

PERSONAL ACCIDENT IPA - 2 For internal reference only

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Coverage you can depend on, for those who depend <u>on you.</u>

An accident can strike at anytime. It takes only a second... but the effects can last a lifetime! In such cases it is utmost important to ensure that your family doesn't have to face additional burden of managing their day-to-day basic needs.

That's where HDFC ERGO Personal Accident Policy reassures your family of the added protection & financial security that they require at such a crucial time.

KEY FEATURES

- Protects the entire family (spouse, children and dependent parents) at minimum cost
- Broken bones coverage for parents up to 70 years
- 100% cover for spouse on all benefits under Family Plan
- Includes cover for broken bones, burns, ambulance costs, personal accidents worldwide as well as Hospital Cash (both sickness & accidental injury)

WHAT IS COVERED ?

Accidental Death: Pays up to 100% of the Sum Insured if bodily injury results in death from an accident



Broken Bones: Pays up to ₹1.5 lakh (or a flat ₹50,000 for parents) if an accident results in broken bones

Ambulance Costs: Pays up to ₹2000 towards the reimbursement of costs for ambulance charges

*For up to 45 days, after 3 days of continuous hospitalization

WHAT IS NOT COVERED ?

Under this policy, these include, but are not limited to:

- Self inflicted injury
- Participation in a criminal act
- Participation in a hazardous sport
- Intoxication AIDS/ HIV
- Terrorism

hospitalization not included

No medical or health check-up required

Easy payment - by Cheque or Credit Card

Life Long Renewability

Open to anyone up to 65 years and parents up to 70 years

Range of Sum Insured plans from ₹2.5 lakh to ₹15 lakh cover

Permanent Disability: Pays up to 100% of the Sum Insured if

Burns: Pays up to ₹75,000 if an accident results in

hospitalization and treatment for burns

bodily injury results in permanent disability due to an accident

Hospital Cash (Accidents & Sickness): Pays up to ₹500 a day*

for upto a maximum of 45 days (i.e. up to ₹22,500) in case of

hospitalization from accident or sickness. First 3 days of

War or civil war

Other exclusions apply. Please read the policy contract for a full list of our exclusions, terms and conditions

| PREMIUM DETAILS | | | | | | | |
|---|--------------|------|---|--|-------------|-------------|--|
| PREMIUM PAYABLE | 2.5 Lakhs SI | 5 La | khs SI | 7.5 Lakhs SI | 10 Lakhs SI | 15 Lakhs SI | |
| Self Plan | 612 | g | 69 | 1,327 | 1,938 | 2,653 | |
| Self & Family Plan | 1,459 | 2, | 227 | 2,998 | 4,448 | 5,990 | |
| Self Plus Dependent Parents -Add -on | 1,487 | 1, | 844 | 2,202 | 2,812 | 3,528 | |
| Self & Family Plus Dependent Parents Add-on | 2,334 | 3, | 102 | 3,873 | 5,323 | 6,865 | |
| BENEFITS - SELF PLAN | | | | | | | |
| Accidental Death | 2,50,000 | 5,0 | 0,000 | 7,50,000 | 10,00,000 | 15,00,000 | |
| Permanent Total Disability | 2,50,000 | 5,0 | 0,000 | 7,50,000 | 10,00,000 | 15,00,000 | |
| Broken Bones | 25,000 | 50 | ,000 | 75,000 | 1,00,000 | 1,50,000 | |
| Burns | 12,500 | 25 | ,000 | 37,500 | 50,000 | 75,000 | |
| Ambulance Costs | 1,500 | 1, | 500 | 1,500 | 1,500 | 2,000 | |
| Hospital Cash (Accidents & Sickness) | 250/day | 250 |)/day | 250/day | 500/day | 500/day | |
| ADD-ON BENEFITS (DEPENDENT PARENTS) | | | | | | | |
| Accidental Death | 2,50,000 | 2,5 | 0,000 | 2,50,000 | 2,50,000 | 2,50,000 | |
| Permanent Total Disability | 2,50,000 | 2,5 | 0,000 | 2,50,000 | 2,50,000 | 2,50,000 | |
| Broken Bones | 50,000 | 50 | ,000 | 50,000 | 50,000 | 50,000 | |
| ** FAMILY PLAN BENEFITS | | | | | | | |
| Accidental Death - Spouse 100% & Children 10% (max. 2) | | | | Permanent Total Disability - Spouse 100% & Children 10% (max. 2) | | | |
| Broken Bones - Spouse 100% & Children No Pay-out Broken Bones - Spouse 100% & Children No Pay-out | | | Ambulance Costs - Same Entitlement to All Family Members Hospital Cash (Accidents & Sickness) - Spouse 100% & Children 50% | | | | |

Applicable rate of service tax will be charged on above premium

TERMS & CONDITIONS

Disclaimer: The above information is only indicative in nature. For details of the coverage and exclusions please refer to the policy wordings.

Liability of the Company does not commence until the Company has accepted the proposal and the full premium has been paid.

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.

FREE LOOK

You have a period of 15 days from the date of receipt of the Policy document to review the terms and conditions of this Policy. If You have any objections to any of the terms and conditions, You have the option of cancelling the Policy stating the reasons for cancellation and You will be refunded the premium paid by You after adjusting the amounts spent on any medical check-up, stamp duty charges and proportionate risk premium. You can cancel Your Policy only if You have not made any claims under the Policy. All Your rights under this Policy will immediately stand extinguished on the free look cancellation of the Policy. Free look provision is not applicable and available at the time of renewal of the Policy.

HDFC ERGO General Insurance Company Limited

| PERSONAL | ACCIDENT | INSURANCE - | PROPOSAL | FORM |
|----------|----------|--------------------|----------|------|
| | | | | |



Plan 2 (for internal reference only) (All fields are mandatory and fill in CAPITALS only)

| *Sourcing Channel / Agent / Broker Name | | | | | | | | |
|---|---------------------------------|-----------------------------------|--|---|--|--|--|--|
| *Sourcing Branch (City) | | | | | | | | |
| CUSTOMER INFORMATION | | | | | | | | |
| Name of Proposer (First Name) | | (Middle Na | me) | (Last Name) | | | | |
| Sex Male Female | | | | | | | | |
| Primary Insured | | | | | | | | |
| (First Name) Occupation Clerical / Administrative | Professional - Service | (Middle Na / Business | ^{me)} Engineer / Worker / Super | (Last Name) visor | Driver/Daily Wage Labourer | | | |
| (Persons engaged in military service, professional sports, mine wor and similar hazardous occupation are excluded under the plan.) | kers, free fighters, water vess | el crew, oil feild/rig workers, s | tructural workers, window cleane | ers, junk/salvage workers, saw | mill workers, security guards | | | |
| Address | | | | | | | | |
| Street Name | | | | | | | | |
| City | Pin code | | State | | | | | |
| Tel. (Res.) STD Code | (Off.) |) Code | | Mobile | | | | |
| Email | | | | | | | | |
| | DREMIII | M DETAILS & POLICY PER | | | | | | |
| Amount (₹) | s (in words) | | | | | | | |
| Proposed Policy Period From D D M Y Y | Y to D D M M | Y Y Y Y | | | | | | |
| | | SOURCES OF FUND | | | | | | |
| Salary Business Other (Please Specify) | | | | | | | | |
| Annual Gross Income (₹) | | | | | | | | |
| | B/ | ANK ACCOUNT DETAILS | | | | | | |
| Name of the Bank Account Holder | | | | | | | | |
| Bank Account No. | | | | Account: Savings | Current | | | |
| Name of Bank | | | Branch | | | | | |
| MICR Code (9 digit MICR code number of the bank ar | nd | | IFSC Code (11 characte appearing on your cheq | | | | | |
| branch appearing on the cheque issued by the bank) | (any navmant/alaima wi | II be directly credited to | | | | | | |
| I wish: Any refund due on the premium payment. *As per the IRDAI, its mandatory that all payment | | - | - | ini. | | | | |
| | | | | | | | | |
| | | PREMIUM PAYABLE | | (-) | | | | |
| PREMIUM PAYABLE | 2.5 Lakh Sl | 5 Lakh Sl | 7.5 Lakh Sl | (Figures in Rupees. All P 10 Lakh SI | remiums are Excluding GST) 15 Lakh SI | | | |
| Self Plan | 612 | 969 | 1,327 | 1,938 | 2,653 | | | |
| Self & Family Plan | 1,459 | 2,227 | 2,998 | 4,448 | 5,990 | | | |
| Self Plus Dependent Parents - Add-on | 1,487 | 1,844 | 2,202 | 2,812 | 3,528 | | | |
| Self & Family Plus Dependent Parents - Add-on | 2,334 | 3,102 | 3,873 | 5,323 | 6,865 | | | |
| Applicable rate of service tax will be charged on above premium | | | | | | | | |
| Please fill in your payment details for either Credit Card or Cl | neque option | | | | | | | |
| CREDIT CARD Visa Master Card Expiry Date M Y Y Y | | | | | | | | |
| CHEQUE: Please pay by crossed cheque (Account Payee Only) in the name of "HDFC ERGO General Insurance Company Limited". | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| ACKNOWLEDGEMENT – CUSTOMER COPY | | | | | | | | |
| Please retain this counterfoil for your records | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

HDFC ERGO General Insurance Company Limited. IRDAI Reg. No. 146. CIN: U66030MH2007PLC177117. Registered & Corporate Office: 1st Floor, HDFC House, 165-166 Backbay Reclamation, H. T. Parekh Marg, Churchgate, Mumbai – 400 020. Customer Service Address: D-301, 3rd Floor, Eastern Business District (Magnet Mall), LBS Marg, Bhandup (West), Mumbai - 400 078. Customer Service No: 022 - 6234 6234 / 0120 - 6234 6234 | care@hdfcergo.com | www.hdfcergo.com | www.hdfcergo.com. For more details on the risk factors, terms and conditions, please read the policy document carefully before concluding a sale. Trade Logo displayed above belongs to HDFC Ltd and ERGO International AG and used by the Company under license. UIN: Personal Accident Insurance - IRDA/NL-HLT/HDFC-ERGOGI/P-H/V.I/257/13-14. UID:2990.

Please provide the information below for persons to be covered (Only immediate family members)

₹

| | First Name of Insured Person | Surname of Insured Person | Date of Birth | Annual Gross Income (₹) | Existing Injury/ Disability /Sickness (attach separate sheet if required) | Name of Nominee | Relationship of Nominee to Insured Person |
|--|---------------------------------|------------------------------|---------------|----------------------------|---|-----------------|---|
| SELF | | | DDMMYYYY | | | | |
| SPOUSE | | | DDMMYYYY | | | | |
| PARENT | | | DDMMYYYY | | | | |
| PARENT | | | DDMMMYYYY | | | | |
| CHILD | | | DDMMYYYYY | | | | |
| CHILD | | | DDMMYYYYY | | | | |
| Do you have any Personal Accident Insurance with HDFC ERGO General Insurance or any other insurance company? Provide details below (atach separate sheet if read.) | | | | | | | |

 Name of Insurance Company
 Accidental Death Sum Insured
 Policy Number
 Policy Period
 Benefits Covered

 ₹

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Non-disclosure or misrepresentaton of the above informaton, whether deliberate or not, shall make this policy voidable at the Company opton and no claim shall be admited under this policy.

| PLAN BENEFITS (Figures in Rupees. All Premiums are Excluding GS | | | | | | | |
|---|-----------------------------|-------------------------------|---------------------------------|--|-------------------------|--|--|
| BENEFITS – SELF PLAN | 2.5 LAKH SI | 5 LAKH SI | 7.5 LAKH SI | 10 LAKH SI | 15 LAKH SI | | |
| Accidental Death | 250,000 | 500,000 | 750,000 | 1,000,000 | 1,500,000 | | |
| Permanent Total Disability | 250,000 | 500,000 | 750,000 | 1,000,000 | 1,500,000 | | |
| Broken Bones | 25,000 | 50,000 | 75,000 | 100,000 | 150,000 | | |
| Burns | 12,500 | 25,000 | 37,500 | 50,000 | 75,000 | | |
| Ambulance Costs | 1,500 | 1,500 | 1,500 | 1,500 | 2,000 | | |
| Hospital Cash (Accidents & Sickness) | 250/day | 250/day | 250/day | 500/day | 500/day | | |
| ADD-ON BENEFITS – DEPENDENT PARENTS | | | | | | | |
| Accidental Death | 250,000 | 250,000 | 250,000 | 250,000 | 250,000 | | |
| Permanent Total Disability | 250,000 | 250,000 | 250,000 | 250,000 | | | |
| Broken Bones | 250,000 25,000 | 50,000 | 75,000 | 50,000 | 50,000 | | |
| FAMILY PLAN BENEFITS | | | , , | | | | |
| | & Children 10% (max. 2) | Permanent Total | Disability | - Spouse 100% | & Children 10% (max. 2) | | |
| | & Children No Pay-out | Ambulance Cos | • | Same Entitlement to All Family Members | | | |
| | & Children No Pay-out | | ccidents & Sickness) | Spouse 100% & Children 50% | | | |
| | a onildrennion ay-out | riospital Gasir (r | | | a offildren 50% | | |
| SI – Sum Insured. For Hospital Cash, there is a time deductible of 3 days. | | | | | | | |
| Declaration We understand that a charge may be levied on each instruction payment rejected due to lack of funds. We understand that a charge may be levied on each instruction payment rejected due to lack of funds. We hereby autonise PHDFC ERGO General Insurance Company Limited to use relevant data for marketing purposes ather directly of through third payment. We understand that a charge may be levied on each instruction payment rejected due to lack of funds. We hereby autonise PHDFC ERGO General Insurance Company Limited to the Proposal for insurance by HDFC ERGO General Insurance Company Limited and the data form which ather directly of through third payment. We hereby autonise PHDFC ERGO General Insurance Company Limited and the subment and the data for each to the Proposal for insurance by HDFC ERGO General Insurance Company Limited. HDFC ERGO General Insurance Company Limited and the data for each to the Proposal for insurance by HDFC ERGO General Insurance Company Limited. HDFC ERGO General Insurance Company Limited and the leader or any subsequent deduction on the payment insurance by HDFC ERGO General Insurance Company Limited. HDFC ERGO General Insurance Company Limited and the leader or any subsequent deduction on the payment insurance by HDFC ERGO General Insurance Company Limited. HDFC ERGO General Insurance Company Limited and the leader or any subsequence on the heritory on the advector on the payment insurance by HDFC ERGO General Insurance Company Limited and the later company is a subsect on the proposal for insurance by HDFC ERGO General Insurance Company Limited and the surance Company Limited and the payment desupayment descentent the payment descent and there the policy windi | | | | | | | |
| Date D D M M Y Y Y Y | | | | Signature of Person | to be Insured | | |
| | | | | | | | |
| POLICY HIGHLIGHTS: LOW COST ACCIDENT COVER FOR YOUR FAMILY | | | | | | | |
| Protects the entre family (spouse, children and dependent page) | arents) at minimum cost. | • | Sum Insured plans from Rs. 2 | | | | |
| Broken bones coverage for parents up to 70 years. No medical or health check-up required. | | | | | | | |
| 100% cover for spouse on all benefits under Family Plan. Available to anyone up to 65 years and also for parents up to 70 years. | | | | | | | |
| Includes cover for broken bones, ambulance costs, burns, p | ersonal accidents worldwide | Easy payr | nent – by cheque or credit ca | rd. | | | |
| as well as Hospital Cash (both sickness & accidental injury). | | Policy bec | omes effective in 15 days after | er receipt of payment & accura | ately | | |
| filled-in proposal form by HDFC ERGO General Insurance. | | | | | | | |
| ACKNOWLEDGEMENT – CUSTOMER COPY Please retain this counterfoil for your records (On behalf of HDFC ERGO General Insurance Company Limited) This is a temporary receipt and does not mean commencement of the policy contract. HDFC ERGO General Insurance Company Limited is not liable for any incidents between the tme that the premium amount is received and policy issuance. The policy issuance/validity of receipt is subject to clearing of the cheque or credit card mandate. The policy can be issued once HDFC ERGO General Insurance Company Limited receives completed form and premium payment. | | | | | | | |
| Received from Mr./Mrs./Ms. or M/s. | | | | | | | |
| Proposal from alongwith cheque/credit card mandate towards pr | emium for Personal Accident | | | | | | |
| | | | | | | | |
| Amount (₹) by Cheque No./Credit | Card No. | | | Stamp & Signature | | | |
| with Bank | | | branch. | Authorised | Personnel | | |