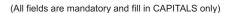
## **HDFC ERGO General Insurance Company Limited**

Student Suraksha - Student Overseas Travel - Proposal Form





CUSTOMER INFORMATION					
Proposer Mr. / Ms. / M	Mrs. (First Name) (Middle Name) (Last Name)				
DOB	Sex Male Female				
Address					
City	Pincode				
State					
Tel.(Res.)	STD Code (Off.) STD Code				
E-mail					
Overseas Contact No.	Passport No.				
LIFE INSURED DETAILS TO BE FILLED INCASE DIFFERENT FROM PROPOSER					
Name of Life to be Insured Mr. / Ms. / Mrs.  (First Name) (Middle Name) (Last Name)					
DOB	Sex Male Female				
Address	OGA INICIO I CONTROLO				
City	Pincode Dincode				
State					
Tel.(Res.)	STD Code Mobile				
E-mail					
Overseas Contact No.	Passport No.				
	FAMILY PHYSICIAN DETAILS				
Name of Physician	(First Name) (Middle Name) (Last Name)				
DOB	Sex Male Female				
Address					
City	Pincode				
State					
Tel.(Res.)	STD Code (Off.) Mobile				
	MEDICAL HISTORY OF LIFE INSURED				
	ny treatment / Advice / Consultation for any Medical Condition in the last 5 years:  Yes No				
If Yes, please fill in the					
Treatment  Doctor's Name	Institution   Institution				
Contact No.	Are you presently taking any medication: Yes No				
If yes specify please					
	RISK INFORMATION				
Geographic Coverage	e Excluding USA/Canada Including USA/Canada				
Specify Countries of	visit:				
Departure Date	DDMMYYYYY  Return Date DDMMYYYYY				
	PLAN DETAILS				
Mandatory Base Plan					
Optional: Plus Plan (Pl	ease Tick) Yes No				
	ADDITIONAL INFORMATION				
Name of University					
Address of Institute					
-	Building Name Block No. Street Name Locality				
	City State Country Zip Code				
Name of Program	Program Duration				

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Name of the Sponsor Mr. / Ms. / Mrs. / M/s							
Name of the Sponsor Ivii. / Ivis. / Iviis. / Iviis							
DOB Sex Male	Female						
Address							
City State Pincode Relationship with Ir	nsured						
Tel.(Res.)	Mobile						
STD Code STD Code  E-mail							
Occupation ID Proof							
BANK ACCOUNT DETAILS							
Name of the Bank Account Holder							
Bank Account No.							
Name of Bank Bran	ch						
MICR Code $ \theta $ digit MICR code number of the bank and branch appearing on the cheque issued by the bar	ık)						
IFSC Code (11 character code appearing on your cheque leaf)	Account: Savings Current						
I wish: Any refund due on the premium payment / any payment/claims will be directly credited to my afo	resaid Bank Account.*						
*As per the IRDA, its mandatory that all payments made to the insured only through electronic mode	Э.						
PAYMENT DETAILS							
Cheque No Dated DDMMYYYY Amo	ount						
Bank Name							
Bank Account/ LOS No.							
NOMINEE DETAILS							
Name of Nominee Relationship to I	nsured						
PROPOSER DECLARATION  I hereby declare that the Insured Person listed above –							
<ul> <li>Is Jar en tot travelling for the purpose of medical treatment</li> <li>Have not received a terminal prognosis for a medical condition and have accepted the same</li> <li>I // we accept that this policy does not cover treatment for Pre Existing Medical Conditions/Diseases/Aliments that are declared or undeclared</li> <li>I/We hereby declare that the contents of the form and documents have been fully explained to medius and that I/we have fully understood the significance of the proposed contract.</li> <li>I/We hereby declare on my behalf and on behalf of all persons proposed to be insured that the above statements are true and complete in all respects to the best of my knowledge and that I/We analyze authorized to propose on behalf of these other persons.</li> <li>I understand that the information provided by me will form the basis of insurance policy, is subject to the Board approved underwriting policy of the Insurance company and that the policy will come into force only after full receipt of the premium chargeable</li> <li>I/We further declare that IfWe 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.</li> <li>I/We declare and further 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 and 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 feating settlement and with any Governmental and/or Regulatory Authority.</li> <li>I/We authorize the Company to share information pertaining to my proposal including the medical records for the so</li></ul>							
Note: We are under no obligation to accept any proposal for insurance. The Proposer agrees that the receipt of the Proposal Form by HDFC ERGC payment does not tantamount to the acceptance of the Proposal for insurance by HDFC ERGO General Insurance Company Limited and does not the Proposal for insurance shall be at the Company's sole and absolute discretion and your proposal for misurance by HDFC ERGO General Insurance payment and upon full realization of the premium payment. In the event of acceptance of the Proposal for insurance by HDFC ERGO General Insuranted to the Proposer by HDFC ERGO General Insurance Company Limited along with the date from which the insurance Cover shall become the date as intimated by HDFC ERGO General Insurance Company Limited. HDFC ERGO General Insurance Company Limited shall not be lia covered under the Policy of Insurance that has occurred prior to policy issuance. Claims payable in INR only  Insurance Act 1938, Section 41-Prohibition of Rebates: 1. No. person shall allow or offer to allow, either directly or indirectly as an inducement to 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 pre renewing or continuing a policy accept any rebate except such rebate as may be allowed in accordance with the prospectus or tables of the Insurence of this section shall be punishable with a fine, which may extend to Rupees five hundred.  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 part intent to defraud the Insurance Company or other persons, files a proposal for insurance containing any false information, or conceals for the put 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.  I/We hereby understand, declare, consent and authorize the Company shall have right to retain the aforementioned inform	result in a concluded confract of insurance. The acceptance of RGO General Insurance Company Limited receives premium rance Company Limited, such acceptance shall be specifically a effective and the insurance cover shall only be effective from able for any claim in respect of an event giving rise to a claim to any person to take out or renew or continue an insurance in emium shown on the policy, nor shall any person taking out or 2. Any person making default in complying with the provisions rticulars by the Proposer. Any person who, knowingly and with rpose of misleading, information concerning any fact material company for underwriting the risk. I/We hereby also understand,						
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