## HDFC ERGO General Insurance Company Limited

## **GRAMIN SURAKSHA BIMA - PROPOSAL FORM**



Please provide complete and accurate information to the questions appearing below. Kindly attach additional sheet(s) if required. Should you need any further clarification, please do not hesitate to contact us.

HDFCERGO General Insurance Company Ltd. ("the Company") will not assume risk until the proposal has been accepted by the Company and communication of acceptance has been given to the Proposer in writing by the Company after receipt of full premium by it.

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Acceptable Age Group: 18 (Eighteen) Years to 60 (Sixty) Years																																										
All pre-existing illness / d	All pre-existing illness / disablement/ accidental injuries are excluded whether declared or not.																																									
Proposal form No.																																										
Agent name																																										
Agent Code	(Firs	t Name)						E	Branc	:h Lo	ocat	ion							(M	liddle	e Nar	me)									E	Busiı	ness	Sect	tor :	Rura		Last N		e) ocial		]
Insured Person's Name																											Dat	e of	Birth		) D	M	M	Y	Y	Y	Y		5	Sex: F	F/M	ł
Insured Person's Mailing																												-								-	_					1
Address																												1							7	+	+	+				1
*Proposer's Mobile Numbe	r								F	Prop	ose	er's C	Сси	upati	on																											
Particulars of existing disa	bility / acci	dental ir	njury, i	if any	:																																					_
Period of insurance : From	DD	MM	ΥΥ	Ý	Y	То	D	D	M	M	Y	Y	Y	Y										Ca	oital	Sun	n Ins	ure	d	<u> </u>	ption ption				_		_		-	2500 5000		
Name of the Nominee																																										1
Relationship with Insured F	Person																																									1
Has any insurance compar	L	Decline	d to is	sue /	cont	inue	a pol	icy to	o you	? \	/es		]	No [												In	npos	ed a	iny re	estri	ction	s or	spec	cial co	ond	itions	s? Y	es		No		
If the answer to any of the above questions is 'Yes', please furnish details:																																										
*Please provide correct mo	*Please provide correct mobile number of the proposed insured, to receive information relating to policy servicing and premium acknowledgement.																																									
													ł	PRE	MI	UM	DE	TA	LS																							
Amount Rs.				F	Rupe	es _																																				
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Salary Busines	s	Other			(Plea	ase S	Speci	ify)																																		
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Name of the Bank Accoun	t Holder																																									
Bank Account No.									Nan	ne o	f Ba	ink																														
Branch Name & Address			$\vdash$																																							
Account: Savings MICR Code (9 digit MICR		Current ber of th		ık anc	l bra	nch a	appea	ring	on th	ne cl	hequ	ue is	ssue	ed by	/ the	e bar	nk) [			1																						
	IFSC Code (11 character code appearing on your cheque leaf)																																									
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.																																										
	As per the IRDA, its mandatory that all payments made to the instited only through electronic mode. PROPOSER'S DECLARATION																																									
I hereby declare and warrant on my behalf and on behalf of all persons proposed to be insured that the above statements are true and complete in all respects and that there is no other information which is relevant to this application for insurance that has not been disclosed to HDFC ERGO General Insurance Company Ltd. I agree that this proposal and the declarations shall be the basis of the contract between me and all persons to be insured, and the Insurer.																																										
I further agree and understand that the Insurer's liability in respect of any payment that may be due under any Policy issued is strictly limited to the percentage stated, subject always to the Sum Insured or that part of the Sum Insured that remains in respect of a claim. I further consent and authorize the Insurer and/or any of their authorized representatives to seek medical information from any hospital/consultant that I or any person proposed to be insured has attended or may attend in future concerning any disease or illness or injury.																																										
I/We understand that all information provided in this proposal and any attachments are material to the Insurer's decision to provide this insurance, and that insurance will be provided, at the insurer's sole discretion, in reliance upon the truth of such information. I/we 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 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.																																										
all changes in your or any o	ther propos	sed mer	nbers'	'state	ofh	ealth	betw	een t	the fili	ingc	ofthi	is ap	plic	ation	for	m&i	incep	otior	ofy	our	insu	Iran	cec	ove	r. Ify	oua	are in	any	dou	bt, p	leas	e see	ek the	e adv	/ice (							
Fraud Warning: This polic Any person who, knowing concerning any fact materia	y and with	intent to	o defra	ud the	e ins	urano	ce coi	mpai	ny or	any	othe	er pe	ersc	on, fil	es a	i pro	posa	al foi	insu	Iran	nce c	cont	ainir	ng a	iny fa	lse	infor	mat	ion, c	or co	ncea	als fo	or the	e purp	pose				g, Inf	forma	ation	
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																																										

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.

Name		
Designation		
Date	Signature	Stamp

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. Trade Logo displayed above belongs to HDFC Ltd and ERGO International AG and used by the Company under license. UIN: Gramin Suraksha Bima – Retail - Health UIN- 55/IRDAI/HDFC-ERGOGI/NL-PACKAGE/2015-16.