

## Proposal Form (Group) - my:asset Loan Protect Total Relief Policy, HDFC ERGO

(To be filled by the lending Bank / Financial Institution)

Application No.

### FOR OFFICE USE ONLY

Branch Code  Intermediary Code\*   
 Intermediary Location Code  Sales Manager Code

### GUIDELINES TO FILL THE FORM

- 1 Please fill the form in BLOCK LETTERS. All details with\* are mandatory.
- 2 Please answer all the questions completely. If a particular question is not applicable to you please mark that question as not applicable "N/A".
- 3 Please attach extra sheets wherever the space is insufficient to provide the additional underwriting information. Put a (√) mark wherever applicable.
- 4 Kindly contact the Company's Office or Intermediary for any doubts or clarifications on the proposal form.

**Note:** The liability of the Company does not commence until this proposal has been accepted by the Company and premium received.

PLEASE USE ONLY ORIGINAL PROPOSAL FORM. PHOTO COPIES WILL NOT BE ACCEPTED BY THE COMPANY.

### PROPOSER INFORMATION (Please enter details of the Customer)

Name of the Proposer:  (First Name)  (Middle Name)  (Last Name)

Address:

Landmark:  City:  Pin Code:

State:  Nationality

Date of Birth\*  (D D M M Y Y Y Y) Marital Status: Married  Single  Others  Mobile No.\*

Email ID\*

Profession: Salaried  Self Employed  Others Detail  PAN No.:

### DETAILS OF THE PERSONS PROPOSED TO BE INSURED

Sr. No.	Name	Date of Birth	Gender	Relationship with Proposer	Name of the Nominee
1			M/F/TG		
2			M/F/TG		

Loan Profile (Kindly provide the details in the following format):

Aggregate loan outstanding at inception:

Number of loans outstanding at inception with type of loan:

	Type of Loan	No. of Loan
1		
2		
3		
4		
5		
6		

Maximum Loan Amount:  Incremental Loan Disbursements Per Month (Value):   
 Incremental Loan Disbursements Per Month (Number):  Maximum Loan Tenor:   
 Minimum Loan Tenor:  Average Loan Tenor:

Mortality Information of the Borrowers:

Number of Deaths:

Average age of Deceased:

Cumulative Outstanding Loan of all deceased borrowers:

Number of incidences of borrower Critical Illnesses:

Number of incidences of borrower Unemployment:

Any Claims under similar existing Policy:

**Rate of Interest charged:**

	Type of Loan	Interest Rate
1		
2		
3		
4		
5		
6		

Loan Size:	% of the portfolio (number)	% of the portfolio (value)
0 - 20,000		
20,001 - 50,000		
50,001 - 1,00,000		
1,00,001 - 1,50,000		
1,00,001 - 1,50,000		
1,50,001 - 2,00,000		
2,00,001 - 2,50,000		
> 30,00,001,		
Average Loan Size:		
Salaried		
Self Employed		

Loan term (Duration):	% of the portfolio (number)	% of the portfolio (value)
Term (months)		
<12		
12-24		
24-36		
36-48		
48-60		
> 60		
Average Loan duration:		

Age of Borrower:	% of the portfolio (number)	% of the portfolio (value)
Age Band (years)		
0 - 24		
25 - 35		
36 - 45		
46 - 55		
56 - 65		
> 65		

<b>Delinquency figures:</b>	
90 +	
180 +	
270 +	

Kindly attach copies of lending / underwriting criteria, application form and amortization worksheet along with a product brochure.

Optional Covers

I. Lifestyle Protect

Please specify options based on combination of the above covers that you desire:

Silver Protect  Gold Protect

Diamond Protect  Platinum Protect

### NOMINEE DETAILS

Name of Insured	Name of Nominee	Relationship	Address of the Nominee

Where Nominee is a minor, give the details of Appointee

Name of the Appointee	Relationship	Address of the Appointee

### PAYMENT & BANK ACCOUNT DETAILS

Premium Details: Amount (₹) \_\_\_\_\_ (In words) \_\_\_\_\_

Premium Payment Options -  Monthly  Quarterly  Half Yearly  Annual

Premium Payment Options -  Cash  Cheque  DD  Card

Cheque No.:

Bank Name:

Credit Card / Debit Card No.:

Relationship with Proposer:

Date:

Amount (₹):

Card Type:  Master  Visa  Expiry Date:

### WOULD YOU LIKE YOUR REFUND (EXCESS PREMIUM/PPC REIMBURSEMENT) 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.:

Bank Name:

Branch Name:

Cheque Date:

Cheque Amount for ₹:

Name as in Bank Account:

Bank Account No.:

IFSC Code:

MICR Code:

\*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 underwriting 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 HDFC ERGO 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 ₹ 10 Lakhs.

**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. Pls 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:

D D M M Y Y Y Y

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:

D D M M Y Y Y Y

Date:

Signature of the Translator

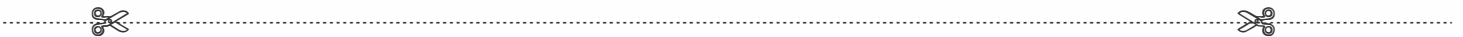
Name of the Insured:

Place:

D D M M Y Y Y Y

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: 

D	D	M	M	Y	Y	Y	Y		

Signature of Agent

**FOR OFFICE USE ONLY**

Channel Partner Code: \_\_\_\_\_ Branch Location: \_\_\_\_\_

Signature of Channel Partner: \_\_\_\_\_

**ACKNOWLEDGEMENT CUSTOMER COPY**

Received from Mr. / Ms. / Mrs. \_\_\_\_\_ Cheque No: \_\_\_\_\_

Dated \_\_\_\_\_ Drawn on \_\_\_\_\_ Bank for a sum of ₹ \_\_\_\_\_

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

Date \_\_\_\_\_ Signature & seal \_\_\_\_\_

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 realized. If we do not accept the proposal, we will inform you and refund any payment received from you without interest within next 30 days.