HDFC ERGO General Insurance Company Limited





Please provide complete and accurate information to the questions appearing below. Kindly attach additional sheet(s) if required. Should you need any further clarification, please do not hesitate to contact us.

HDFCERGO General Insurance Company Ltd. ("the Company") will not assume risk until the proposal has been accepted by the Company and communication of acceptance has been given to the Proposer in writing by the Company after receipt of full premium by it

the Company after receipt of full premi	um by it.																														
All pre-existing illness / disablemen	nt/ accidental inju	ries are e	xcluded	whethe	r declar	ed o	r not.																								
Proposal form No.																															
Agent name (Firs	t Name)											Midd	le Na	me)										\Box		\perp		(L	ast Na	me)	
Agent Code				Branch	Locatio	n _												Ι		Ι			Ві	usine	ss Se	ector	: Rur	al [Soci	al 🔃
Proposer's Name																		[Date	of	Birth	D	D	M	MY	Υ	Υ	Υ		Sex	: F / M
Spouse Name														Date of Bird						Birth	h D D M M Y Y Y Y								Sex: F / N		
Dependent Child Name													Date of Birt							Birth								Sex: F / N			
Dependent Parent Name														Date of Bi					Birth	h D D M M Y Y Y Y							Sex: F /				
Proposer's Mailing Address														<u></u>		F															
Proposer's Phone Number				Pr	oposer'	s Occ	cunati	ion								\pm		$^{\perp}$		$^{\perp}$				\pm	_	\pm	П				\overline{T}
Period of insurance : From DDD	M M Y Y Y	/ Y To	D		и у]																							
Capital Sum Insured for Section I Option 1 25000 Capital Sum Insured for section II Option 1 5000																															
	Option 2 50000																		Option 2							10000					
Dependent Child Education Benefit Y / N																			Option 3							15000					
Dependent Girl Child Wedding Benefit Y / N																						//N									
PREMIUM DETAILS													Cover Sought on Individual or Floater Basis																		
							PRE	:MIC	JM D	EI	AIL	5																			
Amount Rs.		Rupees																													
						;	sou	RCI	ES O	FF	UNI	D																			
Salary Business	Other	(Please	Specify)																												
						BAI	NK A	CC	OUN	T D	ET/	AILS	3																		
Name of the Bank Account Holder																															
Bank Account No.				Name	of Ban	k																			Ш	\perp					
Branch Name & Address																															
MICR Code (9 digit MICR code num			appearin	g on the	cheque	issu	ued by	y the	bank))												A	ccou	nt:	Savir	ıgs			С	urren	ıt
IFSC Code (11 character code appears I wish: Any refund due on the			vment/ cl	aime wil	l he dire	ectly	credit	ed to	mv a	fore	said	Ranl	ζ Δης	cour	nt *																
I wish: Any refund due on the premium payment/ any payment/ claims will be directly credited to my aforesaid Bank Account.* *As per the IRDA, its mandatory that all payments made to the insured only through electronic mode.																															
					Р	ROI	POS	ER'	S DE	CL	AR/	ATIO	NC																		
I hereby declare and warrant on my behalf and on behalf of all persons proposed to be insured that the above statements are true and complete in all respects and that there is no other information which is relevant to this application for insurance that has not been disclosed to HDFC ERGO General Insurance Company Ltd. I agree that this proposal and the declarations shall be the basis of the contract between me and all persons to be insured, and the Insurer.																															
I further agree and understand that the Insurer's liability in respect of any payment that may be due under any Policy issued is strictly limited to the percentage stated, subject always to the Sum Insured or that part of the																															
Sum Insured that remains in respect of a claim. I further consent and authorize the Insurer and/or any of their authorized representatives to seek medical information from any hospital/consultant that I or any person proposed to be insured has attended or may attend in future concerning any disease or illness or injury. I/We understand that all information provided in this proposal and any attachments are material to the Insurer's decision to provide this insurance, and that insurance will be provided, at the insurer's sole discretion, in reliance upon the truth of such information.																															
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													sal for																		
insurance shall be at the Company's realization of the premium payment.																															
HDFC ERGO General Insurance Cor General Insurance Company Limited occurred prior to policy issuance.	mpany Limited alo	ng with the	e date fro	m which	the insu	ıranc	e Cov	er sh	nall be	com	ne eff	ectiv	e an	d the	e insı	ırand	e co	ver	shal	l on	ly be	effe	ctive	from	the d	ate a	ıs intir	mated	by HI	DFĊ I	ERGÓ
You are obliged to inform HDFC ERG all changes in your or any other propo																															
Fraud Warning: This policy shall be and with intent to defraud the insuran thereto, commits a fraudulent insuran	ce company or an	y other pe	rson, files	a propo	osal for i	nsura	ance o	conta	ining	any	false	info	rmat	ion,	or co	ncea	ls fo	r the	e pur	rpos	se of	misl	eadir								
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. 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.													emium																		
Name Name																							-								
Designation		\Box																													
Date DDMMYYY	$\overline{\vee}$												L				Siar	not:	ro									amn			