

**HD
FC
ERGO**

Take it easy!



**PERSONAL
ACCIDENT**

IPA - 4

For internal reference only

Accidents are uncertain but
Protection is guaranteed

Accidents are uncertain and can affect your family's savings and financial planning. HDFC ERGO Personal Accident Insurance reassures your family of the added protection and financial security that they require at such a crucial time.

FEATURES



Age Criteria - 18 years to 80 years



Coverage available from ₹10 Lakhs to ₹2.5 Crores



Optional benefit of Hospital Cash Accident Only & Hospital Cash Accident and Sickness



Cumulative Bonus of 5% increase in Sum Insured on renewals



Life Long Renewability



Policies can be issued upto 2 years

**Terms and Conditions apply*

ADDITIONAL FEATURES



Accidental Death



Permanent Disability (PTD+PPD)



Temporary Total Disability (Up to 104 weeks)



Accidental Hospitalization



Ambulance Charges



Dependent Child Education Benefit



Last Rites Cost - Accident only



Comatose Benefit - Accident Only



Medical Insurance Indemnity Premium



Parental Care Benefit



Assault



Broken Bones

PREMIUM DETAILS

All Premiums are excluding GST

SUM INSURED	10 LAKH	15 LAKH	20 LAKH	25 LAKH	50 LAKH	75 LAKH	1 CRORE	1.5 CRORE	2 CRORE	2.5 CRORE
(Premium Payable Yearly)										
Self Plan	1,645	2,769	3,070	3,370	5,522	8,196	10,721	17,990	23,726	29,463
Accidental Death	10,00,000	15,00,000	20,00,000	25,00,000	50,00,000	75,00,000	1,00,00,000	1,50,00,000	2,00,00,000	2,50,00,000
Permanent Disability (PTD+PPD)	10,00,000	15,00,000	20,00,000	25,00,000	50,00,000	75,00,000	1,00,00,000	1,50,00,000	2,00,00,000	2,50,00,000
Temporary Total Disability (Upto 104 weeks)	10,000	10,000	10,000	10,000	15,000	15,000	20,000	30,000	40,000	50,000
Accidental Hospitalization	1,00,000	1,00,000	1,00,000	1,00,000	1,00,000	1,00,000	1,00,000	1,00,000	1,00,000	1,00,000
Ambulance Charges	2,000	2,000	2,000	2,000	2,000	2,000	2,000	2,000	2,000	2,000
Dependent Child Education Benefit	2,00,000	2,00,000	2,00,000	2,00,000	2,00,000	2,00,000	2,00,000	2,00,000	2,00,000	2,00,000
Last Rites Cost - Accident only	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000
Comatose Benefit - Accident Only	50,000	50,000	50,000	50,000	50,000	50,000	50,000	50,000	50,000	50,000
Medical Insurance Indemnity Premium	20,000	20,000	20,000	20,000	20,000	20,000	20,000	20,000	20,000	20,000
Parental Care Benefit	50,000	50,000	50,000	50,000	50,000	50,000	1,00,000	1,00,000	1,00,000	1,00,000
Assault	50,000	75,000	1,00,000	1,25,000	2,50,000	3,75,000	5,00,000	7,50,000	10,00,000	12,50,000
Broken Bones	1,00,000	1,00,000	1,00,000	1,00,000	1,00,000	1,00,000	1,00,000	1,00,000	1,00,000	1,00,000

All figures in ₹

Add-on Premium

AGE BAND	HOSPITAL CASH ACCIDENT ONLY	HOSPITAL CASH ACCIDENT AND SICKNESS
1000 per day - max upto 30 day		
18 to 40	375	1080
41 to 50	375	1773
51 to 60	375	3092
61 to 65	375	5296
66 to 80	375	9000

**Taxes will be applicable*

HDFC ERGO General Insurance Company Limited

PERSONAL ACCIDENT INSURANCE - PROPOSAL FORM

IPA Plan - 4



Please fill the form in BLOCK LETTERS. All details with* are mandatory.

PLEASE USE ONLY ORIGINAL PROPOSAL FORM. PHOTO COPIES WILL NOT BE ACCEPTED BY THE COMPANY

Details of POS

Aadhar No :

or

PAN No. :

FOR OFFICE USE ONLY

Branch Code :

Intermediary Code* :

Intermediary Location Code :

Intermediary Employee Code :

Intermediary Reference Code :

Sales Manager Code :

PROPOSER DETAILS

Title* (Tick): Mr. Ms. Mrs. Gender*: Male Female Date of Birth: Marital Status: Single Married

Name*:
(First Name) (Middle Name) (Last Name)

Father's Name:
(First Name) (Middle Name) (Last Name)

Annual Income*

Address* Pin Code

Telephone Mobile No.: PAN No.

Email ID

Occupation: Clerical/Administrative Professional – Service/Business Engineer/Worker/Supervisor Driver/Daily Wage Labourer Others

(Persons engaged in military service, professional sports, mine workers, fire fighters, water vessel crew, oil field/rig workers, structural workers, window cleaners, junk/and similar hazardous occupation's are excluded under the plan.)

PROPOSED POLICY DETAILS (Please provide details of your proposed policy)

Type: Individual Floater* Proposed Policy Start Date Proposed Policy Start Time Policy Duration 1 Year 2 Years

ILLUSTRATIVE SUM INSURED FOR PLAN 4 (1 YEAR)										
										Figures in ₹
Sum Insured (₹)	10 Lakhs	15 Lakhs	20 Lakhs	25 Lakhs	50 Lakhs	75 Lakhs	1 Cr	1.5 Cr	2 Cr	2.5 Cr
Self Plan	1645	2769	3070	3370	5522	8196	10721	17989	23726	29463
Self + Spouse	1845	3219	3670	4120	7022	10821	14221	23989	31726	39463
Self + Spouse + 1 Child	1945	3444	3970	4495	7772	12133	15971	26989	35726	44463
Self + Spouse + 2 Children	2045	3669	4270	4870	8522	13446	17721	29989	39726	49463

ILLUSTRATIVE SUM INSURED FOR PLAN 4 (2 YEARS)										
										Figures in ₹
Sum Insured (₹)	10 Lakhs	15 Lakhs	20 Lakhs	25 Lakhs	50 Lakhs	75 Lakhs	1 Cr	1.5 Cr	2 Cr	2.5 Cr
Self Plan	3061	5150	5709	6269	10270	15244	19941	33460	44131	54801
Self + Spouse	3433	5987	6825	7664	13060	20126	26451	44620	59011	73401
Self + Spouse + 1 Child	3619	6406	7383	8361	14455	22568	29706	50200	66451	82701
Self + Spouse + 2 Children	3805	6824	7941	9059	15850	25009	32961	55780	73891	92001

Hospital Daily Cash: Accident Only Accident and Sickness

Age Band	Hospital Cash Accident only	Hospital Cash Accident and Sickness
	1000 per day - max upto 30 day	
18 to 40	375	1080
41 to 50	375	1773
51 to 60	375	3092
61 to 65	375	5296
66 to 80	375	9000

The above sum insured's are only for illustrative purpose. All above mentioned premium is exclusive of GST | Disclaimer: Your personal accident sum insured can not exceed 10 times of your annual income

PROPOSED INSURED(S) INFORMATION

(Please provide more details of the persons who are being covered in this Policy)

Sr. No.	Name	Relationship with Proposer	Date of Birth (DD/MM/YY)	Gender	Profession/ Occupation (refer list at the end of the form)	Table of Benefit & Sum Insured		Existing Injury/ Disability (if any)	Name of the Nominee/ Relationship	Annual Income
						Table of Benefit selected (Refer 'Table of Benefit' in the brochure)	Sum Insured			

*Floater Plan: Accidental Death & Permanent disability - Spouse 50%, Children (Max 2) 25%

PREVIOUS/CURRENT INSURANCE DETAILS

Is the proposer or the person(s) proposed to be insured currently insured or have been insured in the past under a Life / Accident Insurance Policy? Yes No

If Yes, please provide the details:

Sr. No.	Policy No.	Insurer	From Date	To Date	Sum Insured	Claim Details			Cumulative Bonus Earned	
						No. of Claims	Amount	Ailment	%	Amount (₹)
1.										
2.										
3.										
4.										
5.										
6.										

PREMIUM PAYMENT DETAILS

(Please provide the details of premium payment))

Premium Amount: ₹

Payment Option: Cash* Cheque DD Credit / Debit Card

Amount in words: _____

*Premium in Cash will be accepted only at our branch offices.

For Cheque / DD (Payable in favour of "HDFC ERGO General Insurance Company Limited")

Instrument No.:

Instrument Date:

Instrument Amount: ₹

Bank Name _____

For Credit Card / Debit Card (Only Proposer's Card to be accepted)

Card No.:

Card Type: Master Visa AMEX

Expiry Date:

Name on Card:

SOURCES OF FUND

Salary Business Other (Please Specify) _____

PROHIBITION OF REBATES - Under Section 41 of The Insurance Laws (Amendment) Act, 2015

No person shall allow or offer to allow either directly or indirectly as inducement to any person to take out 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 published prospectuses or tables of the Insurer.

Any person making default in complying with the provision of this section shall be punishable with fine which may extend to ₹10 Lakhs.

DECLARATION

I/We hereby declare, on my behalf and on behalf of all persons proposed to be insured, that the above statements, answer and/or particulars given by me 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 the Insurance Policy, is subject to the Board approved underwriting policy of the HDFC ERGO General Insurance Company Limited 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 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 – mental health of the life to be insured/proposer and seeking information from any insurance company to which an application for insurance on the life to be insured/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.

Date: _____ Time: _____

Signature of Proposer

Printing Code: IPA4/BPF/144/OCT19

HDFC ERGO General Insurance Company Limited

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hdfcergo.com

HDFC ERGO Mobile App

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. 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 No. 3269.