



Mediserve Professional Indemnity (Retail)

(Please answer all questions in BLOCK letters)

NOTE:

- 1. 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".
- 2. 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.

Policy Issuing Office Address & Code	
Intermediary/Agent Name (if any)	
Intermediary/Agent Code (if any)	
Intermediary/Agent Contact Number/ Email ID	Phone No.: Email ID:

The liability of the Company does not commence until this proposal has been accepted by the Company and premium paid.

Information given herein will be treated in strict confidence.

GENERAL INFORMATION / DETAILS OF THE PROPOSER

1. Name of Proposer

2. Present Address of Proposer

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

Address proof (document & number)

3. Phone No. a. Mobile b. Landline

4. Email

5. Identity proof (document & number)

6. Income (Annual)

7. Income proof

8. PAN (document & number)

9. Existing KYC Number, if any

10. Do you wish to obtain coverage for Medical incidents Outside India?

11. Do you require insurance for more than 1 year Yes No

12. Period of Insurance From: To:

13. Limit of Liability required

Any one Incident: _____

Any one-year Limit: _____

Telehealth Services Limit: _____

PROFESSIONAL INFORMATION OF THE PROPOSER

14.	Professional Qualifications and the year of such qualifications	
15.	In which branch of medicine viz. Allopathy/ Homoeopathy/ Ayurvedic/Any other – please specify	
16.	HPR ID	
17.	Medical Registration No	
18.	Year of Registration	
19.	Experience in practicing	
20.	Please specify your	
	(i) Area of practice	(i)
	(ii) Line of specialization	(ii)
21.	Specify facilities such as dispensing facility, X-ray radiation therapy, scanning ECG, Sonography, MRI etc. available/operated by you or under your control	
22.	If the answer to above question is 'Yes', please respond to below query – Are above mentioned facilities being maintained through regular service contracts with the manufacturers/ specialized serviced Agencies?	Yes <input type="checkbox"/> No <input type="checkbox"/>
23.	Are the Doctors / Nurses / Technicians working for you Duly licensed in accordance with the Medical Acts or any other prevalent laws	
24.	Specify No. of employees & their job specifications, (Note: Only Qualified Assistants, Nurses or any qualified technicians under your contract of employment)	
25.	i) Are you attached to /or attending as a visiting physician / surgeon in any Hospital / Nursing Home / Clinic etc., If yes, please give details: ii) Are you in service with any organisation? If yes, then please give name & address of the same. b) Are these Hospital / Nursing Home / Clinic / Organisation covered under a Medical Establishment Errors & Omissions policy?	

26.	Please state the average number of patients you are attending per day	
27.	Have any claims been made upon you or legal proceedings instituted or likely to be instituted against you by patients in respect of your treatment etc. If so, please give details	
28.	Have you ever insured against liabilities in the past?	Yes <input type="checkbox"/> No <input type="checkbox"/> If "Yes", give full particulars in Table - 2 in this document
29.	Has any Company a) declined your proposal b) required an increased premium c) refused to renew your policy d) cancelled such a policy If response to any of the above queries is "Yes" then please provide the details thereof	<input type="checkbox"/> a) <input type="checkbox"/> b) <input type="checkbox"/> c) <input type="checkbox"/> d)
30.	Are you a member of any Medical Association/ Council/ formal accreditation, credentialing or standards review or similar professional board or committee? If, "Yes", Please specify	
31.	Please refer to Annexure-I for queries if extensions are required	

CO-INSURANCE

Company Name	Percentage %	Premium (₹)

OTHER INFORMATION

Any additional information relevant to the Policy

TABLE - 1: NOMINATION DETAILS

Nominee Name	Nominee Relation	Nominee DOB	Age	Nomination %	Appointee Name if in case of Minor Nominee	Appointee Relationship, if Nominee is minor

TABLE - 2: EXISTING/ PREVIOUS INSURANCE POLICY DETAILS

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

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

Note: Please use additional sheets if space is not sufficient to complete details

DECLARATION BY INSURANCE COMPANY

ANTI- 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, 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.

A. PREMIUM DETAILS

PREMIUM DETAILS:

Amount (INR) _____ GST (INR) _____

Premium including tax (INR) _____ Rupees in words _____

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 _____

Bank details for refund of premium in case of cancellation to be considered as above - Yes No

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 _____

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 _____

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.

Type of Organization

Corporation: Governments Society Private Organizations International Organization:

Partnership: Trust: Others:

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.

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

B. DECLARATION BY PROPOSER/ 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 authorize 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 authorize 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.

Place: _____

Date:

D	D	M	M	Y	Y	Y	Y
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Signature of the Proposer / Representative
(in case proposer is disabled)

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:

D	D	M	M	Y	Y	Y	Y
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Signature of the Translator

Name of the Proposer: _____

Place: _____

Date:

D	D	M	M	Y	Y	Y	Y
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Signature of the Proposer

INTERMEDIARY 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.

Place: _____

Date:

D	D	M	M	Y	Y	Y	Y
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Signature of Intermediary

Time: _____

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.