

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

All details are mandatory.

(Please fill-up this form in CAPITAL LETTERS)

CP Code:

PROPOSER DETAILS

Proposer Mr./ Ms./ Mrs.
(First Name) (Middle Name) (Last Name)

Address

District City Pin Code

State #Mobile Nationality

Email Get Policy on Email: Yes No

Date of Birth: Gender: Male Female TG Marital Status: Married Unmarried

Profession: Salaried Self Employed Others Detail PAN No.:

I have eIA No: I would like to apply for eIA with Karvy CAMS NSDL CDSL

PROPOSED POLICY DETAILS

Type: Individual Floater Proposed Policy Start Date Policy Duration: 1 Year 2 Years

OPTIONAL COVERS (On Payment of Additional Premium)

Double Sum Insured for Critical Illness (This cover is available upto age 65 years and for Sum Insured above ₹ 200,000/- only): Yes No

Waiver of Room Rent Sub-limits: Yes No

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

PROPOSED INSURED(S) INFORMATION

Sr. No.	Name	Relationship with Proposer	Date of Birth (DDMMYY)	Gender	Profession/ Occupation	Name of Pre-existing illness (If any)	Height (in cms)	Weight (in kgs)	Sum Insured (₹)

Sr. No.	Name of the Nominee/Relationship	Roll over/Portability from previous insurer Yes/No

MEDICAL & LIFESTYLE INFORMATION (Please answer questions related to your medical history)

Medical History: Please answer the below mentioned questions in Yes (Y)/No (N). If the answer to any of the questions is Yes, please give details in the table given. Alternatively attach a separate sheet of paper

Does any person, proposed to be insured, suffer from or have been treated for any heart related ailment/blood pressure? Yes No

Does any person, proposed to be insured, suffer from Diabetes/Asthma/Epilepsy? Yes No

Does any person, proposed to be insured, suffer from any other disease/ailment? Yes No

Is any person, proposed to be insured, receiving any treatment/medication or have in the past received treatment or undergone surgeries for any medical condition/disability?

Yes No Please provide details of hereditary medical history, if any

If answer to the above questions is Yes, please elaborate:

Sr.No.	Name of the person proposed to be insured	Name of illness/injury suffering from or suffered in the past *Treatment/medication received/receiving	Date first diagnosed /treated	Name of attending Medical Practitioner/ Surgeon with address & Tel. No./Hospital details	Whether fully cured
1.					
2.					
3.					
4.					
5.					

PREVIOUS/CURRENT INSURANCE DETAILS

Does the proposer or the person(s) proposed to be insured currently have an existing insurance cover or have been insured in the past under a Medclaim, Critical illness, Accident or any other Medical Insurance Policy (Individual or Group)? If Yes, please provide the details:

Sr. No.	Policy No.	Insurer	From Date (DDMMYY)	To Date (DDMMYY)	Sum Insured
1.					
2.					
3.					
4.					
5.					
6.					

Claim Details			Cumulative Bonus Earned	
No. of Claims	Amount (₹)	Ailment	%	Amount (₹)

If Yes, please provide the details:

*Sr.No. - Please maintain the same serial order

PREMIUM PAYMENT DETAILS

Premium Amount: ₹ Payment Option: Cash# Cheque DD Credit / Debit Card

Name of Premium Payer: (First Name) (Middle Name) (Last Name)

Amount in words:

#Cash towards premium up ₹50,000 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

MICR Code IFSC Code

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.

Place:

Date:

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:

Signature of the Translator

Name of the Proposer:

Place:

Date:

Signature / Thumb Impression of the Proposer

ACKNOWLEDGEMENT

Received from Mr. / Mrs. / Ms. _____ Cheque No. _____

Dated _____ Drawn on _____ Bank for a sum of Rs. _____

towards payment of premium on behalf of HDFC ERGO General Insurance Company Ltd.

Date:

Signature & seal _____

Neither the submission to us of a completed proposal for insurance nor any payment for any policy sought obliges us to agree to issue a policy, which decision is and always shall be in our sole and absolute discretion. If we accept a proposal for insurance, it shall be subject to the policy terms and conditions and we shall have no liability to make any payment if premium is not received by us in full and in time, or is not realized. If we do not accept the proposal, we will inform you and refund any payment received from you without interest within next 30 days.