

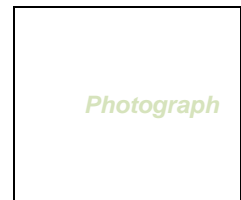


Proposal Form

iCan - PROPOSAL FORM

URN - AM/HLT/0005/A/052017

Application Number _____



Photograph

THIS PLAN IS NOT AVAILABLE TO PERSONS WHO HAVE/ EVER HAD ANY CANCER (Including Leukemia, Lymphoma & Sarcoma) OR ANY PRECANCEROUS CONDITION OR EVER HAD/ AWAITING ORGAN TRANSPLANTATION

This proposal will be the basis of any insurance policy that We may issue. You must disclose all facts relevant to all persons proposed to be insured that may affect Our decision to issue a policy or its price, terms, conditions and exclusions. Non-compliance may result in avoidance of the Policy. If there is insufficient space for You to provide information, whether as requested or otherwise, please attach a separate sheet. Incomplete/incorrect/partially correct information will lead to cancellation of proposal and policy even if it is issued. If You are in any doubt, please seek advice of Your insurance advisor. We are under no obligation to accept any proposal for insurance. 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 under the Policy if premium is not received by Us in full and in time, or is not realised.

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

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)			

HDFC ERGO General Insurance Company Limited. IRDAI Reg. No.146 CIN: U66030MH2007PLC177117. Registered & Corporate Office: 6th Floor, Leela Business Park, Andheri-Kurla Road, Andheri (East), Mumbai – 400 059. 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 022 6158 2020/ 022 6234 6234 or Visit Help Section on www.hdfcergo.com for policy copy/tax certificate/make changes/register & track claim. Product Name: iCan | Product UIN: HDHHLIP21321V022021 |



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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? (Investable assets like cash holdings, deposits, stocks and bonds etc.)	<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	

Highest Qualification: Under Matriculate _____ Matriculate _____ Graduate _____ Post-Graduate _____ Higher

Marital Status _____

Profession: Salaried Self Employed Others Details _____

I am not eligible for Pan Card and in lieu of the same , I am submitting a copy of Form 60

In case you do not have your Aadhar Number please provide Aadhar Acknowledgment Number below

Aadhar Acknowledgement Number:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

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* The Central Government has made Aadhaar & PAN No./Form 60 mandatory for availing financial services including Insurance. The Aadhaar & PAN details provided by you would be used for authentication of your identity. In case Aadhar Number/Pan Number is not provided at the time of application, it is to be submitted within six months from the date of the application. failing which it may have an impact on policy status and claim processing.

I understand that the Aadhaar & PAN details provided by me would be used for authentication of my identity and I hereby give my consent to the company to authenticate my Aadhaar & PAN details & link them with all existing policies I may have or take in future.. Yes No

Please submit a certified copy of any of the below documents in any of the following scenarios:

- You are not entitled to be enrolled for Aadhaar and PAN
- The address mentioned in your Aadhar Card is not your current address

Photo ID Proof Type: Passport Driving License Voter's Card NREGA Job Card Others(Any document notified by Central Government) _____ (Pls Specify)_____

ID Proof No.:

Please choose from the below options to go digital for policy & service related communication and thus save trees. In case multiple "Yes" options are chosen, the first option would be considered by default.

I choose to have verified & digitally signed documents that I can access anytime, anywhere at my fingertips Yes No

I choose e-insurance account to view or download policy details from an Insurance Repository. Yes No

I Choose to have hardcopy of policy documents though this would mean cutting trees for generating those papers Yes No

Proposed Policy Period: From To

PLAN OPTION –

VARIANT PLAN

ESSENTIAL STANDARD

ENHANCED ADVANCED

2. DETAILS OF THE PERSON PROPOSED TO BE INSURED

	Name of the Insured Person	Ht	Wt	Relationship to Policyholder	Gender*	Date of Birth	Occupation	Annual Income	Sum Insured	Politically Exposed person (Y / N)	Aadhaar Number	ABHA ID (if available)	Mobile No.
1.		(cms)	(kg)		M / F	DD/MM/YYYY							
2.		(cms)	(kg)		M / F	DD/MM/YYYY							
3.		(cms)	(kg)		M / F	DD/MM/YYYY							

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4.		(cms)	(kg)		M / F	DD/MM/YYYY							
5.		(cms)	(kg)		M / F	DD/MM/YYYY							
6.		(cms)	(kg)		M / F	DD/MM/YYYY							

Note: In case any insured person(s) wish to generate his/her ABHA ID. Kindly visit the link:

<https://healthid.ndhm.gov.in/register>

3. 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:

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

4. 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 Yes /No ? If YES, please indicate below the Policy/ Application number(s) (Please mention application number incase of pending proposal)

Since when are continuously insured:

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

Policy No / Application No	Insurer	Period of Insurance		Sum Insured (Rs)	Claims lodged during the preceding years	Status of previous applications (s) if any
		From (DD/MM/YYYY)	To (DD/MM/YYYY)			

* Please note that continuity of benefits shall NOT be considered if the Above question of want of continuity is not replied affirmative, details are not provided and Portability form and relevant supporting documents are not submitted.

5. MEDICAL & LIFESTYLE INFORMATION:

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Please read, understand and confirm the details below accurately and truthfully in the space mentioned below, as this would be the ONLY basis of issuance of your policy with us and the subsequent claim admissibility, if any. ANY MIS-DECLARATION OR NON –DISCLOSURE WILL RENDER YOUR COVERAGE NULL & VOID.

SECTION A:

In respect of any of the persons proposed to be insured, please answer the below mentioned questions individually in Yes(Y)/No (N) along with the details:

	Member 1	Member 2	Member 3	Member 4	Member 5	Member 6
Does your occupation expose you to radiation, corrosive substances, harmful chemicals, mining, asbestos or explosives?.						
Have you used tobacco in any form in the last one year? E.g Smoked Beedi , cigarette, Cigar, Cheroot, sheesha; used chewing tobacco (Pan/Gutkha); snuff etc						
Do you consume alcohol, or any narcotic/ habit forming/recreational drug?						
If YES, please indicate the Type, No. of units per day and since when have you been using?						
	Smoke (1 Unit = No. of Beedi , cigarette, Cigar, Cheroot, sheesha or Any other form of tobacco per day)	Pan Masala/ Gutkha (1 Unit = No. of Pouches per day)	Alcohol (1 units = 30 ml of hard liquor ; 150ml of wine; 330ml of beer) per week	Others		
Member 1	TYPE: UNITS : SINCE :	TYPE: UNITS : SINCE :	TYPE: UNITS : SINCE :	TYPE: UNITS : SINCE :		
Member 2	TYPE: UNITS : SINCE :	TYPE: UNITS : SINCE :	TYPE: UNITS : SINCE :	TYPE: UNITS : SINCE :		
Member 3	TYPE: UNITS : SINCE :	TYPE: UNITS : SINCE :	TYPE: UNITS : SINCE :	TYPE: UNITS : SINCE :		
Member 4	TYPE: UNITS : SINCE :	TYPE: UNITS : SINCE :	TYPE: UNITS : SINCE :	TYPE: UNITS : SINCE :		
Member 5	TYPE: UNITS : SINCE :	TYPE: UNITS : SINCE :	TYPE: UNITS : SINCE :	TYPE: UNITS : SINCE :		
Member 6	TYPE: UNITS : SINCE :	TYPE: UNITS : SINCE :	TYPE: UNITS : SINCE :	TYPE: UNITS : SINCE :		

SECTION B : Medical History

In respect of any of the persons proposed to be insured, please answer the below mentioned questions individually in Yes(Y)/No (N):

Please note the term “CANCER”, WHENEVER USED INCLUDES LEUKEMIA, LYMPHOMA & SARCOMA

	Member 1	Member 2	Member 3	Member 4	Member 5	Member 6
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a. Have you ever been diagnosed with, operated for, investigated for, underwent chemotherapy/ Radiotherapy or any other form of treatment for any type of Cancer or Tumor or lymphoma or sarcoma?						
b. Has any of your parents, siblings, or first degree relatives ever been diagnosed with any form of cancer? If Yes, also please mention the type of cancer.						
c. Have you or any of your family members ever been referred to an oncologist?						
d. Have you been diagnosed with or underwent any investigation in last 5 years for any enlarged gland, enlarged lymph node, any growth, cyst, knot, lump, ulcer, polyp in ANY PART OF THE BODY?						
e. Have you ever shown any abnormal tumor marker or have shown any abnormality in ultrasound, X-ray, biopsy/histopathology, CT scan, PET scan, Nuclear imaging (ex – MIBG scan or Tc99 scan), MRI, endoscopy, colonoscopy, PAP smear, mammography?						
f. Have you ever suffered from any abnormal or excessive bleeding or bleeding tendencies (Eg, in urine, cough, stool, from gums, vomiting, or during menstrual periods in case of females) or unusual discharge from any body-openings?						
g. Have you ever experienced any difficulty in swallowing, chronic persistent cough, consistent abdominal pain, hoarseness of voice, chest pain or discomfort, constant pain in muscles/bone?						
h. Have you experienced any abnormal weight loss in the past two years (6kg or more) ?						
i. Have you had any blackouts, dizziness, persistent headache, fainting attacks, blurred or double vision, epileptic fits, muscle weakness, abnormal movement or loss of sensation in any part of the body?						
j. Have you ever been diagnosed with Human papillomavirus, Ebstein Barr Virus, HIV or sexually transmitted diseases/infections?						
k. Have you ever been diagnosed, treated or investigated or suspected to have– <ul style="list-style-type: none"> • Any chronic respiratory disease • Any ulcer/ leukoplakia / Aphthous ulcer or any other lesion of the mouth cavity or tongue • Any Endocrinological issue with high or low hormone levels (except Diabetes) • Hepatitis B, Hepatitis C or any chronic liver disease • Gastric/duodenal ulcers, unoperated gall stones or any growth or polyp or ulcer of the digestive tract 						

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<ul style="list-style-type: none"> Prostate Enlargement Any other disease not mentioned above 						
I. Has any application or proposal for life, health, accident or critical illness including renewal and reinstatement ever been declined, deferred, withdrawn or accepted at special rates or terms by HDFC ERGO General Insurance or any other insurance company.						

6. PAYMENT DETAILS:

Mode of payment: Cheque Debit Card Credit Card Electronic Clearing System (ECS) NACH Others

Cheque Number	Name of the Premium Payor	Relationship of Payor with proposer	Bank details	Date	Amount (in Rs.)

*If ECS is selected please submit the standing instruction form available at our branches. Please make a Crossed Cheque/DD/Pay Order in favour of 'HDFC ERGO General Insurance Company Limited' only.

7. GENERAL EXCLUSIONS (Under the Policy) For more details please refer to the Policy Wordings

For more details on the exclusions and the waiting periods please refer to the Policy wordings before purchasing this Policy.

120 days waiting period from policy commencement for all claim arising due to cancer, Pre-existing condition for which insured had existing signs & symptoms, and/or was diagnosed, and/ or received consultation, investigation, treatment or admission within anytime months prior to the date on which the policy was issued.

Any Treatment other than Cancer , Items of personal comfort and convenience including but not limited to television (wherever specifically charged for); nuclear weapons/materials, chemical and biological weapons, radiation of any kind; charges for access to telephone and telephone calls (wherever specifically charged for), foodstuffs (except patient's diet), cosmetics, hygiene articles, body care products and bath additive, barber or beauty service, guest service as well as similar incidental services and supplies. vitamins and tonics unless certified to be required by the attending Medical Practitioner as a direct consequence of an otherwise covered claim. Treatment rendered by a Medical Practitioner which is outside his discipline or the discipline for which he is licensed. Treatments rendered by a Medical Practitioner who is a member of the insured's family or stays with him, however proven material costs are eligible for reimbursement in accordance with the applicable cover. Any treatment or part of a treatment that is not of a reasonable charge, not Medically Necessary; drugs or treatments which are not supported by a prescription. Charges related to a Hospital stay not expressly mentioned as being covered, including but not limited to charges for admission, discharge, administration, registration, documentation and filing Any specific timebound or lifetime exclusion(s) applied by Us and specified in the Schedule and accepted by the insured.

Declaration, Consent & Warranty on behalf of all Person(s) 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 including the minor/s insured, if any.
- 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.

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- 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



Proposal Form

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 Rs.10Lakhs.

VERNACULAR / ASSISTANCE DECLARATION

Declaration in case the proposal is filled by other than the Proposer if the proposer is illiterate or having disability and requires assistance in completing the proposal form (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 to the Proposer who has understood and confirmed the same)

Name of the Translator / Representative		Signature of the Translator / Representative
Place		
Date		

Name of the Proposer		Signature of the Proposer
Place		
Date		



Proposal Form
Business Type: Urban/ Rural/ Social

12. PERFORATED ACKNOWLEDGEMENT

Application Number _____

Name of Proposer _____

We acknowledge with thanks the receipt of your application and amount by cheque/ demand draft/ others
_____ of amount Rs. _____.

Signature and Seal:
Date:

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 as per our guidelines. 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.

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 or contact our customer care for the same