



PAYMENT PROTECTION PACKAGE - Proposal Form

Application No.

For Office Use Only	
Imd code	
Imd Name	
Mobile No	

1. Please fill the form in BLOCK LETTERS. All details with* are mandatory.
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 and full premium has been realized by Us.

PROPOSER DETAILS

Name of the Proposer: (First Name) (Middle Name) (Last Name)

Correspondence Address:

Nature of Business:

Contact No. PAN No.:

I have eIA No: I would like to apply for eIA with Karvy / CAMS / NSDL / CDSL.

GST NO. TAN NO.

POLICY DETAILS

Policy Period From To

COVERAGE AND SUM INSURED

Section I – Financial Liability Cover Yes No

Do you want Sum Insured on Floater Basis for the covers selected? Yes No

If Yes, please mention (a) the Per Member Liability: ₹ _____

(b) Annual Aggregate Limit: ₹ _____

Sr. No.	Coverage		Per Member Liability	Annual Aggregate Limit
a)	Lost or Stolen Card Cover	<input type="checkbox"/>		
b)	Fraud before Delivery of Card Cover	<input type="checkbox"/>		
c)	Card forgotten at ATM Cover	<input type="checkbox"/>		
d)	ATM Assault Cover	<input type="checkbox"/>		
e)	Theft or Robbery post ATM Withdrawal Cover	<input type="checkbox"/>		
f)	SIM Cloning & Deactivation Fraud Cover	<input type="checkbox"/>		
g)	Theft of Funds due to Unauthorized Digital Access Cover	<input type="checkbox"/>		
h)	Identity theft/Account Take Over Cover	<input type="checkbox"/>		
Endorsements to be covered				
i.	Emergency First Aid Charges	<input type="checkbox"/>		
ii.	Reissuance Charges	<input type="checkbox"/>		
iii.	Add-on Cards	<input type="checkbox"/>	No. of Cards _____	
iv.	Unauthorized Transaction beyond threshold chargeback	<input type="checkbox"/>		
v.	Financial Loss arising from OTP / PIN transactions	<input type="checkbox"/>		
vi.	Limit of Minimum Transaction Amount	<input type="checkbox"/>	Amount _____	
vii.	Only International Transactions	<input type="checkbox"/>		
viii.	Time Excess	<input type="checkbox"/>	Number of days _____	

Special conditions:

a. Do you wish to limit number of Claims? Yes No

If Yes, please mention Number of claims _____ under Section _____

b. Pre Reporting Period: _____ days

c. Post Reporting Period: _____ days

d. Deductible: _____ % of Per Member limit

OR

Deductible Amount in INR _____

Section II – Purchase Protection Cover Yes No

Do you want Sum Insured on Floater Basis for the covers selected? Yes No

If Yes, please mention (a) the Per Member Liability: ₹ _____

(b) Annual Aggregate Limit: ₹ _____

Sr. No.	Coverage		Per Member Liability	Annual Aggregate Limit
1	Home Contents Coverage			
A.	Fire and Allied Perils	<input type="checkbox"/>		
B.	Theft and Burglary	<input type="checkbox"/>		

Section III – Price Protection Cover Yes No

Sr. No.	Coverage		Per Member Liability	Annual Aggregate Limit
1	Price Protection			

Section IV – Forgery/Counterfeit Cheques Cover Yes No

Sr. No.	Coverage		Per Member Liability	Annual Aggregate Limit
1	Forgery/Counterfeit Cheques Cover			

Section V – Cyber Liability Cover Yes No

Do you want Sum Insured on Floater Basis for the covers selected?

If Yes, please mention (a) the Per Member Liability: ₹ _____

(b) Annual Aggregate Limit: ₹ _____

Sr. No.	Coverage		Per Member Liability	Annual Aggregate Limit
1.	Data Restoration / Malware Decontamination	<input type="checkbox"/>		
2.	Replacement of Hardware	<input type="checkbox"/>		
3.	Online Shopping	<input type="checkbox"/>		
4.	Online Sales	<input type="checkbox"/>		
5.	Smart Home Cover	<input type="checkbox"/>		
6.	Cyber Bullying, Cyber Stalking and Loss of Reputation	<input type="checkbox"/>		
7.	Social Media and Media Liability	<input type="checkbox"/>		
8.	Network Security Liability	<input type="checkbox"/>		
9.	Privacy Breach and Data Breach Liability	<input type="checkbox"/>		
10.	Privacy Breach and Data Breach by Third Party	<input type="checkbox"/>		
11.	Liability arising due to Underage Dependent Children	<input type="checkbox"/>		

ADD ON COVERS

(These Covers can only be opted if any one of the above sections has been opted by the Insured)

Section VI – Health

Section VI (A) –Personal Accident: Yes No

Do you want Sum Insured on Floater Basis for the covers selected? Yes No

If Yes, please mention (a) the Per Member Liability: ₹ _____

(b) Annual Aggregate Limit: ₹ _____

Sr. No.	Sub Sec	Coverage		Per Member Liability	Annual Aggregate Limit	
1	VI (A)	Personal Accident	<input type="checkbox"/>			
	VI (A-A1)	Accidental Death	<input type="checkbox"/>			
	Do you wish to limit the coverage Mode of Transport: Air <input type="checkbox"/> Rail <input type="checkbox"/> Raod <input type="checkbox"/> Common Carrier <input type="checkbox"/> All <input type="checkbox"/>					
	VI (A-A2)	Permanent Disablement	<input type="checkbox"/>			
	i.	Table A	<input type="checkbox"/>			
	ii.	Table B	<input type="checkbox"/>			
	iii.	Table C	<input type="checkbox"/>			
iv.	Table D	<input type="checkbox"/>				
v.	Table E	<input type="checkbox"/>				
Common Sum Insured for Accidental death and Permanent Disablement: Yes <input type="checkbox"/> No <input type="checkbox"/>						

Section VI (B) – Credit Shield: Yes No

Sr. No.	Sub Sec	Coverage		Per Member Liability	Annual Aggregate Limit
2	VI (B)	Credit Shield			
		Accidental Death & Permanent Total Disablement	<input type="checkbox"/>		
Removal of Permanent Total Disablement: Yes <input type="checkbox"/> No <input type="checkbox"/>					

Section VI (C) - Accidental Hospitalization Expenses: Yes No

Do you want Sum Insured on Floater Basis for the covers selected? Yes No

If Yes, please mention (a) the Per Member Liability: ₹ _____

(b) Annual Aggregate Limit: ₹ _____

Sr. No.	Sub Sec	Coverage		Per Member Liability	Annual Aggregate Limit
3	VI (C)	Accidental Hospitalization Expenses	<input type="checkbox"/>		

Section VI (D) – Major Medical Illness Yes No

Sr. No.	Sub Sec	Coverage		Per Member Liability	Annual Aggregate Limit
4	VI (D)	Critical Illness			
	i.	Essential Cover	<input type="checkbox"/>		
	ii.	Essential Plus Cover	<input type="checkbox"/>		
	iii.	Silver Cover	<input type="checkbox"/>		
	iv.	Silver Plus Cover	<input type="checkbox"/>		
	v.	Gold Cover	<input type="checkbox"/>		
	vi.	Gold Plus Cover	<input type="checkbox"/>		
	vii.	Platinum Cover	<input type="checkbox"/>		

Section VII- Group Travel Insurance: Yes No

Do you want Sum Insured on Floater Basis for the covers selected?

If Yes, please mention (a) the Per Member Liability: ₹ _____

(b) Annual Aggregate Limit: ₹ _____

Maximum trip duration (per trip): 15/30/60/90/120/180/Full year

VII (a). Checked Baggage Loss-Indemnity Based Yes No

Sr. No.	Sub Sec	Coverage	Nature of Trip	Sum Insured			
1	VII (A)	Checked Baggage Loss – Indemnity Based	Domestic <input type="checkbox"/>	Per Member Liability			Annual Aggregate Limit
			International <input type="checkbox"/>	INR _____	USD _____		
		Sub-limits	Per bag sub-limit (%) <input type="checkbox"/>	25 <input type="checkbox"/>	50 <input type="checkbox"/>	75 <input type="checkbox"/>	
	Per article sub-limit % <input type="checkbox"/>		5 <input type="checkbox"/>	10 <input type="checkbox"/>	15 <input type="checkbox"/>		
			20 <input type="checkbox"/>	25 <input type="checkbox"/>	50 <input type="checkbox"/>		

VII (b). Baggage Delay –Indemnity Based Yes No

Sr. No.	Sub Sec	Coverage	Nature of Trip	Sum Insured			
2	VII (B)	Baggage Delay-Indemnity Based	Domestic <input type="checkbox"/>	Per Member Liability			Annual Aggregate Limit
			International <input type="checkbox"/>	INR _____	USD _____		
		Deductible options	Deductible hours <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	
				6 <input type="checkbox"/>	12 <input type="checkbox"/>	24 <input type="checkbox"/>	
			Maximum no. of hours <input type="checkbox"/>	12 <input type="checkbox"/>	24 <input type="checkbox"/>	48 <input type="checkbox"/>	
				72 <input type="checkbox"/>			
		Per no. of hours <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	6 <input type="checkbox"/>		
			12 <input type="checkbox"/>				

VII (C). Loss of Baggage & Personal Documents - Indemnity Based: Yes No

Sr. No.	Sub Sec	Coverage	Nature of Trip	Sum Insured			
3	VII (C)	Loss of Baggage & Personal Documents --Indemnity Based	Domestic <input type="checkbox"/>	Per Member Liability			Annual Aggregate Limit
			International <input type="checkbox"/>	INR _____	USD _____		
		Sub-limits	Per bag sub-limit (%) <input type="checkbox"/>	25 <input type="checkbox"/>	50 <input type="checkbox"/>	75 <input type="checkbox"/>	
	Per article sub-limit % <input type="checkbox"/>		5 <input type="checkbox"/>	10 <input type="checkbox"/>	15 <input type="checkbox"/>		
			20 <input type="checkbox"/>	25 <input type="checkbox"/>	50 <input type="checkbox"/>		

VII (D). Missing of Connecting Flight During Transit : Yes No

Sr. No.	Sub Sec	Coverage	Nature of Trip	Sum Insured			
4	VII (D)	Missing of Connecting Flight During Transit	Domestic <input type="checkbox"/>	Per Member Liability			Annual Aggregate Limit
			International <input type="checkbox"/>	INR _____	USD _____		
		Deductible options	INR	2000 <input type="checkbox"/>	5000 <input type="checkbox"/>	10000 <input type="checkbox"/>	
			USD	50 <input type="checkbox"/>	100 <input type="checkbox"/>	150 <input type="checkbox"/>	

VII (E). Hijacking: Yes No

Sr. No.	Sub Sec	Coverage		Nature of Trip	Sum Insured				
5	VII (E)	Hijacking		Domestic <input type="checkbox"/> International <input type="checkbox"/>	Per Member Liability INR _____ USD _____				Annual Aggregate Limit INR _____ USD _____
		Maximum no. of hours	<input type="checkbox"/>		12 <input type="checkbox"/>	24 <input type="checkbox"/>	48 <input type="checkbox"/>	72 <input type="checkbox"/>	
					96 <input type="checkbox"/>	120 <input type="checkbox"/>	150 <input type="checkbox"/>	180 <input type="checkbox"/>	

VII (F). Flight Delay – Indemnity based: Yes No

Sr. No.	Sub Sec	Coverage		Nature of Trip	Sum Insured				
6	VII (F)	Flight Delay-Indemnity Based		Domestic <input type="checkbox"/> International <input type="checkbox"/>	Per Member Liability INR _____ USD _____				Annual Aggregate Limit INR _____ USD _____
		Deductible options		Deductible hours <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>		
					6 <input type="checkbox"/>	12 <input type="checkbox"/>	24 <input type="checkbox"/>		
				Maximum no. of hours <input type="checkbox"/>	12 <input type="checkbox"/>	24 <input type="checkbox"/>	48 <input type="checkbox"/>		
					72 <input type="checkbox"/>				
				Per no. of hours <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	6 <input type="checkbox"/>		
					12 <input type="checkbox"/>				

VII (G). Emergency Medical Expenses: Yes No

Sr. No.	Sub Sec	Coverage		Nature of Trip	Sum Insured				
7	VII (G)	Emergency Medical Expenses		Domestic <input type="checkbox"/> International <input type="checkbox"/>	Per Member Liability INR _____ USD _____				Annual Aggregate Limit INR _____ USD _____
		Deductible options		INR	1000 <input type="checkbox"/>	2000 <input type="checkbox"/>	5000 <input type="checkbox"/>		
						10,000 <input type="checkbox"/>	25,000 <input type="checkbox"/>	50,000 <input type="checkbox"/>	
				USD	25 <input type="checkbox"/>	50 <input type="checkbox"/>	100 <input type="checkbox"/>		
						150 <input type="checkbox"/>	200 <input type="checkbox"/>	250 <input type="checkbox"/>	

VII (H1). Accidental Death: Yes No

Sr. No.	Sub Sec	Coverage		Nature of Trip	Sum Insured				
8	VII (H1)	Accidental Death	<input type="checkbox"/>	Domestic <input type="checkbox"/> International <input type="checkbox"/>	Per Member Liability INR _____ USD _____				Annual Aggregate Limit INR _____ USD _____
	VII (H2)	Accidental Death - Air	<input type="checkbox"/>	Domestic <input type="checkbox"/> International <input type="checkbox"/>	Per Member Liability INR _____ USD _____				Annual Aggregate Limit INR _____ USD _____
	VII (H3)	Accidental Death - Road	<input type="checkbox"/>	Domestic <input type="checkbox"/> International <input type="checkbox"/>	Per Member Liability INR _____ USD _____				Annual Aggregate Limit INR _____ USD _____
	VII (H4)	Accidental Death - Rail	<input type="checkbox"/>	Domestic <input type="checkbox"/> International <input type="checkbox"/>	Per Member Liability INR _____ USD _____				Annual Aggregate Limit INR _____ USD _____
	VII (H5)	Accidental Death – All Common Carrier	<input type="checkbox"/>	Domestic <input type="checkbox"/> International <input type="checkbox"/>	Per Member Liability INR _____ USD _____				Annual Aggregate Limit INR _____ USD _____
Optional Covers - Accidental Death/Air/Road/Rail/All Common Carrier									
Removal of Flat 25% Sub – limit for comatose: Yes <input type="checkbox"/> No <input type="checkbox"/>									

VII (I). Key Replacement: Yes No

Sr. No.	Sub Sec	Coverage		Nature of Trip	Sum Insured				
9	VII (i)	Key Replacement		Domestic <input type="checkbox"/> International <input type="checkbox"/>	Per Member Liability INR _____ USD _____				Annual Aggregate Limit INR _____ USD _____
		Minimum No. of days of hospitalization required for benefit to trigger	<input type="checkbox"/>		5 <input type="checkbox"/>	10 <input type="checkbox"/>	15 <input type="checkbox"/>		

VII (J). Home Protection Cover: Yes No

Sr. No.	Sub Sec	Coverage		Nature of Trip	Sum Insured				
10	VII (j)	Home Protection Cover		Domestic <input type="checkbox"/> International <input type="checkbox"/>	Per Member Liability INR _____				Annual Aggregate Limit INR _____

VII (K). Hole in One: Yes No

Sr. No.	Sub Sec	Coverage	Nature of Trip	Sum Insured
11	VII (k)	Hole in One	Domestic <input type="checkbox"/> International <input type="checkbox"/>	Per Member Liability INR _____ USD _____ Annual Aggregate Limit INR _____ USD _____

Section VIII - Corporate Buffere: Yes No

Do you need Corporate Buffer: Yes No

If Yes, please mention the amount: ₹ _____

**Please note that this cover is not applicable to Section V – Cyber Liability Cover

Section IX- Wellness Services: Yes No

Do you want to opt for Wellness Services : Yes No

OTHER DETAILS OF THE PERSONS PROPOSED TO BE INSURED

Total number of persons to be insured		Type of cover		Expiring Loss Ratio	
		Compulsory	<input type="checkbox"/>	0-30%	<input type="checkbox"/>
		Voluntary	<input type="checkbox"/>	31-70%	<input type="checkbox"/>
				71-90%	<input type="checkbox"/>
				Above 90%	<input type="checkbox"/>

Salaried Type		Avg. Income		Sector	
Yes	<input type="checkbox"/>	0-2 Lacs	<input type="checkbox"/>	BFSI	<input type="checkbox"/>
No	<input type="checkbox"/>	2-5 Lacs	<input type="checkbox"/>	Manufacturing	<input type="checkbox"/>
		5-10 Lacs	<input type="checkbox"/>	IT & Consultancy Services	<input type="checkbox"/>
		10-20 Lacs	<input type="checkbox"/>	Others	<input type="checkbox"/>
		Above 20 Lacs	<input type="checkbox"/>		

Cost of Membership		Type of cover		Group Travel Insurance	
0-500	<input type="checkbox"/>	Credit Card Holder	<input type="checkbox"/>	Estimated Total No. of trips	
501-1000	<input type="checkbox"/>	Debit Card Holder	<input type="checkbox"/>	Average Duration per Trip	
1000-5000	<input type="checkbox"/>	Loan Customer	<input type="checkbox"/>	Maximum Duration per Trip	
Above 5000	<input type="checkbox"/>	Others	<input type="checkbox"/>	Estimated Number of travel days per annum	

Avg. Credit Score	
300-550	<input type="checkbox"/>
551-650	<input type="checkbox"/>
651-750	<input type="checkbox"/>
751-800	<input type="checkbox"/>
Above 800	<input type="checkbox"/>

EXISTING/PREVIOUS INSURANCE POLICY DETAILS

Please provide details of your existing Health Insurance/Critical Illness Insurance/Personal Accident Insurance /Card Insurance/ Cash in transit/ Home Insurance Policies from HDFC ERGO or any other Insurer

Policy No. / Application No	Insurer Name	Period of Insurance	Sum Insured	Claims lodged during the preceding years
		_____ To _____		

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.

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. Any person making default in complying with the provisions of this Section shall be punishable with fine which may extend to Ten Lakhs rupees.

DATA PROTECTION REQUIREMENT (BELOW DECLARATION SHOULD BE MENTIONED IN INSURED DECLARATION):

"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, 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"

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.

PREMIUM PAYMENT & BANK ACCOUNT DETAILS

PREMIUM DETAILS: Amount (₹) _____ (In word _____)	
GST (₹) _____	
Premium including tax (₹) _____	
Premium Payment Options - <input type="checkbox"/> Annual <input type="checkbox"/> Half-Yearly <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly	
PAYMENT DETAILS:	
Cheque NEFT	
Instrument No. _____	Instrument Date: _____
Bank Account No. _____	Account Type: Savings / Current / Other. If others, please specify _____
Branch Name & Address: _____	
IFSC Code _____	MICR Code _____
Credit Card / Debit Card No.: <input type="text"/>	Card Type: Master <input type="checkbox"/> Visa <input type="checkbox"/> Expiry Date: <input type="text"/>
Relationship with Proposer: <input type="text"/>	
Bank details for refund of premium in case of cancellation to be considered as above Yes <input type="checkbox"/> No <input type="checkbox"/>	
If NO, please provide additional bank details in below provided space:	
Bank Account No. _____	Account Type: Savings / Current / Other. If others, please specify _____
Branch Name & Address: _____	
IFSC Code _____	MICR Code _____

OTHER DETAILS

Nationality: Indian 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: _____

Type of Organization Corporation Governments Society Private Organizations International Organization Partnership Trust Others

Sources of Fund: Salary Business Other

I/We wish:

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.

DECLARATION

To be signed by a partner or director of the Main Applicant)

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 listed in Prevention of Money Laundering Act, 2002. I understand that the Company has the right to call for documents to establish sources of funds.
- 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 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

Signed: _____

Print Name: _____

Title: _____

Dated: _____

Terms and Conditions

Note: The liability of the Company does not commence until the acceptance of the proposal has been formally intimated to the insured 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 HDFCERGO General Insurance Company Limited receives premium payment.)

AGENT'S DECLARATION

I, _____ (Full Name) in my capacity as an Insurance Advisor/ Specified Person of the Corporate Agent/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.

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

Place:

Date:

D	D	M	M	Y	Y	Y	Y
<input type="text"/>							

Signature of Agent

FOR OFFICE USE ONLY

Channel Partner Code: _____ Branch Location: _____

Signature of Channel Partner: _____

ACKNOWLEDGEMENT CUSTOMER COPY

Received from Mr. / Ms. / Mrs. _____ Cheque No: _____

Dated _____ Drawn on _____ Bank for a sum of ₹ _____

towards payment of premium on behalf of HDFC ERGO General Insurance Company Ltd.

Date _____ Signature & seal _____

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 realized. If we do not accept the proposal, we will inform you and refund any payment received from you without interest within next 15 days.