

PREMIUM DETAILS

Amount Rs. Rupees _____

BANK ACCOUNT DETAILS

Name of the Bank Account Holder:

Bank Account No.: Name of Bank:

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

IFSC Code: (11 character code appearing on your cheque leaf) Account: Savings Current

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

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

SOURCES OF FUND

Salary Business Other (Please Specify) _____

DECLARATION

I/We, the undersigned, declare and acknowledge:

- that I understand that I am required to disclose in this form, fully and faithfully, all the facts that I know or ought to know, otherwise the policy issued hereunder shall become voidable at the option of the Insurer;
- that I undertake not to use any illegal software that undermine the security of my system.
- that after enquiry, all information supplied in this proposal and any supporting documents attached to this proposal or supplied separately, is true and correct and that until a contract of insurance is entered into, I am obliged to inform the Company of any changes to any information supplied or of any new information that is relevant;
- that I understand Company relies on the accuracy of the information and documentation supplied proposing this insurance;
- that if a contract is entered into, all information and documentation supplied for proposing this insurance shall be incorporated into and form part of such contract of insurance;
- that I have read and understood the important notices which form part of this proposal;
- that I have understood, no insurance is in force until a contract of insurance is entered into, which is conditional upon acceptance of my proposal for insurance by the Company;
- that signing of this proposal does not bind the undersigned to purchase the insurance, but it is agreed that this proposal shall be the basis of insurance should a policy be issued and will be attached to form part of the insurance policy

Name:

Signature

Date

CONSENT FOR LINKAGE OF AADHAR AND PAN

(Please fill in all columns in CAPITAL LETTER)

I. PAN Details: _____

a. Documents required (If PAN not provided):

Passport Election Card Govt.ID Driving License UIDAI Card NREGA Card Others

b. Identification No. Of the documents provided: _____

II. Aadhaar Details (Ensure all details are as per Aadhaar Card)

Aadhaar Number	Date of Birth	Pin Code	Mobile no	Enrolment Proof#
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

If Aadhaar Number is applied for, please enclose proof of enrolment.

CONSENT

I hereby give my consent to HDFC ERGO General Insurance Company Limited to use my Aadhaar details, authenticate my details with UIDAI.

HDFC ERGO has informed me and I hereby give my consent to update my Aadhaar number and Aadhaar information for my existing insurance policy, the policy applied by me and any future policies with HDFC ERGO and for the purposes of e-KYC. Further, my Aadhaar details may also be updated in all the policies where my Name/ PAN is mapped as a Proposer/ Joint policy holder / Nominee.

I also give my consent for verification of my PAN with Income Tax department.

Place:

Date:

Signature