HDFC ERGO General Insurance Company Limited





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.

All pre-existing illness / disablen	All pre-existing illness / disablement/ accidental injuries are excluded whether declared or not.																															
Proposal form No.																																
Agent name	nt name (First Name) (Middle Name) (Last Name)																															
Agent Code	Branch Location								Ì										В	usine	ess Se	ector	: Ru	al _] ;	Social						
Proposer's Name															D	ate	of Birtl	h [) D	М	MY	Y	Υ	Υ		Sex: I	F/M					
Spouse Name															D	ate	of Birtl	h [) D	D M M Y Y Y Y						Sex: I	F/M					
Dependent Child Name															D	ate	of Birtl	h [) D	M	MY	Y	Υ	Υ		Sex: I	F/M					
ependent Parent Name												D	ate (of Birtl	h [) D	M	MY	Y	Υ	Υ		Sex: I	F/M								
Proposer's Mailing Address																						Τ										
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Proposer's Phone Number			Prop	oser's (Occupa	ation [\perp										
Period of insurance : From DDMMYYYYY To DDMMYYYYY																																
Capital Sum Insured for Section I Option 1 25000 Capital Sum Insured for section II Option										ption							500)0														
Option 2 50000																Option 2						10000										
Dependent Child Education Benefit Y / N Dependent Girl Child Wedding Benefit Y / N																		-	otion 3 ATERNITY Cover Sought						1500 Y /	-						
Depotation of the Areading Bottom 1774																	-						or Floa	ter Ba		IN						
#Please provide correct mobile nu	imber of the proposed	insured, to receiv	e informa	tion rela	ting to	policy	/ servic	ing a	nd pre	mium	ack	nowl	edge	emen	t.																	
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Amount Rs.	R	upees																														
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Salary Business	Other (Please Specify)																														
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Name of the Bank Account Holde								Щ			Ļ	Щ	Ţ		4	1	Щ	<u>_</u>	Щ	Ţ	Щ	\perp	Щ		1							
Bank Account No.			Name o	of Bank	L						+	Н	+	Ш	4	+		+		+		\pm	\perp		+		\mathbb{H}					
Branch Name & Address														Н																		
MICR Code (9 digit MICR code number of the bank and branch appearing on the cheque issued by the bank) Account: Savings Current 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. PROPOSER'S DECLARATION																																
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I hereby declare and warrant on m application for insurance that has																																
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														n 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.													has																			
You are obliged to inform HDFC ERGO General Insurance Company Ltd without any delay & in writing of all doctors or other members of medical profession whom you or any of the proposed members have consulted & all changes in your or any other proposed members' state of health between the filing of this application form & inception of your insurance cover. If you are in any doubt, please seek the advice of your insurance advisor.																																
Fraud Warning: 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 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.																																
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Designation Designation																																
Date DDMMYY												Signature											S	Stamp								