

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:
D D M M Y Y Y Y Gender: Male Female 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
D D M M Y Y Y Y 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

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 (₹) |
|---------|------|----------------------------|------------------------|--------|------------------------|---------------------------------------|-----------------|-----------------|-----------------|
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

| 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

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:

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
| | | | | | | | |

Signature of Proposer

AUTO RENEWAL CONSENT

I hereby authorise HDFC ERGO General Insurance Limited to charge premium for me and my family member's policy to my above mentioned Visa/Master Card and renew the policy (Subject to Conditions) every year till further written notification and so long as my Visa / Master card is valid. I understand that my cover would start on remittance being received by HDFC ERGO General Insurance Limited from the bank.

Place:

| | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

Date:

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
| | | | | | | | |

Signature of Proposer

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 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.

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 particular 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.

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:

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
| | | | | | | | |

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.