

HDFC ERGO General Insurance Company Limited

Student Suraksha - Student Overseas Travel - Proposal Form

(All fields are mandatory and fill in CAPITALS only)



CUSTOMER INFORMATION

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

DOB Sex Male ☐ Female ☐

Address

City Pincode

State

Tel.(Res.) (Off.) STD Code Mobile

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

City Pincode

State

Tel.(Res.) (Off.) 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.) (Off.) STD Code Mobile

MEDICAL HISTORY OF LIFE INSURED

Have you received any treatment / Advice / Consultation for any Medical Condition in the last 5 years: Yes ☐ No ☐

If Yes, please fill in the details:

Treatment Institution

Doctor's Name

Contact No. Are you presently taking any medication: Yes ☐ No ☐

If yes specify please

RISK INFORMATION

Geographic Coverage ☐ Excluding USA/Canada ☐ Including USA/Canada

Specify Countries of visit:

Departure Date Return Date

PLAN DETAILS

Mandatory Base Plan (Please Tick) Bronze ☐ Silver ☐ Gold ☐ Platinum ☐ Standard ☐

Optional: Plus Plan (Please 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

SPONSOR DETAILS

Name of the Sponsor Mr. / Ms. / Mrs. / M/s

DOB Sex Male ☐ Female ☐

Address

City Pincode

State Relationship with Insured

Tel.(Res.) (Off.) 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 Branch

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

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 aforesaid Bank Account.*

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

PAYMENT DETAILS

Cheque No Dated Amount

Bank Name

Bank Account/ LOS No.

NOMINEE DETAILS

Name of Nominee Relationship to Insured

PROPOSER DECLARATION

I hereby declare that the Insured Person listed above –

- Is / are not travelling against the advise of a physician
- Is / are not on the waiting list for any medical treatment
- Is / are not travelling for the purpose of medical treatment
- Have not received a terminal prognosis for a medical condition before this day
- I / we have read the Policy Terms and Condition and have accepted the same
- I / we accept that this policy does not cover treatment for Pre Existing Medical Conditions/Diseases/Ailments that are declared or undeclared
- I/We hereby declare that the contents of the form and documents have been fully explained to me/us and that I/we have fully understood the significance of the proposed contract.
- 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 am/are authorized to propose on behalf of these other persons.
- 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
- 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 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 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.
- I authorize HDFC ERGO General Insurance and associate partners to contact me via email, phone, SMS

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 insurance shall be at the Company's sole and absolute discretion and your proposal form will be considered only after HDFC ERGO General Insurance Company Limited receives premium payment and upon full realization of the premium payment. In the event of acceptance of the Proposal for insurance by HDFC ERGO General Insurance Company Limited, such acceptance shall be specifically intimated to the Proposer by HDFC ERGO General Insurance Company Limited along with the date from which the insurance Cover shall become effective and the insurance cover shall only be effective from the date as intimated by HDFC ERGO General Insurance Company Limited. HDFC ERGO General Insurance Company Limited shall not be liable for any claim in respect of an event giving rise to a claim 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 any person to take out or renew or continue an insurance 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 prospectus or tables of the Insurer. 2. Any person making default in complying with the provisions 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 particulars 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.

I/We hereby understand, declare, consent and authorize the Company to use personal health details and financial information, as provided to the Company for underwriting the risk. I/We hereby also understand, declare, consent and authorize the Company that the Company shall have right to retain the aforementioned information and disseminate the same to its service provider(s) for providing services related to insurance.

Place

Date

Signature of the Proposer

FOR OFFICE USE ONLY

Channel Partner Code

Branch Location

Signature of the Channel Partner

Insurance is the subject matter of solicitation.