



Group Travel Insurance - Proposal Form

(All fields are mandatory and fill in CAPITALS only)

SECTION I

Name of Corporate

Key Contact Person Designation

Mailing Address

City Pincode State

Tel. Fax *Mobile

STD Code STD Code

Email

eIA PAN

Sister Organization if any (Details)

Name of Organization

Mailing Address

Contact Person Tel.

STD Code

Duration of Policy : Annual / Short Period. Please specify months:

Date of Commencement:

*Please provide correct mobile number of the proposed insured, to receive information relating to policy servicing and premium acknowledgement.

SECTION II

Details of Employees to be covered

Categories	Number of Persons	Estimated Total No. of Trips	Average Duration per Trip	Maximum Duration per Single Trip	Estimated No. of Travel Days per annum
I					
II					
III					
IV					
V					

Countries Generally Visited: Kindly acknowledge the enclosed Annexure, which provides details of benefits for every category

Quotation Number & date: Claims Experience for minimum period of 3 years:

Month/Year	Insurer	Premium Paid	Causes of Loss	Incurred Claims (Claim Received + Outstanding)
I				
II				
III				

The Details of Sum Insured provided in the attachment format.

Has any insurance company:

Declined to issue/continue a policy to you? Yes /No
 Imposed any restrictions or special conditions? Yes /No

DETAILS OF THE PERSON PROPOSED TO BE INSURED

Sr. No.	Name of the Insured person	Relationship with proposer	Gender*	Date of Birth	Name of Nominee	Relationship to the Insured
1						
2						
3						
4						
5						
6						

NOMINEE DETAILS

In the event of the death of an Insured Person any payment due under the Policy shall become payable to the nominee in accordance with the Policy terms and conditions. The nominee must be an immediate relative of the Proposer. Nominee for any of the persons proposed to be insured shall be the Proposer.

Nominee Name	Relationship	Address of Nominee

*If the Nominee is minor, Name and Address of Appointee and Relationship with Minor:

Appointee Name	Relationship	Address of Appointee

WEBSITE INFORMATION REQUIREMENTS

DOMAIN NAME:(Maximum 8 characters)	:	
User ID (Maximum 8 characters)		
User 1	:	
Login	:	
Email ID	:	
Location	:	
User 2	:	
Login	:	
Email ID	:	
Location	:	
User 3	:	
Login	:	
Email ID	:	
Location	:	
User 4	:	
Login	:	
Email ID	:	
Location	:	
User 4	:	
Login	:	
Email ID	:	
Location	:	

PAYMENT & BANK ACCOUNT DETAILS

Premium Amount: ₹ Payment Option: Monthly Quaterly Half Yearly Yearly

Cheque No.: Date: Amount: ₹

Bank Name

Credit Card / Debit Card No.: Card Type: Master Visa Expiry Date:

Name on Card:

WOULD YOU LIKE YOUR REFUND (EXCESS PREMIUM) 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.: Cheque Amount for ₹:

Name as in Bank Account

(First Name) (Middle Name) (Last Name)

Bank Name Bank Branch

Bank Account number IFSC Code MICR No.

***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.

DECLARATION & WARRANTY ON BEHALF OF ALL PERSONS PROPOSED TO BE INSURED

- 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.
- I understand that the information provided by me will form the basis of insurance policy, is subject to the Board approved under writing policy of the Insurance company and that the policy will come into force only after full receipt to the premium chargeable.
- 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 company.
- I/We declare and further consent to the company. Seeking medical information from any hospital who at any time has attended on the life to be insured/proposer or from any past or present employer concerning anything which affects the physical and mental health of the life to be assured/proposer and seeking information from any insurance company to which an application or insurance on the life to be assured/proposer has been made for the purpose of underwriting the proposal and /or claim settlement.
- I/We authorize the company to share information pertaining to my proposal including the medical records for the sole purpose of proposal underwriting and/ or claims settlement and with any Governmental and/or Regulatory Authority.

DECLARATION & WARRANTY ON BEHALF OF ALL PERSONS PROPOSED TO BE INSURED

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 Section41 of the Insurance Act 1938, as amended, shall be punishable with a fine which may extend to ₹10Lakhs.

Go Green Declaration: Would you like to Go Green and Make a difference!! By choosing this option, only soft copy of Policy shall be delivered to your registered mail id. The soft copy is valid for lodging claims or any other service needs. Please reconfirm your registered mail id & mobile no (If you require physical copy of your policy in future, please visit "Help" section on www.hdfcergo.com or contact our customer care).

Place
Date

Signature of the Proposer

VERNACULAR DECLARATION

Declaration in case the proposal is filled other than the Proposer / the proposer sign in vernacular language / 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 Insured:
Place:
Date:

Signature of the Insured

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

Signature of Agent



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. Photocopies of all previous policies and endorsements

FOR OFFICE USE ONLY

Channel Partner Code

Branch Location

Signature of Channel Partner



ACKNOWLEDGMENT CUSTOMER COPY

Received from Mr. / Mrs. / Ms.

Cheque No dated drawn on

Bank for a sum of Rs.

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

Signature & seal

Date

Your proposal is subject to acceptance by the Company. This acknowledgement should not be construed as assumption of risk by the Company. 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.