HDFC ERGO General Insurance Company Limited

Critical Illness - Proposal Form

(Fields marked in asterisk (*) are mandatory and fill in CAPITALS only) Application Number _____ Branch Manger Code _____ TSE Code _____

Sourcing Channel / Agent / Broker Name

CP Code Sourcing Branch (City)

PROPOSER DETAILS

*Proposer Mr./ Ms./ Mrs. (First Name) (Middle Name) (Last Name)

Address

City Pin Code: *Sex: Male Female

State *Proposer Date of Birth: D D M M Y Y Y Y

Tel.(Res.) (Off.) Mobile

STD Code STD Code

Email

ID Proof Type PAN Passport Driving License Voters Card Others

PLAN DETAILS

*Plan Name Silver *Proposed Policy Period: D D M M Y Y Y Y to D D M M Y Y Y Y

DETAILS OF THE PERSON PROPOSED TO BE INSURED

Sr.No.	*Name of the Insured person	*Relationship	*Gender*	*Date of Birth	*Sum Insured
				D D M M Y Y Y Y	

*Gender Code M (Male), F (Female)

EXISTING/PREVIOUS INSURANCE DETAILS

(Including any with HDFC ERGO General Insurance Company Ltd.)

Insurer Name	*Sum Insured (Rs.)	Policy Name	Policy No / Application No	Period of Insurance [From / To]	Claims lodged during the preceding 3 years

PREMIUM DETAILS

Amount Rs. Rupees _____

SOURCES OF FUND

Salary Business Other (Please Specify) _____

BANK ACCOUNT DETAILS

Name of the Bank Account Holder

Bank Account No.

Name of Bank Branch

MICR Code (9 digit MICR code number of the bank and branch appearing on the cheque issued by the bank)

IFSC Code (11 character code appearing on your cheque leaf) Account: Savings Current

I wish: Any refund due on the premium payment / any payment/claims will be directly credited to my aforesaid Bank Account.*

*As per the IRDA, its mandatory that all payments made to the insured only through electronic mode.

*MEDICAL AND LIFE STYLE INFORMATION

Medical History: Please answer the below mentioned questions in Yes(Y) / No (N)

Section A: Have the Insured ever suffered from/currently suffering from any of the following:			
	Insured 1		Insured 1
1. Hypertension, Chest Pain, Ischemic heart disease or any other cardiac disorder		8. Arthritis, Spondylosis or any other disorder of the muscle / bone / joint	
2. Tuberculosis, Asthma, Bronchitis or any other lung/respiratory disorder		9. Diseases of the Nose / Ear / Throat / Dental / Eye (please mention diopters)	
3. Ulcer(Stomach/Duodenal), Hepatitis, Cirrhosis or any other digestive or liver/ gallbladder disorder		10. HIV/AIDS or sexually transmitted diseases or any immune system disorder	
4. Renal Failure, Calculus or any other kidney/urinary tract or prostate disorder		11. Anaemia, Leukemia or any other blood/lymphatic system disorder	
5. Dizziness, Stroke, Epilepsy, Paralysis or other brain/ nervous system disorder		12. Psychiatric / Mental illnesses or sleep disorder	
6. Diabetes, Thyroid Disorder or any other endocrine disorder		13. DUB, Fibroid, Cyst/ Fibroadenoma or any other Gynecological/ Breast disorder (for female lives only)	
7. Tumor-benign or malignant, any ulcer / growth / cyst			
Section B: Have any of the Insured persons:			
14. Been addicted to alcohol, narcotics, habit forming drugs or been under detoxicating therapy		18. Suffered from any other disease / illness / accident / injury	
15. Been under any Regular medication (self / prescribed)		19. Is any of the insured pregnant? If yes please mention the expected date of delivery	
16. Undertaken any lab/blood tests, imaging tests viz. scans/MRI in the last 5 years		20. Any complaint of Diabetes, Hypertension or any complication during current or earlier pregnancy	
17. Undertaken any surgery or a surgery been advised in the last 10 years or is a surgery still pending			

ACKNOWLEDGMENT - CUSTOMER COPY

Please retain this counterfoil for your records

Section C: Name of Illness/Medicine/Test/Surgery/ diopter grade (for questions answered as Yes in Section A & B)	Diagnosis date	Date of Last Consultation	Treatment in / outpatient	Doctor/Hospital Name and Phone No.
Insured 1				

Section D: Name, address, qualification and contact details of the family doctor

Family Doctor Mr. / Ms. / Mrs.
(First Name) (Middle Name) (Last Name)

Address

City Pin Code Qualification

State Sex Male Female

Tel.(Res.) (Off.) Mobile
STD Code STD Code

Email

*Section E: Does the person proposed to be insured smoke or consume gutkha/ pan masala or alcohol. If yes please indicate the name and quantity per week.	Alcohol	Smoke	Pan Masala	Others
Insured 1				

PAYMENT DETAILS

Please fill in your payment details for either Cheque / Credit Card option

Cheque Please pay by crossed cheque (account payee only) in the name of HDFC ERGO General Insurance Company Ltd.

Cheque No. Bank Name

Branch City

Dated D D M M Y Y Y Y For (Rs.)

Credit Card Master Visa Expiry Date D D M M Y Y Y Y Credit Card No.

Card Holders Name Mr. / Ms. / Mrs.
(If different from insured) (First Name) (Middle Name) (Last Name)

Relationship to the Insured

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, nuclear weapons/materials radiation of any kind, committing or attempting to commit a criminal or illegal act, participation or involvement in naval, military or air force operation or any hazardous or dangerous or adventurous activities, including but not limited to racing, diving, aviation, scuba diving, parachuting, hang-gliding, rock or mountain climbing, abuse or the consequences of the abuse of intoxicants or hallucinogenic substances such as drugs and alcohol, smoking cessation programs and the treatment of nicotine addiction or any other substance abuse treatment or services, intentional self injury or attempted suicide, "AIDS" (Acquired Immune Deficiency Syndrome) and/or infection with HIV (Human immunodeficiency virus), venereal disease, sexually transmitted disease, pregnancy (including voluntary termination miscarriage),matrnity or birth (including caesarean section), congenital internal and external diseases, defects or anomalies.

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 of 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 doctor or from a hospital who at anytime 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 for 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.
- I authorize HDFC ERGO General Insurance and associate partners to contact me via email, phone, SMS

COINSURANCE OPTION

☐ I agree to exercise Coinsurance option with HDFC ERGO General Insurance Company Ltd. (Lead insurer) and Apollo Munich Health Insurance Company Ltd. (Co-Insurer).

Notwithstanding the role and liability of the Co-insurer in terms of the above co-insurance arrangement, for the avoidance of doubt, it is hereby declared that under the above co-insurance arrangement the Lead Insurer is the Insurer for all Policy purposes including but not limits to the collection of premium, policy administration, notices, policy and claims decisions, and the payment of claims

INSURER'S DECLARATION

Note: 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 Ltd. along with the premium payment does not tantamount to the acceptance of the Proposal for insurance by HDFC ERGO General Insurance Company Ltd. 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 Ltd, such acceptance shall be specifically intimated to the Proposer by HDFC ERGO General Insurance Company Ltd. along with the date from which the insurance Cover shall become effective. HDFC ERGO General Insurance Company Ltd. 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 Ltd. receives premium payment.) You are obliged to inform HDFC ERGO General Insurance Company Ltd. without any delay & in writing of all doctors or other members of medical profession whom you or any of the proposed member have consulted & all changes in your or any other proposed members' state of health between the fling of this application form & inception of your insurance cover. If you are in any doubt, please seek the advice of your insurance advisor.

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 defraud the insurance company or any other person, files a proposal for insurance containing any false information, or conceals for 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 of 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. Violations of Section 41 of the Insurance Act 1938, as amended, shall be punishable with a fine which may extend to five hundred (500) Rupees.

*Place

*Date D D M M Y Y Y Y

*Signature of the Proposer

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.

Date D D M M Y Y Y Y Signature & seal _____

Your proposal is subject to acceptance by the Company. This acknowledgment 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.