



HDFC ERGO General Insurance

| | | | |
|--|--|---|---|
| Annual Income | <input type="checkbox"/> Upto 2.5 Lac | <input type="checkbox"/> 2.5 Lac to 5 Lac | |
| | <input type="checkbox"/> 5 Lac to 15 Lac | <input type="checkbox"/> 15 Lac to 30 Lac | |
| | <input type="checkbox"/> Above 30 Lac | | |
| Education Level | | | |
| Employee ID (Employees of HDFC Group and Munich Re Group) | | | |
| Policy Number of any active HDFC ERGO Policy where you are the Policyholder | | | |
| CKYC No. | | | |
| Are you a Politically Exposed Person (PEP) or family member/ close relative / associate of PEP | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| <i>Note: Politically Exposed Persons” (PEPs) are individuals who have been entrusted with prominent public functions by a foreign country, including the heads of States or Governments, senior politicians, senior government or judicial or military officers, senior executives of state-owned corporations and important political party officials</i> | | | |
| Occupation | <input type="checkbox"/> Salaried | <input type="checkbox"/> Self Employed | <input type="checkbox"/> Business Owner |
| | <input type="checkbox"/> Student | <input type="checkbox"/> Housewife | <input type="checkbox"/> Retired |
| | <input type="checkbox"/> Others | | |
| | If others, please select source of income whichever is applicable: | | |
| | <input type="checkbox"/> Rentals <input type="checkbox"/> Interest <input type="checkbox"/> Pension <input type="checkbox"/> Investment | | |
| Industry Type | <input type="checkbox"/> Antique dealer | <input type="checkbox"/> Art dealer | <input type="checkbox"/> Jewellery |
| | <input type="checkbox"/> Import-Export | <input type="checkbox"/> Mining | <input type="checkbox"/> Shipping |
| | <input type="checkbox"/> Scrap Dealing | <input type="checkbox"/> Agriculture | <input type="checkbox"/> Stock Broking |
| | <input type="checkbox"/> BFSI | <input type="checkbox"/> Real Estate | <input type="checkbox"/> Manufacturing |
| | <input type="checkbox"/> if Others, please specify _____ | | |
| Is your total aggregate premium across all products with HDFC ERGO General Insurance Company Limited more than INR 2 lakhs? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| Do you have investable assets for more than INR 5 crores? (<i>Investable assets like cash holdings, deposits, stocks and bonds etc.</i>) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| Is your total aggregate premium across all retail products with HDFC ERGO General Insurance Company Limited INR 30 lakhs or more? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |

Please submit a certified copy of any of the below Officially Verified Document (OVD):

ID Proof Type: PAN Aadhaar Passport Driving License Voter's Card NREGA Job Card



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If Others (Any document notified by Central Government), please specify _____

ID Proof No.

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|

Highest Qualification: Under Matriculate Matriculate Graduate Post-Graduate Higher

Nature of employment (Income sources): Salaried Self Employed Unemployed Student or House Spouse
 Landlord or Rental/Interest Income Others Details _____

Nationality _____ Marital Status _____

Country of Residence (if Non Indian) _____

I have eIA No:

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|

I would like to apply for eIA with Karvy / CAMS / NSDL / CDSL. Employee ID

Please tell us how would you like to have Policy Schedule:

I choose to have verified and digitally signed policy document accessible anytime, anywhere at my fingertips Yes No
I choose E-Insurance account to view or download policy details from an Insurance Repository and hereby give Yes No
my consent to share my KYC details (including Aadhaar No./PAN, if provided) with the Insurance Repository

2. PLAN DETAILS (Please refer to the brochure for details of benefits under each plans and provide details as below)

Plan Name _____ Sum Insured _____

Proposed Policy Period : **From** DDMMYYYY **To** DDMMYYYY

3. PROPOSED INSURED(S) DETAILS: Name of the persons proposed to be insured (including proposer)

| | | | | |
|--|-----|---------|------------------------|------------------------|
| 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 | |
| Politically Exposed person (Y / N) | | | ABHA ID (if available) | |
| 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 | |
| Politically Exposed person (Y / N) | | | ABHA ID (if available) | |
| 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 | |



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| | | | |
|--|-----|------------------------|----------|
| Politically Exposed person (Y / N) | | ABHA ID (if available) | |
| Insured 4: Name (Mr./Ms/Mrs) | | | |
| Relationship with Proposer | | *Gender | M/F/T |
| Accidental Death Sum Insured | | Date of Birth | DDMMYYYY |
| Optional Benefit Sum Insured (if chosen) | TTD | Loan Amount | |
| Politically Exposed person (Y / N) | | ABHA ID (if available) | |
| Insured 5: Name (Mr./Ms/Mrs) | | | |
| Relationship with Proposer | | *Gender | M/F/T |
| Accidental Death Sum Insured | | Date of Birth | DDMMYYYY |
| Optional Benefit Sum Insured (if chosen) | TTD | Loan Amount | |
| Politically Exposed person (Y / N) | | ABHA ID (if available) | |
| Insured 6: Name (Mr./Ms/Mrs) | | | |
| Relationship with Proposer | | *Gender | M/F/T |
| Accidental Death Sum Insured | | Date of Birth | DDMMYYYY |
| Optional Benefit Sum Insured (if chosen) | TTD | Loan Amount | |
| Politically Exposed person (Y / N) | | ABHA ID (if available) | |

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

Note:

- In case any insured person(s) wish to generate his/her ABHA ID. Kindly visit the link: <https://healthid.ndhm.gov.in/register>
- Go Green and make a difference to our planet! We shall provide you with soft copy of your Policy at your registered e-mail id.

Note: Soft copy of your policy can be easily accessed at your fingertips to refer to terms and conditions, for lodging claims and for any other service needs.

Additionally, by ticking the check box we understand that you wish to have a physical copy of your policy.

For details on the process to receive your physical policy kindly visit "Help" section on www.hdfcergo.com or contact our customer care for the same.

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

| | Insured 1 | Insured 2 | Insured 3 | Insured 4 | Insured 5 | Insured 6 |
|--|-----------|-----------|-----------|-----------|-----------|-----------|
| Occupation Class | | | | | | |
| *Organization Name & Address (if salaried) | | | | | | |
| Annual Income | | | | | | |



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|----------------------------------|--|--|--|--|--|--|
| *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

Nominee Details

| Name | Relationship | Address of the Nominee | Permanent Address of Nominee (If same not required to be filled) | e-mail of Nominee | Mobile number of Nominee | Bank account number of Nominee | IFSC Code | Name of the Bank | % Share of Nomination |
|------|--------------|------------------------|--|-------------------|--------------------------|--------------------------------|-----------|------------------|-----------------------|
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

Where Nominee is a minor, give the details of Appointee

| Name of the Appointee | Relationship | Address of the Appointee |
|-----------------------|--------------|--------------------------|
| | | |



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Note:

1. The nominee must be an immediate relative of the Proposer. Nominee for any of the persons proposed to be insured shall be the Proposer.
2. Name of Nominee should be as per bank records to ensure smooth processing

6. MEDICAL QUESTIONNAIRE

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: | Insured 1 | Insured 2 | Insured 3 | Insured 4 | Insured 5 | Insured 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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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 Insurance 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

| |
|--|
| Premium Details: Amount Rs. |
| Premium Payment Options –Single/Monthly / Quarterly / Half Yearly / Annual |
| Premium Payment Options - Cheque / DD / Card /ECS/Wallet |
| Instrument Details:_____ Date_____ |

10. For refund (Excess Premium/PPC reimbursement) and for payment of claims credited directly into your bank account

Please provide the following bank details and a copy of a Cancelled Cheque for direct credit into your bank account:

| | | | |
|-----------|--|-------------------------|--|
| Cheque No | | Name as in Bank Account | |
|-----------|--|-------------------------|--|



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| | | | |
|---------------------|--|-----------------|--|
| Bank Name | | Bank Account No | |
| Branch Name | | IFSC Code | |
| Cheque Date | | MICR Code | |
| Cheque Amount for ₹ | | | |

Note:

1. The Proposer agrees and undertakes to intimate in writing to HDFC ERGO about any change in bank account details.
2. Cancelled Cheque should be of the same bank account in which the refund needs to be credited directly
3. Name on Cancelled Cheque should match with Proposer Name to ensure smooth refund / claim processing
4. If ECS is selected, please submit the standing instruction form available at our branches.

11. Declaration, Consent & Warranty on behalf of all Person(s) proposed to be insured

- i 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 including the minor/s insured, if any.
- i I/ We understand that the information provided by me/ us 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 to the premium chargeable.
- i 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 Insurance Company.
- i I/We declare and further consent to the Insurance Company to seek medical and other relevant information from any hospital who at any time has attended the person to be insured/proposer or from any past or present employer concerning anything which affects the physical and mental health of the person to be insured / proposer and seeking information from any insurance company to which 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 I/ We declare and provide my unconditional consent that, pursuant to a claim filed by me/ us, the Insurance Company can seek medical and other relevant information/ documents for me/ us from any Doctor and/ or Hospital where I, or other Insured, had taken treatment i.e. OPD and/ or hospitalization etc.
- i I/We authorize the Insurance Company to share information pertaining to my proposal, including the medical records for the sole purpose of underwriting and/ or claims.
- i I/ We authorize the Company to process my/ our Personal information for profiling purposes and contact me/ us for (i) communicating for renewal of the Policy, (ii) upsell and/ or cross sale of other insurance products.
- i I/ We authorize the Insurance Company to share my/ our Personal Information and other relevant records details with (i) the Law Enforcement Agencies, as and when demanded and (ii) any other vendor as per the requirement etc. like printing the Insurance policy/ renewal reminders or any other such activity.
- i I/ We authorize the Insurance Company to share my/ our Personal Information and/ or medical Information/ records with any Government and/ or Statutory authorities/ bodies, including but not limited to Insurance Regulatory and Development Authority of India (IRDAI), Insurance Information Bureau (IIB) and/ General Insurance Council etc.



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- i Customer Satisfaction Surveys: I/ We hereby consent to the Insurance Company to use and share my/ our Personal Information with the vendors for the purpose of conducting customer satisfaction surveys and related activities aimed at improving service quality and enhancing the overall customer experience.
- i Ayushman Bharat Health Account (ABHA) Declaration : I/We provide my/ our consent to access my/ our (all insured) medical and personal records/ details, as are available in my/ our Ayushman Bharat Health Account (ABHA) and share the same with Third Party Administrators, Reinsurer (if applicable), Service Provider/s of HDFC ERGO and/or with any Governmental and/or Regulatory authority for the sole purposes of underwriting my/ our proposal and/ or for checking the authenticity of claims lodged by me/ us and/ or to comply with the applicable Law/ Regulations.
- i I/We hereby consent that, in any of the above scenarios, my/ our Personal Information and the medical documents etc. can be shared, and/ or accessed, as the case may be, without any intimation to me/ us.
- i 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.

Date

Signature of the Proposer

Time

Place

Note: The liability of the company does not commence until the acceptance of the proposal has been formally intimated by the insured and full premium has been realized by the company.

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 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. 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.)

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 fraud the insurance company or any other person, files a proposal for insurance containing any false information, or conceals or 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 to 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



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Declaration in case the proposal is filled by other than the Proposer if the proposer is illiterate or having disability and requires assistance in completing the proposal form (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 to the Proposer who has understood and confirmed the same)

| | | |
|--|--|---|
| Name of the Translator / Representative | | Signature of the Translator / Representative |
| Place | | |
| Date | | |

15.

| | | |
|-----------------------------|--|----------------------------------|
| Name of the Proposer | | Signature of the Proposer |
| Place | | |
| Date | | |

FOR OFFICE USE ONLY

HDFC ERGO Office Code:

Advisor Code and Name:

Branch receipt date:

Channel Type:

Business Type : Urban/ Rural/ Social

*For regulatory reference
The below field on Checklist will be optional and would be displayed when required

Checklist

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

1. ID Proof: Passport/ PAN Card/ Voter ID/ Driving License/ Letter from a recognized public authority
2. Proof of residence: Telephone Bill/ Bank Account Statement/ Letter from any recognized public authority/Electricity Bill/ Ration Card
3. Age Proof: Birth certificate / School Leaving Certificate/ PAN Card/ Driving License/ Passport
4. Renewal Notice with claim details
5. Certification of previous insurer for previous claim details
6. Photocopies of all previous policies and endorsements



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*PERFORATED ACKNOWLEDGEMENT

Application Number:

Date:

Name of Proposer: _____ -

We acknowledge with thanks the receipt of your application and amount by 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. 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

*For regulatory reference

If policy is purchased offline only then this field would be applicable.