HDFC ERGO General Insurance Company Limited

Proposal Form

HDFC ERGO Cyber Sachet Insurance Retail Proposal Form

Application No: _____

1. Please fill the form in BLOCK LETTERS.
2. Please answer all the questions fully and correctly. If a particular question is not applicable to you please mark that question as not applicable "N/A". Please leave one box blank between two words while writing address.

Our liability does not commence until the acceptance of the proposal has been formally intimated to the **Insured Person** and full premium has been realized by **Us**.

For Office Use Only	
Imd code	
Imd Name	
Mobile No	

INSURED DETAILS

FOR INDIVIDUAL CUSTOMERS ONLY

Name of the Proposer:

Present Address :

City District

State Pin Code

Is your present address same as your permanent address? ☐ Yes ☐ No

If no, please state your permanent address along with pin code:

City District

State Pin Code

Marital status: Married ☐ Unmarried ☐ **Date of Birth:** D D M M Y Y Y Y Gender: M ☐ F ☐ TG ☐

Permanent Account number (PAN No.)

Contact No.: Mobile

Landline

Email:

Address proof (document & number): _____

Identity proof (document & number): _____

Occupation: Salaried ☐ Professional ☐ Self Employed ☐ Student ☐ Housewife ☐ Retired ☐

Other (Please specify) _____

Industry Type: Jewellery ☐ import-export ☐ mining ☐ shipping ☐ scrap dealing ☐ real estate ☐

agriculture ☐ stock broking ☐ BFSI ☐ manufacturing ☐ others (if others, please specify): _____

Income (Annual): 0-2.5 lakh ☐ 2.5 - 5 lakh ☐ 5 - 20 lakh ☐ 20-30 lakh ☐ 30 lakh and above ☐

Income proof: _____

Existing KYC Number, if any: ____________________

Are you a Political Exposed Person or related to Political Exposed Person: ☐ Yes ☐ No (appropriate tick)

If Yes, give details ____________________

Note: Politically Exposed Persons (PEPs) are individuals who are or have been entrusted with prominent public functions domestically/in an international organisation/in a foreign country. This would include individuals who have or had positions of Heads of States or Government, Senior Politicians, Senior Government or Judicial or Military officers, Senior Executives of State-Owned Corporations and important Political Party Officials

Policy to be issued in favor of (list out all the parties who have insurable interest) including the financial institutions ____________________

FOR CORPORATE CUSTOMERS

Name of registered Institution ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Permanent Account number (PAN No.) ☐☐☐☐☐☐☐☐☐☐

Contact No.: Mobile ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Landline ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Email: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

I have eIA No: ☐☐☐☐☐☐☐☐☐ **I would like to apply for eIA with Karvy** ☐ **CAMS** ☐ **NSDL** ☐ **CDSL** ☐

GST NO. ☐☐☐☐☐☐☐☐☐

Organization Type: Government ☐ Pvt Ltd. ☐ Public Ltd. ☐ Proprietor ☐ Partnership ☐ Trust ☐ HUF Section 25 Company ☐ (appropriate tick)

Please specify: ____________________

Sources of Fund: ____________________

Salary: ____________________

Business: ____________________

Other: ____________________

POLICY DETAILS

Policy Period **From:** D D M M Y Y Y Y **To:** D D M M Y Y Y Y

Please provide the following details with respect to your proposed policy:

Please state the devices you commonly use	☐ Mobile Phone ☐ Laptop ☐ Tablet ☐ Smart-watch ☐ Others (Please mention : ____________________)
Do you have anti-virus software installed on your commonly used devices?	☐ Yes ☐ No
Please confirm if you maintain confidentiality and regularly change your passwords	☐ Yes ☐ No

COVERAGE & SUM INSURED DETAILS

1. Summary of Opted Covers and Sum Insured

Sum Insured options (in INR) (Can be different for every section)*							
For Up to 10,000 Sum Insured will be in multiples of 100							
For 10,000 & above, Please opt from below table:							
10,000	20,000	25,000	50,000	75,000	1,00,000	1,50,000	2,00,000
2,50,000	3,00,000	5,00,000	10,00,000	20,00,000	50,00,000	1,00,00,000	5,00,00,000

Section No.	Cover	Please tick to choose	Choose your Sum Insured – Per Section Basis (Select from the table below)
1	Theft of Funds (Unauthorized Digital Transactions & Unauthorized Physical Transactions) Do you wish to exclude 'Unauthorized Physical Transactions' under Section 1?	☐	< INR _____ >
2	Identity Theft	☐	< INR _____ >
3	Data Restoration / Malware Decontamination	☐	< INR _____ >
4	Replacement of Hardware	☐	< INR _____ >
5	Cyber Bullying, Cyber Stalking and Loss of Reputation	☐	< INR _____ >
6	Cyber Extortion	☐	< INR _____ >
7	Online Shopping	☐	< INR _____ >
8	Online Sales	☐	< INR _____ >
9	Social Media and Media Liability	☐	< INR _____ >
10	Network Security Liability	☐	< INR _____ >
11	Privacy Breach and Data Breach Liability	☐	< INR _____ >
12	Privacy Breach and Data Breach by Third Party	☐	< INR _____ >
13	Smart Home Cover	☐	< INR _____ >
14	Liability arising due to Underage Dependent Children	☐	< INR _____ > / day
15	Social Media Account – Daily cash allowance (provide per day benefit, we pay maximum up to 30 days)	☐	< INR _____ >

1. Do you want Sum Insured on Floater Basis for the covers selected (Not applicable on social media account)?

   Yes ☐ No ☐

   a. If Yes, please mention the single Sum Insured: INR _____

2. Please chose the financial instrument you wish to have for Theft of Fund Cover:

Section No.	Covered Instruments	Please tick to choose
1	Net Banking	Bank Name _____ / All banks _____
2	Mobile Banking	Bank Name _____ / All banks _____
3	Credit Card	Issuer Name _____ / All Cards _____
4	Debit Card	Issuer Name _____ / All Cards _____
5	UPI	Issuer Name _____ / All Cards _____
6	Digital Wallet	Wallet name _____ / All Wallets _____
7	Prepaid Cards	Issuer Name _____ / All Cards _____
8	SMS Banking	Bank Name _____ / All banks _____
9	Whatsapp Banking	Bank Name _____ / All banks _____
10	All payment instrument (Sr. no 1 to 7)	Issuer Name _____ / Unnamed _____

OPTIONAL COVERAGE (FOR INDIVIDUALS ONLY)

3. Do you wish to extend the coverage opted above to your Family? (except social media account)

Yes ☐ No ☐

(Family will include up to 4 members (including you) residing in the same household)

If yes, please mention the relationships of the eligible family members you wish to include:

(Eligible family members are: Spouse, children, siblings, parents or parents-in-law, residing in the same household)

i. _____

ii. _____

iii. _____

SECURITY INCIDENT AND LOSS HISTORY

Are you or your family (if applicable) aware of any incidents or circumstances (currently or in the recent past) which is likely to lead to you suffering a loss or a claim being made against you which would be covered under any of the sections of this policy you applying for? Yes ☐ No ☐

If yes, please provide details of the incidents.

NOMINEE DETAILS

Name of Insured	Name of Nominee	Date of Birth	Relationship	Address of the Nominee

Where Nominee is a minor, give the details of Appointee:

Name of the Appointee	Relationship	Address of the Appointee

EXISTING/PREVIOUS INSURANCE POLICY DETAILS

Please provide details of your existing Cyber Insurance policies (if any):

Policy No. / Application No.	Insurer Name	Period of Insurance		Sum Insured	Claims lodged during the preceding years
		From: D D M M Y Y Y Y	To: D D M M Y Y Y Y		

PAYMENT & BANK ACCOUNT DETAILS

Premium Details: Amount Rs. ☐☐☐☐☐☐☐☐☐☐

Premium Payment Options: Cash ☐ **Cheque** ☐ **DD** ☐ **Card** ☐ **Net-banking** ☐ **Payment Wallet** ☐

Reference / Cheque No: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ **Date:** D D M M Y Y Y Y

Bank Name ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ **Amount: Rs.** ☐☐☐☐☐☐☐☐☐☐

Credit Card / Debit Card No ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ **Expiry Date** D D M M Y Y Y Y

Relationship with Proposer _____

Source of Funds **Salary:** ☐ **Business:** ☐ **Other (Mention):** ☐

WOULD YOU LIKE YOUR REFUND (EXCESS PREMIUM/PPC REIMBURSEMENT) BY CHEQUE# OR CREDITED DIRECTLY INTO YOUR BANK ACCOUNT?

Cheque will be issued in the name of the Proposer only.

In case of payment made through credit card there fund amount would be reversed in Credit Card account directly or through cheque. Please provide the following bank details and a copy of a Cancelled Cheque if you opt for direct credit into your bank account: (Cancelled Cheque should be of the same bank account in which the refund needs to be credited directly)

Cheque No		**Name as in Bank Account**	
Bank Name		**Bank Account No**	
Branch Name		**IFSC Code**	
Cheque Date	D D M M Y Y Y Y	**MICR Code**	
Cheque Amount for ₹			

Any refund due on the premium payment / any payment / claims will be directly credited to my aforesaid Bank Account.*

*As per the IRDAI, it's mandatory that all payments made to the insured are only through electronic mode.

Note:

1. Please provide a cancelled copy of cheque of your bank account.
2. The Company will not be responsible in case of non-credit or delay in processing of payout due to incomplete/ incorrect information provided by the customer. Please ensure that you provide accurate details to the Company.

#Note: The Proposer agrees and undertakes to intimate in writing to HDFC ERGO about any change in bank account details.

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

Nationality:	Non – Indian If Non-Indian, please specify Country: _____
Are you a Political Exposed Person or related to Political Exposed Person: Yes ☐ No ☐ (appropriate tick) If Yes, give details _____	
I have eIA No:	
I would like to apply for eIA with **Karvy** ☐ **CAMS** ☐ **NSDL** ☐ **CDSL** ☐	

OTHER INFORMATION

FRAUD WARNING:

This policy shall be voidable at the option of the HDFC ERGO in the event of mis-representation, mis-description or non-disclosure of any material particulars by the Applicant. 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.

DATA PROTECTION REQUIREMENT:

"I/We hereby understand, declare, consent and authorize the Company that all details of the policy and financial information, as provided to the Company may be utilized for processing the claim made under the Policy. I/We hereby also understand, eclare and consent that the Company shall have right to retain and disseminate the same to any service provider for providing services related to insurance."

ANTI- MONEY LAUNDERING:

The Company believes in adherence to Anti Money Laundering (AML) guidelines/rules as it aids in ensuring that financial institution like ours are not used as vehicle for money laundering. The policyholder/ nominee are thus bound to provide such information as may be required by the Company for ensuring the adherence of AML guidelines/rules.

SHARING OF INFORMATION CLAUSE:

The information sought from the insured is strictly for the purpose of policy issuance and policy servicing. This information sought and the details of policy are kept confidential and will not be shared with any external party in any circumstances whatsoever. However, in instances when such information/ details is sought by any governmental bodies / regulatory authorities or when the Company is directed to share such information in accordance with any law/ regulations or direction from any such governmental bodies / regulatory authorities, the Company will be bound to abide to such directions.

If you require physical copy of your policy in future, please visit "Help" section on www.hdfcergo.com or contact our customer care.

Note: The liability of the company does not commence until the acceptance of the proposal has been formally intimated by the Proposer and full premium has been realized by the company. We are under no obligation to accept any proposal for insurance. The Applicant 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 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 Applicant by HDFC ERGO General Insurance Company Limited along with the date from which the insurance Cover shall become effective. 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 is not covered under this Policy (Your proposal form will be considered after HDFC ERGO General Insurance Company Limited receives premium payment.

Insurance is the subject matter of the solicitation

A. Declaration by Insured/Representative (in case proposer is disabled)

I/We, the undersigned, declare and acknowledge:

- I/We hereby declare that the information given is, to the best of our knowledge and belief, correct and that we are not aware of any circumstances that we have not disclosed to you which might influence your assessment of and willingness to accept the risk.
- I/We hereby agree that, if you issue a policy to us, this proposal shall form the basis of, and be incorporated in, such policy.
- I/We agree that this declaration and the answers given above shall be the basis of the contract between me/us and the Company and shall be deemed to be incorporated in such contract. And that if any untrue statement be contained therein the said contract shall be absolutely null and void.
- I/We undertake to exercise all reasonable and ordinary precaution for the safety as desired and I/We agree to accept the policy in the form issued by the Company subject to the terms exceptions and conditions prescribed therein or endorsed on the policy.

- "I/We hereby understand, declare, consent and authorize HDFC ERGO General Insurance Company Ltd. that financial information, as provided to the Company may be utilized for processing the claim made under the Policy.
- I/We hereby also understand, declare and consent that the Company shall have right to retain and disseminate the same to any service provider for providing services related to insurance"
- I/We hereby confirm that all premiums have been/will be paid from bonafide sources and no premiums have been/will be paid out of proceeds of crime related to any of the offence as listed in Prevention of Money Laundering Act, 2002 & its subsequent amendments thereof. I understand that the Company has the right to call for documents to establish sources of funds.
- I, hereby grant consent to Agent/Broker/Corporate Agent or any other licensed intermediary to share my KYC (Know your Customer) and customer due diligence information with HDFC ERGO General Insurance Company Limited for the purpose of my insurance proposal.
- I hereby authorize the Company to notify me through email, SMS, or any other electronic mode any information pertaining to my proposal, policy document, claim servicing etc.
- I/ We authorize the Company to process my/ our Personal as well as Sensitive information for profiling purposes and to contact me/ us for renewal of my/our policy. I/We also authorise the Company to contact me/us (including overriding my/our registration on NDNC under the extant TRAI Regulations) to promote products and to notify me/us about the services being rendered by the Company.
- We hereby authorise the Company to share/ verify the information provided by me/us pertaining to my proposal with third party, rating agencies or service provider for the purpose of underwriting the proposal, issuance of a policy or settling of a claim under the policy.

Date: D D M M Y Y Y Y

Signature of the Proposer:

Place: _____

_____

VERNACULAR DECLARATION

Declaration in case the proposal is filled other than the Proposer / the proposer sign in vernacular language / proposer is not familiar with the language printed here/ proposer is illiterate (to be certified by someone other than agent/employee of the company)

(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.)

Name of the Translator: _____

Place: _____

Date: _____

_____

Signature of the Translator

Name of the Proposer: _____

Place: _____

Date: _____

_____

Signature of the Proposer

INTERMEDIARY'S DECLARATION

I, _____ (Full Name) in my capacity as an Insurance Advisor/ Specified Person of the Corporate Agent/Intermediary/Authorized employee of the Broker/ Relationship Officer, do hereby declare that I have explained all the contents of this Proposal Form, 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 here in 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 favor 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.

Date: D D M M Y Y Y Y

Place: _____

Time: _____

Signature of Intermediary:

_____

INSURANCE ACT 1938 SECTION 41- PROHIBITION OF REBATES

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 a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectus or tables of the insurer.

ANY PERSON MAKING DEFAULT IN COMPLYING WITH THE PROVISIONS OF THIS SECTION SHALL BE PUNISHABLE WITH FINE WHICH MAY EXTEND TO TEN LAKHS RUPEES.