RGO

HDFC ERGO General Insurance Company Limited

HDFC ERGO HOSPITAL CASH INSURANCE - PROPOSAL FORM

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A. F. C. M. J.											
Application Number											
(Please fll-up this form in CAPITAL LETTERS)											
		PROPOSE	R DETAILS								
Proposer Mr./Ms./Mrs. (First Name)		(Middle	Name)			(Last Name)					
Address											
						Pincode					
Telephone	#Mobile No	0		*Please provide information relation	e correct mobile number ating to policy servicing	er of the proposed insured, to receive g and premium acknowledgement.					
Email id											
Occupation: Clerical/Administrative	Professional – Ser			er/Worker/Supervisor		aily Wage Labourer Others					
(Persons engaged in military service, professional sports, mine	workers, fire fighters, water v	essel crew, oil field/rig	workers, structural		s, junk/and similar hazard oply for eIA with Karvy	lous occupation's are excluded under the plan.) CAMS NSDL CDSL					
Annual Income:	CKYC No.:				tionality:						
Politically exposed person: Yes No	PAN:										
		ID PRO	OF TYPE								
PAN Passport		Driving Lice	nse		Voters Card	Others					
		PLAN D	ETAILS								
HDC per day 1500 2000 2500	Number of Days:	30 days Pro	posed Policy F	Period : From DD	MMYYY	Y to D D M M Y Y Y Y					
PAYMENT & BANK ACCOUNT DETAILS											
	PAYM	IENT & BANK	ACCOUNT	DETAILS							
Premium Amount: ₹	PAYM	IENT & BANK			Monthly Quat	terly Half Yearly Yearly					
Premium Amount: ₹ Cheque No.:		D M M Y			,	terly Half Yearly Yearly					
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Cheque No.:				Payment Option: N	ınt: ₹	terly Half Yearly Yearly y Date: D D M M Y Y Y Y					
Cheque No.: Bank Name			F	Payment Option: N	ınt: ₹						
Cheque No.: Bank Name Credit Card / Debit Card No.:	Date:	D D M M Y Y	Card Type	Amou	ınt: ₹	y Date: DDMMYYYYY					
Cheque No.: Bank Name Credit Card / Debit Card No.: Name on Card: WOULD YOU LIKE YOUR REFU * Cheque will be issued in the name of the Proposer of the Card of payment made through credit card there	Date: D JND (EXCESS PRE only. fund amount would be re	MIUM) BY CHI	Card Type EQUE* OR (Amou	visa Expir	y Date: DDMMYYYYY JR BANK ACCOUNT? e following bank details and a copy of a					
Cheque No.: Bank Name Credit Card / Debit Card No.: Name on Card: WOULD YOU LIKE YOUR REFU * Cheque will be issued in the name of the Proposer In case of payment made through credit card there Cancelled Cheque if you opt for direct credit into your	Date: D JND (EXCESS PRE only. fund amount would be re	MIUM) BY CHI	Card Type Card Type EQUE* OR (ard account dire of the same ba	Amou Master CREDITED DIRE ctly or through chequench account in which the	visa Expir	y Date: DDMMYYYYY JR BANK ACCOUNT? e following bank details and a copy of a					
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Name of Insured	Name of	Nomine	e			Rela	ationship A							Ad	Address of the Nominee															
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Where Nominee is a minor, give the details of	f Appointee																													
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(Including any with HDFC ERGO General Inst	urance Company Ltd.	.)																												
Insurer Name	Sum Insured (R	Rs.) Policy Nan									•									Claims lodged during the preceding 3 years										
		MED	ICAL	ANI	D L	IFE S	STYL	LEI	NF	ORI	/IAT	ΓΙΟ	N																	
Name of Insured Person	Existing Illness/	/ Ailmen	ts(if an	y)		ı	Name & Details of Illness/ Medicine/ Doctor/ Hospital Test/ Diopter grade Name & Phone no										_													
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(First Name)						(Middle	Name))						_							(Las	t Nar	ne)						_	_
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GENERAL EXCLUSIONS (UNDER THE POLICY) FOR MORE DETAILS PLEASE REFER TO THE POLICY WORDINGS

War or any act of war, invasion, act of foreign enemy, war like operations (whether war be declared or not or caused during service in the armed forces of any country), civil war, public defense, rebellion, revolution, insurrection, military or usurped acts, nuclear weapons/materials, chemical and biological weapons, radiation of any kind, Any Insured Person committing or attempting to commit any intentional self injury or attempted suicide while sane or insane, Any Insured Person committing or attempting to commit any act which amounts to breach of law with criminal intent, Any Insured Person's participation or involvement in naval, military or air force operation, racing, diving, aviation, scuba diving, parachuting, hang-gliding, rock or mountain climbing, The abuse or the consequences of the abuse of intoxicants or hallucinogenic substances such as intoxicating drugs and alcohol, including smoking cessation programs and the treatment of nicotine addiction or any other substance abuse treatment or services, or supplies, Treatment of obesity or morbid obesity and any weight control program, where obesity means a condition in which the Body Mass Index (BMI) is above 29 & morbid obesity means a condition where BMI is above 37, Parkinson and Alzheimer's disease, general debility or exhaustion ("run-down condition"); external congenital diseases, defects or anomalies, stem cell implantation or surgery, or growth hormone therapy, Sleep-Apnoea, Venereal disease, sexually transmitted disease or illness; Pregnancy (including voluntary termination), miscarriage (except as a result of an Accident or Illness), maternity or childbirth (including caesarean section) except in the case of topic pregnancy, Sterility, treatment whether to effect or to treat infertility, any fertility, sub-fertility or assisted conception procedure, surrogate or vicarious pregnancy, birth control, contraception, Dental treatment and surgery of any kind, unless requiring Hospitalization, Treatment for analysis and adjustments of spinal subluxation, diagnosis and treatment by manipulation of the skeletal structure or for muscle stimulation by any means (except treatment of fractures, dislocations and physiotherapy as part of hospitalization prescribed by the physician conducted in the hospital), Nasal septum deviation and nasal concha resection; circumcisions, laser treatment for correction of eye due to refractive error, aesthetic or change-of-life treatments of any description such as sex transformation operations, treatments to do or undo changes in appearance or carried out in childhood or at any other times driven by cultural habits, fashion or the like or any procedures which improve physical appearance, Plastic surgery or cosmetic surgery unless necessary as a part of medically necessary treatment certified by the attending Medical Practitioner for reconstruction following an Accident or Illness, Experimental or unproven treatment, Hospitalization for the purpose of diagnosis only, Any non allopathic treatment, All preventive care, vaccination including inoculation and immunisations (except post bite treatment in hospital) and any hospitalization for the purpose of enteral feedings (infusion formulas via a tube into the upper gastrointestinal tract) and other nutritional and electrolyte supplements, unless certified to be required by the attending Medical Practitioner, Treatment rendered by a Medical Practitioner which is outside his discipline or the discipline for which heis licensed; treatments rendered by a Medical Practitioner who shares the same residence as an Insured Person or who is a member of Insured Person's family, Any procedure or treatment by any person or institution that has been intimated to the Insured Person by Us during the currency of the policy, Any treatment or part of a treatment that is not medically necessary, Any exclusion mentioned in the Schedule or the breach of any specifc condition mentioned in the Schedule.

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.
- 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.

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

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	
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 modging 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" or contact our customer care).	
Place	
Date D M M Y Y Y Y	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 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.	/ employee of the company)
Name of the Translator:	
Place: DDMMYYYYY	
	Signature of the Translator
Name of the Insured:	
Place: DDDMMYYYYY	
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Signature of the Insured

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Proposer including staten Insurance between the Co is/are contained in this Pr	nent(s), informa ompany and the oposal Form/ in nas been a non-	tion and re Propose cluding a disclosure	esponse r, if this F ddendun	e(s) subr Proposal n(s), affic	mitted by I is accep davits, sta	explaine him/her ted by th	(Fu d all the in this Pr e Compa s, submis	II Name contents roposal F any for is) in my s of this F Form to q suance o urnished/	capacity Proposal uestions of the Po to be fu	as an Form, I contair licy. I ha	ncluding ed here ve furth the con	g the nein or a er exp npany	nature o any det lained shall h	/ Specified Person of the Corporate Agent/Authorized of the questions contained in this Proposal Form to the etails sought here in will form the basis of the Contract of d that if any untrue statement(s)/information/response(s) have the right to vary the benefits which may be payable d by the Company as null and void and all premiums paid
License No.(Advisor/Corp	porate Agent/Br	oker/Rela	ationship	Officer)											
Place D D M M Y	YYY														Signature of Agent
							(CHECI	(LIST						
Please check the following 1. ID Proof 2. Proof of Residence 3. Age Proof 4. Renewal Notice wit 5. Photocopies of all processing process.	: Pas : Tele : Birth h claim details	ssport/PA phone B certifica	AN Card ill/Bank ite/Sch	/Voter II Accoun ool Leav	D/Drivin t Statem	g Licens ent/ Lett	e/ Letter	r from a	recogniz ognized p	oublic a	uthority/		city Bil	I/ Ratio	ion Card
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Received from Mr. / Mrs.	/ Ms.														
Cheque No Bank for a sum of Rs. towards payment of prem		dated dated from					drawn or	1							Signature & seal
Date D D M M Y	YYY														

HDFC ERGO General Insurance Company Limited. IRDAI Reg. No.146. CIN: U66030MH2007PLC177117. Registered & Corporate Office: 1st Floor, HDFC House, 165-166 Backbay Reclamation, H. T. Parekh Marg, Churchgate, Mumbai 400 020. Customer Experience Management, Customer Happiness Center: D-301, 3rd Floor, Eastern Business District (Magnet Mall), LBS Marg, Bhandup (West), Mumbai 400 078. For Claim/Policy related queries call us at +91 22 6234 6234/+91 120 6234 6234 or Visit Help Section on www.hdfcergo.com for policy copy/tax certificate/make changes/register & track claim or simply text "Hi" on what's app number 8169 500 500 for instant policy servicing. Trade Logo displayed above belongs to HDFC Bank Ltd and ERGO International AG and used by the Company under license. UIN: HDFC ERGO Hospital Cash Insurance - HDFHLIP21494V022021 | URN: HE/PL/HDC/01-74.

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.