

Proposal Form



Application No. : _____

Note: In case any details mentioned in this Proposal Form is incorrect, please contact us immediately.

[illegible]

I choose e-insurance account to view or download policy details from an Insurance Repository & hereby give my consent to share my KYC details including Aadhaar No.(if provided) & PAN with the Insurance Repository. Yes ☐ No ☐

Proposed Policy Period:	From	D	D	M	M	Y	Y	Y	Y	To	D	D	M	M	Y	Y	Y	Y
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Insured 1: Name (Mr./Ms/Mrs)					
Relationship with Proposer		*Gender	M/F/T	Date of Birth	DDMMYYYY
Accidental Death Sum Insured					
Optional Benefit Sum Insured (if chosen)		TTD		Loan Amount	
Insured 2: Name (Mr./Ms/Mrs)					
Relationship with Proposer		*Gender	M/F/T	Date of Birth	DDMMYYYY
Accidental Death Sum Insured					
Optional Benefit Sum Insured (if chosen)		TTD		Loan Amount	
Insured 3: Name (Mr./Ms/Mrs)					
Relationship with Proposer		*Gender	M/F/T	Date of Birth	DDMMYYYY
Accidental Death Sum Insured					
Optional Benefit Sum Insured (if chosen)		TTD		Loan Amount	
Insured 4: Name (Mr./Ms/Mrs)					
Relationship with Proposer		*Gender	M/F/T	Date of Birth	DDMMYYYY
Accidental Death Sum Insured					
Optional Benefit Sum Insured (if chosen)		TTD		Loan Amount	

Individual Personal Accident

Proposal Form



Insured 5: Name (Mr./Ms./Mrs)					
Relationship with Proposer		*Gender	M/F/T	Date of Birth	DDMMYYYY
Accidental Death Sum Insured					
Optional Benefit Sum Insured (if chosen)		TTD		Loan Amount	
Insured 6: Name (Mr./Ms./Mrs)					
Relationship with Proposer		*Gender	M/F/T	Date of Birth	DDMMYYYY
Accidental Death Sum Insured					
Optional Benefit Sum Insured (if chosen)		TTD		Loan Amount	

*Gender Code: M (Male), F(Female), T(Third Gender)

4. OCCUPATION & INCOME DETAILS (same order must be maintained as in Sec 3 above. proposed insured 1 should be the primary proposer of the policy) Please Note – the following information are important for issuance of your policy as they have bearing on your eligibility for the product, premium & sum insured. Any Mis declaration, will be considered as a non-disclosure and would result in termination of the policy with forfeiture of premium.

In relation to each of the insured person

	Member 1	Member 2	Member 3	Member 4	Member 5	Member 6
Occupation Class						
*Organization Name & Address (if salaried)						
Annual Income						
*Designation/Level of Employment						

*For regulatory reference

The above questions would be shown where Sum Insured opted is higher than 25 lacs and if proposer is from the region of Gujarat, Rajasthan, Madhya Pradesh or if Sum Insured opted is higher than 50 lacs and proposer is from Rest of India.

Occupation Class Description OC1-Persons working inside offices/shops without exposure to working in the open, manual labour or regular on-road travel. OC2 - Persons working outside office/shops involving mild manual work, supervision of manual labour or regular on-road travel. OC3- Semi or Unskilled workers, skilled laborers, low voltage electricians, drivers, automated machine operators with moderate to heavy manual work working in workshops or in the open. OC4- Police, occupation or nature of job involve working in mines, with explosive, oil/gas/metal/power or chemical production, professional sports, high voltage electricity, handling of heavy machinery or hazardous materials, heat or noise or working at heights or significant manual labor. OC5-Individuals with unearned income (rental or interest, pension, landlords). OC6- Armed forces, sea going vessels Crews, Aircraft pilots and cabin crews, Actors, Heavy vehicle drivers, Machine operators

5. NOMINEE DETAILS

In the event of the death of the proposer any payment due under the Policy shall become payable to the nominee in accordance with the Policy terms and conditions. The nominee must be an immediate relative of the Proposer. Nominee for any of the persons proposed to be insured shall be the Proposer.

Nominee Name	Relationship	Address of the Nominee

If the Nominee is minor, Name and Address of Appointee and Relationship with Minor:

Appointee Name	Relationship	Address of the Appointee

6. MEDICAL & LIFESTYLE INFORMATION:

Please answer the below mentioned questions in Yes(Y)/No (N):

Have you in the past or are you currently suffering from any of the following disease:	Member 1	Member 2	Member 3	Member 4	Member 5	Member 6
i. *Diabetes Mellitus						
ii. Mental/psychiatric illness, epilepsy, stroke/CVA or any other disease of the brain, nerves or spinal cord.						
iii. Deformity of the limbs, arthritis, gout, paralysis or any other condition affecting mobility, problems of sight, hearing or speech.						
iv. Cancer, chronic kidney disease, any other heart disease or surgery or any other terminal illness.						

*For regulatory reference – The above question would only be shown if Temporary Total Disablement (TTD) Benefit is opted.

7. ADDITIONAL INFORMATION

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Proposal Form



8. EXISTING/PREVIOUS INSURANCE DETAILS

Is the proposer or any of the persons proposed, already insured under or proposed for a personal accident insurance policy with HDFC ERGO General Insurance Company Limited or any other insurance company? If yes, please indicate below the Policy/Application number(s) (Please mention application number incase of pending proposal):

Policy No. / Application No.*	Insurer	Sum Insured

*For regulatory reference – The above section will only be displayed and asked if proposed to be insured is not same as the Proposer and if Sum Insured of the Student is above 25 lacs. Furthermore, fields of Policy No./Application No. would be non-mandatory.

9. PAYMENT DETAILS:

Mode of Payment Cash ☐ Cheque ☐ Debit Card ☐ Credit Card ☐ Net Banking ☐ Electronic Clearing System* ☐ Others _____

Instrument No.	Name of the Premium Payor	Relationship of Payor with Proposer	Bank Details	Date	Amount (in Rs.)

*If ECS is selected please submit the standing instruction form available at our branches

Please make a Crossed Cheque/DD/Pay Order/Online transfers in favour of 'HDFC ERGO General Insurance Company Limited' only.

In case Premium is more than 50,000 please provide PAN details

Section 41 of Insurance Act 1938 as amended by Insurance Laws Amendment Act, 2015 (Prohibition of Rebates):

1. 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 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 insurers.
2. Any person making default in complying with the provision of this section shall be liable for a penalty which may extend to ten lakh rupees.

10. DECLARATION & WARRANTY ON BEHALF OF ALL PERSONS PROPOSED TO BE INSURED

☐ I hereby declare, on my behalf and on behalf of all persons proposed to be insured, that the above statements, answers and/or particulars given by me are true and complete in all respects to the best of my knowledge and that I am 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 Insurer and that the policy will come into force only after full receipt of the premium chargeable.

I further declare that I 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 declare and consent to the company seeking medical information from any doctor or hospital who/which at any time has attended on the person to be insured/ proposer or from any past or present employer concerning anything which affects the physical or mental health of the person to be insured/proposer and seeking information from any Insurer to whom an application for insurance on the person to be insured/ proposer has been made for the purpose of underwriting the proposal and/or claim settlement.

I authorize the company to share information pertaining to my proposal including the medical records of the Insured/Proposer for the sole purpose of underwriting the proposal and/or claims settlement and with any Governmental and/ or Regulatory Authority.

Signature of Proposer: _____

11. AGENT'S/ SPECIFIED PERSON DECLARATION (FOR SALES THROUGH THIRD PARTY PARTNERS)

I, _____ (Full Name) in my capacity as an Insurance Advisor/ Specified Person of the Corporate Agent/Authorised employee of the Broker/Relationship Officer, do hereby declare that I have explained all the contents of this Proposal Form (in vernacular if required), including the nature of the questions contained in this Proposal Form to the Proposer including statement(s), information and response(s) submitted by him/her in this Proposal Form to questions contained herein or any details sought herein will form the basis of the Contract of Insurance between the Company and the Proposer, if this Proposal is accepted by the Company for issuance of the Policy. I have further explained that if any untrue statement(s)/ information/response(s) is/are contained in this Proposal Form/including addendum(s), affidavits, statements, submissions, furnished/to be furnished, the Company shall have the right to vary the benefits which may be payable and further more if there has been a non-disclosure of any material fact, the policy issued to his/her favour pursuant to this Proposal may be treated by the Company as null and void and all premiums paid under the Policy may be forfeited to the company.

License No.(Advisor/Corporate Agent/Broker/Relationship Officer) :

*Signature of Agent: _____ Place: _____ Date:

D	D	M	M	Y	Y
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12. VERNACULAR DECLARATION

Certification in case the proposer has signed in vernacular (to be witnessed by someone other than agent/ employee of the company).

Name of the Proposer :

The content of this form and its particulars have been explained by me in vernacular to the proposer who has understood and confirmed the same :

Signature of the Proposer:

Signature of the witness :

Date :

D	D	M	M	Y	Y
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Name of the witness :

Place :

Individual Personal Accident

Proposal Form



13. FOR OFFICE USE ONLY

HDFC ERGO General Insurance Company Limited. Office Code : _____ Advisor Code and Name : _____
Branch receipt date : _____ Channel Type : _____
Business Type : Urban/ Rural/ Social

14. CHECKLIST

Please check the following documents are attached along with the proposal form

- ID Proof : Passport/ Pan Card/Voter id card/Driving License/ Letter from a recognized public authority/Adhaar card
- Proof of residence : Telephone Bill/ Bank Account Statement/ letter from any recognized public authority/Electricity Bill/ Ration Card
- Age Proof : Passport/PAN card/Driving licence/School or college certificate/Birth Certificate/Government issued ID proof
- Renewal Notice with claim details
- Certification of previous insurer for previous claim details
- Photocopies of all previous policies and endorsements

15. PERFORATED ACKNOWLEDGEMENT

Name of Proposer _____
We acknowledge with thanks the receipt of your application and amount by cash/ cheque/ demand draft/ others _____ of amount Rs. _____.

Signature and Seal:

Date:

D	D	M	M	Y	Y
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Neither the submission to us of a completed proposal for insurance nor any payment for any policy sought obliges us to agree to issue a policy, which decision is and always shall be as per our guidelines. If we accept a proposal for insurance, it shall be subject to the policy terms and conditions and we shall have no liability to make any payment if premium is not received by us in full and in time, or is not realized.

NEFT details



Mandatory details required to process all payment due in relation to your policy including refunds (if any) and / or claims directly to your bank account

Please select any one of the below options

I hereby declare that below bank details are correct and should be used to process all payment due in relation to my insurance policy:

- ☐ Bank account details as mentioned on the cheque* being submitted along with the Proposal Form towards premium payment for insurance Policy should be used by the Company for electronic fund transfer as mode of payment.
- ☐ I do not have any existing bank account. I agree to open a bank account and provide my bank account details to the Company for electronic fund transfer as mode of payment. I shall provide these details before renewal of my insurance policy or before any payment becomes due in relation to my insurance policy (whichever is earlier). I understand that as per regulatory requirement, Company shall process any payment in relation to my insurance policy only through electronic fund transfer after receipt of aforesaid pending bank details from me.
- ☐ Bank account details as provided below and for which I am submitting a cancelled cheque, should be used by the Company for electronic fund transfer as mode of payment. (Cancelled Cheque should be of the same bank account in which the refund needs to be credited directly)

Particulars of Bank Account:

[illegible]

I agree and undertake to intimate in writing to HDFC ERGO General Insurance Company Limited about any change in bank account details. I also hereby certify that the particulars furnished above are correct to the best of my knowledge.

Proposer/Policy holder's Signature ☒Date :

D	D	M	M	Y	Y
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DISCLAIMER: HDFC ERGO General Insurance Company Limited shall not be liable to anybody, in any manner, whatsoever if the NEFT transaction does not complete for any reason whatsoever including without limitation- failure on part of the Bank/s involved to perform any of their obligations for aforesaid NEFT transaction or incomplete/incorrect information by Customer/Policy Holder. Aforesaid NEFT transaction shall be governed by applicable Reserve Bank of India rules, directions & guidelines and shall be subject to participating Bank user terms and conditions related to NEFT facility. HDFC ERGO General Insurance Company Limited shall be indemnified against any loss/damage/claims caused to HDFC ERGO General Insurance Company Limited in carrying out your aforesaid NEFT instructions.

Instructions:

- It is important for these electronic payment systems that the Policy Holder's name in the Policy must exactly match with the name in the Bank Account records/details given above.
- In cases where beneficiary's bank account number & name is printed on the cheque, bank attestation is not required. For all other cases bank attested NEFT mandate is required.
- The customer who is willing to transfer the funds will be required to provide the 11 digits valid IFS Code, which is applicable for NEFT only. (a number allotted to each participating banks branch) of the branch where the funds need to be transferred.
- Cancelled cheque should be attached along with the NEFT format.
- In case cancelled blank cheque does not bear account holder's name, please provide photocopy of bank statement / passbook with latest entries updated or else Bank attestation is required
- NEFT Form needs to be complete in all respect.

* in case the premium payment cheque does not have all the details required for electronic fund transfer, please fill the above table



Individual Personal Accident

Acknowledgement

Application No : _____

Date : _____

Name of Proposer : _____

We acknowledge with thanks the receipt of your application and amount by cash/cheque/Demand Draft/others _____ of amount of Rs. _____.

Neither the submission to us of a completed proposal for insurance nor any payment for any policy sought obliges us to agree to issue a policy, which decision is and always shall be in our sole and absolute discretion. If we accept a proposal for insurance, it shall be subject to the policy terms and conditions and we shall have no liability to make any payment if premium is not received by us in full and in time, or is not realised or non-fulfillment of Pre Policy Check-up. If we do not accept the proposal, we will inform you and refund any payment received from you without interest within next 30 days.

Signature of the receiver and official seal