

**HD
FC
ERGO**

Take it easy!



**PERSONAL
ACCIDENT**

The right policy will give you
peace of mind

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 and financial security that they require at such a crucial time.

PRODUCT HIGHLIGHTS



Coverage against accidents 24x7 around the world



No health check up required



Age Limit: 18 years – 69 years



Life Long Renewability

WHAT IS COVERED ?



Accidental Death: 100% of the Sum Insured is paid in case of loss of life in an accident



Permanent Disability: Pays a benefit up to the maximum Sum Insured, if the Insured is permanently disabled due to an accident

EXCLUSIONS

Bodily Injury / Sickness caused :

- Intentionally
- Due to Civil War or Foreign War
- Under the influence of Alcohol /drug
- Due to driving two wheeler of more than 150 cc
- Due to AIDS / HIV
- Due to active participation in violent labour disturbance / public disorder
- On duty with military or police force or paramilitary organization
- Due to participation in hazardous sports

PREMIUM DETAILS

(All figures in Rupees. All Premiums are inclusive GST)

Sum Insured (Rs. in Lakhs)	5,00,000	7,50,000	10,00,000	12,50,000	15,00,000
Premium inclusive of 15% GST	573	859	1,145	1,431	1,718

Disclaimer: Your Personal Accident Sum Insured can not exceed 5 times of your annual income

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.

CLAIM PROCESS



Customer Service No:
022 - 6234 6234 / 0120 - 6234 6234



Email: care@hdfcergo.com



Submit all the requisite documents at the nearest
HDFC ERGO General Insurance Office.

Disclaimer: This leaflet is only a brief summary of the Individual Personal Accident Insurance Policy. Please contact our intermediary / sales officer / any of our offices for the policy wordings. The leaflet shall not be used separately

HDFC ERGO General Insurance Company Limited



Take it easy!

PERSONAL ACCIDENT INSURANCE - PROPOSAL FORM (Accident Only)

(All fields are mandatory and fill in CAPITALS only)

SECTION I

Name of Proposer: (First Name) (Middle Name) (Last Name)

Residential Address:

City: Pin Code:

State: Sex: Male ☐ Female ☐

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

Email:

Off. Address:

City: Pin Code:

State: Sex: Male ☐ Female ☐

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

Email:

Correspondence Address: ☐ Residence Address ☐ Office Address

*Please provide correct mobile number of the proposed insured, to receive information relating to policy servicing and premium acknowledgement.

Please provide the information below for person desired to be covered under the plan-

Name of the Insured Person	Relationship with Primary Insured Person	Date of Birth	Occupation	Annual Gross Income	Existing Injury/ Disability/ Sickness	Name of the Nominee	Relationship of Nominee to Insured Person	Age (Yrs)
	Self							

(Persons engaged in military service, professional sports, mine workers, fire fighters, water vessel crew, oil field/rig workers, structural workers, window cleaners, junk/salvage workers, saw mill workers, security guards and similar hazardous occupations are excluded under the plan.)

SECTION II

Plan Opted : ☐ 5 Lakhs ☐ 7.5 Lakhs ☐ 10 Lakhs ☐ 12.5 Lakhs ☐ 15 Lakhs

Proposed Policy Period From to

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.

PROPOSER DECLARATION

- I accept the Terms and Conditions of the insurance policy.
- 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
- The Proposer agrees that the receipt of the Proposal Form by HDFC ERGO along with the premium payment does not tantamount to the acceptance of the Proposal for insurance by HDFC ERGO 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. In the event of acceptance of the Proposal for insurance by HDFC ERGO, such acceptance shall be specifically intimated to the Proposer by HDFC ERGO along with the date from which the insurance cover shall become effective. The

Proposer agrees that, in the event of acceptance of the Proposal for insurance by HDFC ERGO and the issuance of a Policy of Insurance by HDFC ERGO, the Policy Effective Date shall commence fifteen (15) days from the date of receipt of the premium by HDFC ERGO. HDFC ERGO 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 during this period of fifteen (15) days. Your proposal form will be considered after HDFC ERGO General Insurance Company Limited receives premium payment. To facilitate payments of the insurance premium to HDFC ERGO General Insurance Limited.

The Maximum Compensation in respect of an Insured Person under the policy shall not exceed 5 times the Annual Income (as declared in the Proposal Form). Income proof for availing the compensation at the time of claim is mandatory. Income proof shall mean the previous year's returns filed with the Income Tax Department.

FRAUD WARNING: Any person who, knowingly and with intent to defraud the insurance company or any other person, 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 insurance act, which will render the policy voidable at the sole discretion of the insurance company and result in a denial of insurance benefits.

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.

Place:

Date:

Signature of the Proposer (As per Bank Record)

SECTION III

To be completed by anyone who assists the applicant in completing this proposal

I certify that I have explained the contents of this proposal to the applicant and that the applicant fully understands the contents of the proposal. I recorded the applicant's replies to the questions contained in this proposal as per the information provided by the applicant. I read these replies aloud to the applicant, who fully understands them and confirms that they are accurate.

Name		ID / PP #	<input type="text"/>	Signature		Date	<input type="text"/>
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HDFC ERGO General Insurance Company Limited



1800 2666 400



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. 3074.