

**ENERGY – Proposal Form**

URN: AM/HLT/0069/A/052019

Application Number \_\_\_\_\_


 Photograph

Please read all questions carefully and provide complete and correct information. Incomplete/incorrect/partially correct information may lead to cancellation of proposal and policy, even after issuance. It is not obligatory for us to accept any risk or issue policy to anyone. Regulations mandate that the coverage can incept only after we have received the full amount of premium and have explicitly accepted the risk.

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".
3. The Company's liability does not commence until the acceptance of the proposal has been formally intimated to the Policyholder and full premium has been realized by the Company.

Intermediary Code	Intermediary Name	Intermediary Number

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

**1. PROPOSER DETAILS**

Name of the Proposer			
Date of Birth			
Nationality			
Residential Status	<input type="checkbox"/> Resident Indian	<input type="checkbox"/> NRI	
Current Country of Residence	.....		
Address			
<input type="checkbox"/> Please tick if your permanent address is same as above. If not, kindly fill in Permanent address below:			
Permanent Address			
E-Mail			
GSTIN / UIN (if any)			
Marital Status			
Contact Number			
Permanent Account Number (PAN)			
I have eIA	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
I would like to apply for eIA	<input type="checkbox"/> Karvy	<input type="checkbox"/> CAMS	<input type="checkbox"/> NSDL <input type="checkbox"/> CDSL
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

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

ID Proof No. 

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Highest Qualification:  Under Matriculate  Matriculate  Graduate  Post-Graduate  Higher

Profession:  Salaried  Self Employed  Others Details \_\_\_\_\_

Marital Status \_\_\_\_\_

*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 my consent to share my KYC details (including Aadhaar No./PAN, if provided) with the Insurance Repository  Yes  No

**TO BE FILLED ONLY IN CASE THE PERSON YOU LIKE TO INSURE IS OTHER THAN YOU.**

Name( Mr./Ms./Mrs.)																											
	First Name									Middle Name									Last Name								
My Email id	This is your user id to log in to our customer wellness portal and also allow us to send you important communication that will help manage your health better.																										
Address																											



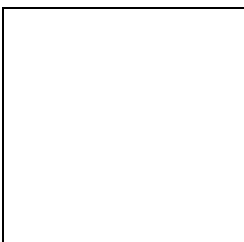
( We will send your health related documents here)	City/ Town	District
	State	Pin code
*Gender (M/F/T)	Annual Income	
Date of Birth	Marital Status	
My Landline No.	Mobile No.	
Education	Post Grad/ Grad/ Diploma/ 12 <sup>th</sup> Pass/10 <sup>th</sup> Pass/ Below 10 <sup>th</sup> / Others _____	
Occupation	Salaried/ Self Employed/ Student/ Housewife/ Retired/ Others _____	
Nationality	Name of Organization (if working)	
Designation	Nature of Duty	
Height	Cms	Weight
Relationship to Policyholder	<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Grand Parents <input type="checkbox"/> Sibling	
Politically Exposed person (Y / N)		
ABHA ID		

\*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>

**\*PLEASE PASTE THE PHOTOGRAPH OF THE PERSON PROPOSED TO BE INSURED**



**\*For regulator's reference**

This field will only be applicable if policy is purchased offline

**2. PLAN DETAILS**

Proposed Policy Period: **From** DDMMYYYY **to** DDMMYYYY

Plan:  Silver  Gold

By selecting the plan above I hereby provide my consent to HDFC ERGO to access the diagnostic reports submitted by me for availing Wellness and HbA1C Checkup benefits.



Sum Insured:  200,000  300,000  500,000  10,00,000  15,00,000  20,00,000  25,00,000  50,00,000

Do you wish to opt for a 20% Co-Payment:  Yes  No

### 3. EXISTING/PREVIOUS INSURANCE DETAILS

Is the proposer or the persons proposed, already insured under a plan with HDFC ERGO GENERAL INSURANCE Company Limited or any other Insurance Company?

If yes, please provide details as per the portability form.

Do you want Us to consider these details for continuity?  Yes  No

### 4. MEDICAL AND LIFESTYLE INFORMATION

This policy not only provides you with coverage against unforeseen health emergencies but also seeks to help you maintain your health status using a wellness program that includes medical tests, doctor visits and expert advice. Hence it is critical you provide an accurate update of your medical history and lifestyle

Section A : Medical details	
1. Has any application for life, health, hospital daily cash or critical illness insurance ever been declined, postponed, loaded or been made subject to any special conditions by any insurance company? If yes, please specify details including reason	Y/N
2. <b>Are you currently suffering from diabetes?</b>	Y/N
If Yes, please specify whether it is Type 1 diabetes <input type="checkbox"/> Type 2 diabetes <input type="checkbox"/> IFG/IGT <input type="checkbox"/>	
Please specify	
3. <b>Are you currently suffering from Hypertension?</b>	Y/N
4. <b>Have you ever suffered from or currently suffering from any of the following condition?</b>	Y/N
a) Coma, Unconsciousness, Stroke, Paralysis, Seizures/Epilepsy, Alzheimer's disease, Parkinsonism or any other disorder of nervous system	Y/N
b) Feeble/Absent pulse, Chest pain/Angina, Heart attack, Palpitation, Heart bypass surgery, Heart angioplasty, Heart failure or any other disorder of Heart/Circulation	Y/N
c) Asthma, Bronchitis, Pneumonia, Tuberculosis or any other disorder of lung	Y/N
d) Hepatitis B/C, Cirrhosis, Inflammatory bowel disease, Pancreatitis, Alcoholic liver disease or any other disorder of gastro-intestinal tract	Y/N
e) Arthritis, Spondylosis or any other disorder of the muscle/bone/joint	Y/N
f) Retinopathy, Cataract, Glaucoma, Sinusitis or any other eye, ear, nose or throat disorder	
g) Numbness, Tingling, Painful sensation, Ulcer in the limbs	
h) Kidney (Protein or albumin in urine), Kidney and urinary tract stone, Kidney failure, Prostate enlargement or any other disorder of kidney, urinary tract and prostate	Y/N
i) Hypothyroidism, Hyperthyroidism or any other disorder of endocrine glands	

#### Quick Help

**Type 1 Diabetes** also called juvenile or insulin-dependent diabetes indicates a condition in which Beta cell of pancreas are destroyed causing insulin deficiency.

**Type 2 Diabetes** also called maturity onset diabetes indicates a condition which is characterized by either insulin resistance or relative deficiency of insulin secretion usually present at the time of type II diabetes is clinically manifested.

**Impaired Fasting Glucose (IFG)** is impaired level of glucose, a condition under which a person has a plasma glucose values between 110 and 125 mg/dl after overnight fasting.

**Impaired Glucose Tolerance (IGT)** is a condition under which a person, after overnight fasting, has a plasma glucose value between 110 & 125 and 2 hours after 75gm glucose tolerance test, the value is between 140 & 199 mg/dl.

Gestational diabetes is a condition in which women without previously diagnosed diabetes exhibit high blood glucose levels during pregnancy.

**Hypertension** is defined as a repeatedly elevated blood pressure where systolic pressure is above 140 and diastolic pressure above 90. (As per JNC 7 guidelines seventh report of the Joint National Committee).



j) Fibroid, Fibroadenoma, Lymphoma, Cancer or any other cyst, tumor, swelling or growth in the body	Y/N
k) HIV/AIDS, Sexually transmitted disease or any other types of immunodeficiency	Y/N
l) Leukemia, Anemia, Thallasemia, Hemophilia or any other blood or bone marrow disorder	Y/N
m) Depression, Bipolar disorder or any other psychiatric disorder	Y/N
n) Psoriasis or any other skin disorder	Y/N
o) Rheumatoid arthritis, Systemic sclerosis or any other auto-immune disorder	Y/N
p) Congenital (since birth) disorder	Y/N
q) Any other health condition (other than common cold), not specified above	Y/N
<b>5. Are you currently pregnant? If yes, please specify (For female proposed insured only)</b>	Y/N
a) Duration in number of weeks since last period.	
b) Suffering from Gestational diabetes or any other pregnancy related complications?	Y/N

<b>Section B: Lifestyle details</b>	
Please specify which of the following activities currently undertaken by you to control and manage your health condition? (Please mention name of the medicines, daily dosage, in case if option b or c has been ticked.)	
a) Diet and lifestyle modification including exercise	Y/N
b) Oral medications	Y/N
c) Insulin	Y/N

Name of the medicine	Dose (mg)	Frequency (Tick)			
		Morning	Afternoon	Evening	Night

Section C: Name and details of Illness/ Medicine/Test/Surgery/ Diopter grade (for	Exact diagnosis/Condition	Diagnosis date	Date of last consultation	Treatment in/outpatient and details of treatment	Doctor/Hospital Name and Phone No.
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questions answered as Yes in Section A above)				given/advised and currently on	

Section D: Do you smoke or consume gutka /pan masala /alcohol, if yes please indicate the quantity per week.	Alcohol (30ml pegs of hard liquor/ bottles of beer/ glass of wines)	Smoke ( No. of Cigarette/bidi sticks)	Pan Masala/ Gutkha ( No. of Pouches)	Others

#### 4. 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

Note:

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

#### 5. PAYMENT DETAILS

Instrument Type:  Cheque  Debit Card  Credit Card  Net Banking  Others\_\_\_\_\_

Instrument Number	Name of Premium Payor	Relationship of Payor with Proposer	Bank Details	Date	Amount (Rs.)



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Please make a A/c Payee Cheque/DD/Pay Order/Online transfers in favour of 'HDFC ERGO GENERAL INSURANCE Company Limited' only.

**I want to opt for Auto Renewal Facility. [This facility will be enabled only if ECS form is submitted]**  Yes  No

#### 6. 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.
- 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 HDFCERGO 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 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. Violation of Section 41 of the Insurance Act 1938, as amended, shall be punishable with a fine which may extend to Rs.10Lakhs.

## 7. WHATSAPP DECLARATION

I authorize HDFC ERGO to contact me via Whatsapp.

**\*The Proposer has provided consent through CCC (customer Confirmation Code)/OTP (One Time Password) to issue this policy on the basis of information shared by him/her in this Proposal Form.**







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.

**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	
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

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](http://www.hdfcergo.com) or contact our customer care for the same

**Signature of the receiver and official seal**

\*For regulatory reference  
If policy is purchased offline only then this field would be applicable.