCK LETTERS. Please answer all questions fully and correctly. All details with * are mandatory	Branch Code:	
2. Please leave one box blank between two words while writing the ADDRESS	Intermediary Code*:	
3. Kindly contact the Company's Office or Intermediary for any doubt or clarification on the Proposal Form	Intermediary Location Code:	
Note: The liability of the Company does not commence until this proposal is accepted by the Company and premium received.	Intermediary Employee Code:	
PLEASE SUBMIT THE PROPOSAL FORM IN ORIGINAL, PHOTO COPIES WILL NOT BE ACCEPTED BY THE COMPANY	Intermediary Reference Code:	
	Sales Manager Code:	

PROPOSER INFORMATION

Name of Insured:				Contact Person's Name:			
Correspondence Address:							
Block/Flat No:		Floor No:		Building Name:			
Street Name:		Locality:		Landmark:			
City/ Village:		Pincode*:					
Landline:		Mobile No:					
Occupation/ Profession/ Trade/ Business*:							
PAN No:		Period of Insurance:	From	**XX Hrs: XX minutes on dd/mm/yyyy**	To	**00 Hrs:00 minutes on dd/mm/yyyy**	
Are your employees/members at present insured under any accident/ Life insurance?				Yes		No	
If 'Yes' state the insurer, type of policy with coverage & sum insured-(attach additional sheet if required)							
Do your employees/members engage in :							
Winter Sports, skiing or ice Hockey	Yes	No	Ballooning or polo or sports of similar nature	Yes	No		
Racing on wheels or horseback	Yes	No	Mountaineering	Yes	No		

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Big game hunting	Yes	No			
Please state whether all eligible members of the Group / Association / Institution / Corporate Body are proposed for Insurance?					
Policy is required on named basis		Yes		No	
If yes, Please provide details of Insured Persons and of benefit and coverage required in the below mentioned format					

Unique identification No./ Employee No./ membership no.	Name of the Person to be Insured	Relationship of the family members with the Employee/ Member	Location	Date of Enrollment / Joining	Nature of duty performed	Date of Birth	Gender	Email ID	Mobile No	Designation/ Category/ position	Plan/ Table of Benefits/ Cover	Sum Insured	Pre-existing Illness/ disability (if any)	Nominee name*/ Relation

* A Minor should not be declared as nominee.

Does the Insured has personal safety features like restricted access/safety training camps /first aid training _____
No. of employees whose job involve travelling and average distance per day _____
If Policy is required on unnamed basis, provide total number of employees/members to be covered (including families whenever covered) _____
For break up of Persons in each Sum Insured and Persons in different Work/Job / Risk categories, please attach a separate sheet.
Are all insured persons to be covered 24 hours per day, 365 days per year? _____ Yes _____ No provide details for each category of insured persons (if space is inadequate use a separate sheet) _____

Do you wish to include various available extensions/ benefits in this Policy? ☐ Yes ☐ No

If yes, please give details and specify limits for the same in the following format. (Please use separate sheet if required.)

Sr.No.	Name of the extension /benefit	Sum Insured	Restrictions / Remarks / Limits, If any.

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Do you wish to include any special condition available under this Policy like excess etc. _____

Has any insurer in respect of life or accidental or sickness insurance ever:					
a) Declined to insure you	Yes	No	b) Required special terms to insure you?	Yes	No
c) Refused to renew your insurance?	Yes	No	d) Increased your premium on renewal	Yes	No
Note: Ensure that the information in this form is accurate and complete as inaccuracy or non disclosure of the requested information or other material facts could preclude recovery of any claim under the policy.					

Are your employees/members and families currently insured under any other life or accidental or sickness insurance policy. if yes, please given full details of coverage and sum insured and policy period (attach a separate sheet).
Provide past three years claims history (Insured person details /No. Of claims/ nature of disabilities/ amount paid/ outstanding) (Attach a separate sheet.)
Pl. Provide the Co-Insurance pattern under the policy : Insurer/% of share/ Insurer/% of share/ Insurer/% of share/ Insurer/% of share/

PREMIUM PAYMENT DETAILS (Please provide the details of premium payment)

Premium Amount (In Rs.):	_____	Payment Option (pl. tick (√)):	Cash / Cheque / DD
Amount In words			
For Cheque / DD (Payable in favour of "L&T General Insurance Company Limited")			
Instrument no.		Instrument Date:	
Bank Name:			

#Cash towards premium will be accepted only at our branch offices.

DECLARATION AND WARRANTY ON BEHALF OF ALL PERSONS PROPOSED TO BE INSURED

I/We hereby declare, on my behalf and on behalf of all persons proposed to be insured, that the above statements, answers 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 L&T General Insurance company Ltd 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.

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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 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.

Date: _____ Time: _____

Signature of Proposer

PROHIBITION OF REBATES - UNDER SECTION 41 OF INSURANCE ACT 1938

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 Rs.10 Lahks