

Please provide the information below for persons to be covered (Only immediate family members)

|        | First Name of Insured Person | Surname of Insured Person | Date of Birth |   |   |   |   |   |   | Annual Gross Income (₹) | Existing Injury/ Disability /Sickness (attach separate sheet if required) | Name of Nominee | Relationship of Nominee to Insured Person |
|--------|------------------------------|---------------------------|---------------|---|---|---|---|---|---|-------------------------|---------------------------------------------------------------------------|-----------------|-------------------------------------------|
| SELF   |                              |                           | D             | D | M | M | Y | Y | Y |                         |                                                                           |                 |                                           |
| SPOUSE |                              |                           | D             | D | M | M | Y | Y | Y |                         |                                                                           |                 |                                           |
| PARENT |                              |                           | D             | D | M | M | Y | Y | Y |                         |                                                                           |                 |                                           |
| PARENT |                              |                           | D             | D | M | M | Y | Y | Y |                         |                                                                           |                 |                                           |
| CHILD  |                              |                           | D             | D | M | M | Y | Y | Y |                         |                                                                           |                 |                                           |
| CHILD  |                              |                           | D             | D | M | M | Y | Y | Y |                         |                                                                           |                 |                                           |

Do you have any Personal Accident Insurance with HDFC ERGO General Insurance or any other insurance company? Provide details below (atach separate sheet if reqd.)

| Name of Insurance Company | Accidental Death Sum Insured | Policy Number | Policy Period | Benefits Covered |
|---------------------------|------------------------------|---------------|---------------|------------------|
|                           | ₹                            |               |               |                  |
|                           | ₹                            |               |               |                  |

Non-disclosure or misrepresentaton of the above informaton, whether deliberate or not, shall make this policy voidable at the Company opton and no claim shall be admitted under this policy.

| PLAN BENEFITS                        |             |           |             |            |            |
|--------------------------------------|-------------|-----------|-------------|------------|------------|
| BENEFITS – SELF PLAN                 | 2.5 LAKH SI | 5 LAKH SI | 7.5 LAKH SI | 10 LAKH SI | 15 LAKH SI |
| Accidental Death                     | 250,000     | 500,000   | 750,000     | 1,000,000  | 1,500,000  |
| Permanent Total Disability           | 250,000     | 500,000   | 750,000     | 1,000,000  | 1,500,000  |
| Broken Bones                         | 25,000      | 50,000    | 75,000      | 100,000    | 150,000    |
| Burns                                | 12,500      | 25,000    | 37,500      | 50,000     | 75,000     |
| Ambulance Costs                      | 1,500       | 1,500     | 1,500       | 1,500      | 2,000      |
| Hospital Cash (Accidents & Sickness) | 250/day     | 250/day   | 250/day     | 500/day    | 500/day    |

| ADD-ON BENEFITS – DEPENDENT PARENTS |         |         |         |         |         |
|-------------------------------------|---------|---------|---------|---------|---------|
| Accidental Death                    | 250,000 | 250,000 | 250,000 | 250,000 | 250,000 |
| Permanent Total Disability          | 250,000 | 250,000 | 250,000 | 250,000 | 250,000 |
| Broken Bones                        | 25,000  | 50,000  | 75,000  | 50,000  | 50,000  |

| FAMILY PLAN BENEFITS |   |                                     |                                      |   |                                        |
|----------------------|---|-------------------------------------|--------------------------------------|---|----------------------------------------|
| Accidental Death     | – | Spouse 100% & Children 10% (max. 2) | Permanent Total Disability           | – | Spouse 100% & Children 10% (max. 2)    |
| Broken Bones         | – | Spouse 100% & Children No Pay-out   | Ambulance Costs                      | – | Same Entitlement to All Family Members |
| Burns                | – | Spouse 100% & Children No Pay-out   | Hospital Cash (Accidents & Sickness) | – | Spouse 100% & Children 50%             |

SI – Sum Insured. For Hospital Cash, there is a time deductible of 3 days.

| DECLARATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            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| <div><ul style="list-style-type: none"><li>I/We accept the Terms and Conditions of the insurance policy.</li><li>I/We understand that a charge may be levied on each instruction payment rejected due to lack of funds.</li><li>I/We hereby authorise HDFC ERGO General Insurance Company Limited to use relevant data for marketing purposes either directly or through third party agents.</li><li>I/We understand that any charges levied (including commission, postage &amp; stamp duty) may be debited to me/us.</li><li>HDFC ERGO General Insurance Company Limited will not be held liable for any subsequent deduction on the payment instructions further to cancellation of the policy.</li><li>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.</li><li>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</li><li>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.</li><li>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.</li><li>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.</li><li>I authorize HDFC ERGO General Insurance and associate partners to contact me via email, phone, SMS.</li><li>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.</li></ul></div> | <div><p>The acceptance of the Proposal for insurance shall be at the Company's sole and absolute discretion. 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. The Proposer agrees that, in the event of acceptance of the Proposal for insurance by HDFC ERGO General Insurance Company Limited and the issuance of a Policy of Insurance by HDFC ERGO General Insurance Company Limited, the Policy Effective Date shall commence fifteen (15) days from the date of receipt of the premium by HDFC ERGO General Insurance Company Limited. 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 during this period of fifteen (15) days. (Your proposal form will be considered after HDFC ERGO General Insurance Company Limited receives premium payment.)</p><p>The Maximum Compensation in respect of an Insured Person under the policy shall not exceed 5 times the Annual Income (as declared in the Proposal Form). Income proof for availing the compensation at the time of claim is mandatory. Income proof shall mean the previous year's returns filed with the Income Tax Department.</p><p><b>FRAUD WARNING:</b> 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.</p><p><b>ANTI-REBATING WARNING:</b> 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.</p><p><b>Mode of Payment : Cheque, Demand Draft and Credit Card. Payment by cash will not be accepted.</b></p></div> |

LG Code

LC Code

Promo Code

Account No. (to be debited)

Place

Date

D

D

M

M

Y

Y

Y

Y

Signature of Person to be Insured

| POLICY HIGHLIGHTS: LOW COST ACCIDENT COVER FOR YOUR FAMILY                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"><li>Protects the entire family (spouse, children and dependent parents) at minimum cost.</li><li>Broken bones coverage for parents up to 70 years.</li><li>100% cover for spouse on all benefits under Family Plan.</li><li>Includes cover for broken bones, ambulance costs, burns, personal accidents worldwide as well as Hospital Cash (both sickness &amp; accidental injury).</li></ul> | <ul style="list-style-type: none"><li>Range of Sum Insured plans from Rs. 2.5 lakh to 15 lakh cover.</li><li>No medical or health check-up required.</li><li>Available to anyone up to 65 years and also for parents up to 70 years.</li><li>Easy payment – by cheque or credit card.</li><li>Policy becomes effective in 15 days after receipt of payment &amp; accurately filled-in proposal form by HDFC ERGO General Insurance.</li></ul> |

ACKNOWLEDGEMENT – CUSTOMER COPY

Please retain this counterfoil for your records (On behalf of HDFC ERGO General Insurance Company Limited)

This is a temporary receipt and does not mean commencement of the policy contract. HDFC ERGO General Insurance Company Limited is not liable for any incidents between the time that the premium amount is received and policy issuance. The policy issuance/validity of receipt is subject to clearing of the cheque or credit card mandate. The policy can be issued once HDFC ERGO General Insurance Company Limited receives completed form and premium payment.

Received from Mr./Mrs./Ms. or M/s.

Proposal from alongwith cheque/credit card mandate towards premium for Personal Accident Insurance

Amount ( ₹)

by Cheque No./Credit Card No.

with

Bank

branch.

Stamp & Signature by Co. Agent / Authorised Personnel

PERSONAL  
ACCIDENT  
INSURANCE

HDFC  
ERGO

GENERAL INSURANCE

Har pal aapke saath

Coverage you can depend on,  
for those who depend on you.

Product Code: IPA2BPF0025/May16

PLAN - 2

For internal reference only



An accident can strike at anytime. It takes only a second... but the effects can last a lifetime! In such cases it is utmost important to ensure that your family doesn't have to face additional burden of managing their day-to-day basic needs.

That's where HDFC ERGO Personal Accident Policy reassures your family of the added protection and financial security that they require at such a crucial time.

KEY FEATURES

- Protects the entire family (spouse, children and dependent parents) at minimum cost.
- Broken bones coverage for parents up to 70 years
- 100% cover for spouse on all benefits under Family Plan.
- Includes cover for broken bones, burns, ambulance costs, personal accidents worldwide as well as Hospital Cash (both sickness & accidental injury).
- Range of Sum Insured plans from ₹ 2.5 lakh to ₹ 15 lakh cover.
- No medical or health check-up required.
- Open to anyone up to 65 years and parents up to 70 years.
- Life Long Renewability
- Easy payment – by Cheque or Credit Card.

What is covered?

**Accidental Death:** Pays up to 100% of the Sum Insured if bodily injury results in death from an accident.

**Permanent Total Disability:** Pays up to 100% of the Sum Insured if bodily injury results in permanent disability due to an accident.

PREMIUM TABLE

(Figures in Rupees. All Premiums are Excluding Service Tax)

| PREMIUM PAYABLE                             | 2.5 Lakh SI                           | 5 Lakh SI | 7.5 Lakh SI                          | 10 Lakh SI                               | 15 Lakh SI |
|---------------------------------------------|---------------------------------------|-----------|--------------------------------------|------------------------------------------|------------|
| Self Plan                                   | 612                                   | 969       | 1,327                                | 1,938                                    | 2,653      |
| Self & Family Plan                          | 1,459                                 | 2,227     | 2,998                                | 4,448                                    | 5,990      |
| Self Plus Dependent Parents -Add -on        | 1,487                                 | 1,844     | 2,202                                | 2,812                                    | 3,528      |
| Self & Family Plus Dependent Parents Add-on | 2,334                                 | 3,102     | 3,873                                | 5,323                                    | 6,865      |
| BENEFITS – SELF PLAN                        |                                       |           |                                      |                                          |            |
| Accidental Death                            | 250,000                               | 500,000   | 750,000                              | 1,000,000                                | 1,500,000  |
| Permanent Total Disability                  | 250,000                               | 500,000   | 750,000                              | 1,000,000                                | 1,500,000  |
| Broken Bones                                | 25,000                                | 50,000    | 75,000                               | 100,000                                  | 150,000    |
| Burns                                       | 12,500                                | 25,000    | 37,500                               | 50,000                                   | 75,000     |
| Ambulance Costs                             | 1,500                                 | 1,500     | 1,500                                | 1,500                                    | 2,000      |
| Hospital Cash (Accidents & Sickness)        | 250/day                               | 250/day   | 250/day                              | 500/day                                  | 500/day    |
| ADD-ON BENEFITS (DEPENDENT PARENTS)         |                                       |           |                                      |                                          |            |
| Accidental Death                            | 250,000                               | 250,000   | 250,000                              | 250,000                                  | 250,000    |
| Permanent Total Disability                  | 250,000                               | 250,000   | 250,000                              | 250,000                                  | 250,000    |
| Broken Bones                                | 50,000                                | 50,000    | 50,000                               | 50,000                                   | 50,000     |
| ** FAMILY PLAN BENEFITS                     |                                       |           |                                      |                                          |            |
| Accidental Death                            | – Spouse 100% & Children 10% (max. 2) |           | Permanent Total Disability           | – Spouse 100% & Children 10% (max. 2)    |            |
| Broken Bones                                | – Spouse 100% & Children No Pay-out   |           | Ambulance Costs                      | – Same Entitlement to All Family Members |            |
| Burns                                       | – Spouse 100% & Children No Pay-out   |           | Hospital Cash (Accidents & Sickness) | – Spouse 100% & Childen 50%              |            |

Applicable rate of service tax will be charged on above premium

TERMS & CONDITIONS

**Disclaimer:** The above information is only indicative in nature. For details of the coverage and exclusions please refer to the policy wordings.

Liability of the Company does not commence until the Company has accepted the proposal and the full premium has been paid.

**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.

**Broken Bones:** Pays up to ₹ 1.5 lakh (or a flat ₹ 50,000 for parents) if an accident results in broken bones.

**Burns:** Pays up to ₹ 75,000 if an accident results in hospitalization and treatment for burns.

**Ambulance Costs:** Pays up to ₹ 2000 towards the reimbursement of costs for ambulance charges.

**Hospital Cash (Accidents & Sickness):** Pays up to ₹ 500 a day\* for up to a maximum of 45 days (i.e. up to ₹ 22,500) in case of hospitalization from accident or sickness. First 3 days of hospitalization not included.

\* For up to 45 days, after 3 days of continuous hospitalization.

What is not covered?

Under this policy, these include, but are not limited to:

- Self inflicted injury
- Participation in a criminal act
- Participation in a hazardous sport
- Intoxication
- AIDS/HIV
- Terrorism
- War or civil war.

Other exclusions apply. Please read the policy contract for a full list of our exclusions, terms and conditions.

FREE LOOK

You have a period of 15 days from the date of receipt of the Policy document to review the terms and conditions of this Policy. If You have any objections to any of the terms and conditions, You have the option of cancelling the Policy stating the reasons for cancellation and You will be refunded the premium paid by You after adjusting the amounts spent on any medical check-up, stamp duty charges and proportionate risk premium. You can cancel Your Policy only if You have not made any claims under the Policy. All Your rights under this Policy will immediately stand extinguished on the free look cancellation of the Policy. Free look provision is not applicable and available at the time of renewal of the Policy.

For more details on risk factors, terms and conditions, please read the sales brochure before concluding a sale. Trade Logo displayed above belongs to HDFC Ltd. and ERGO International AG and used by HDFC ERGO General Insurance Company under license. UIN: IRDANL-HLT/HDFC-ERGOGIP-HV/I/257/13-14. IRDAI Reg No. 12.5. Product Code: IPAZ/BPF/0025/May16. UID No.781.

HDFC ERGO General Insurance Company Limited

PERSONAL ACCIDENT INSURANCE - PROPOSAL FORM

Plan 2 (for internal reference only)

(All fields are mandatory and fill in CAPITALS only)

\*Sourcing Channel / Agent / Broker Name

\*Sourcing Branch (City)

CUSTOMER INFORMATION

Name of Proposer

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

Sex

☐ Male☐ Female

Primary Insured

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

Occupation

☐ Clerical / Administrative☐ Professional - Service / Business☐ Engineer / Worker / Supervisor☐ Driver/Daily Wage Labourer

(Persons engaged in military service, professional sports, mine workers, free fighters, water vessel crew, oil feild/rig workers, structural workers, window cleaners, junk/salvage workers, saw mill workers, security guards and similar hazardous occupation are excluded under the plan.)

Address

Street Name

City

Pin codeState

Tel. (Res.)

STD CodeSTD Code

(Off.)

STD CodeMobile

Email

PREMIUM DETAILS & POLICY PERIOD

Amount (₹)

Rupees (in words)

Proposed Policy Period

From

D D M M Y Y Y Y Y

to

D D M M Y Y Y Y Y

SOURCES OF FUND

Salary

☐

Business

☐

Other

☐

(Please Specify)

Annual Gross Income (₹)

BANK ACCOUNT DETAILS

Name of the Bank Account Holder

Bank Account No.

Account: Savings

☐

Current

☐

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)

I wish: ☐ Any refund due on the premium payment / any payment/claims will be directly credited to my aforesaid Bank Account. \*  
\*As per the IRDAI, its mandatory that all payments made to the insured only through electronic mode.

| PREMIUM PAYABLE                                             |                                |                                |                                |                                |                                |
|-------------------------------------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|
| (Figures in Rupees. All Premiums are Excluding Service Tax) |                                |                                |                                |                                |                                |
| PREMIUM PAYABLE                                             | 2.5 Lakh SI                    | 5 Lakh SI                      | 7.5 Lakh SI                    | 10 Lakh SI                     | 15 Lakh SI                     |
| Self Plan                                                   | <input type="checkbox"/> 612   | <input type="checkbox"/> 969   | <input type="checkbox"/> 1,327 | <input type="checkbox"/> 1,938 | <input type="checkbox"/> 2,653 |
| Self & Family Plan                                          | <input type="checkbox"/> 1,459 | <input type="checkbox"/> 2,227 | <input type="checkbox"/> 2,998 | <input type="checkbox"/> 4,448 | <input type="checkbox"/> 5,990 |
| Self Plus Dependent Parents - Add-on                        | <input type="checkbox"/> 1,487 | <input type="checkbox"/> 1,844 | <input type="checkbox"/> 2,202 | <input type="checkbox"/> 2,812 | <input type="checkbox"/> 3,528 |
| Self & Family Plus Dependent Parents - Add-on               | <input type="checkbox"/> 2,334 | <input type="checkbox"/> 3,102 | <input type="checkbox"/> 3,873 | <input type="checkbox"/> 5,323 | <input type="checkbox"/> 6,865 |

Applicable rate of service tax will be charged on above premium

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

CREDIT CARD

Visa

☐

Master Card

☐

Expiry Date

M M Y Y Y Y Y

Credit Card No.

CHEQUE: Please pay by crossed cheque (Account Payee Only) in the name of “HDFC ERGO General Insurance Company Limited”.

ACKNOWLEDGEMENT – CUSTOMER COPY

Please retain this counterfoil for your records

HDFC ERGO General Insurance Company Limited.  
CIN : U66010MH2002PLC134869. Registered & Corporate Office: 1<sup>st</sup> Floor, HDFC House, 165-166 Backbay Reclamation, H. T. Parekh Marg, Churchgate, Mumbai - 400020. Customer Service  
Address: 6<sup>th</sup> Floor, Leela Business Park, Andheri Kurla Road, Andheri (E), Mumbai - 400 059. Toll-free: 1800 2 700 700 (Accessible from India only) | Fax 91 22 66383699 |  
care@hdfcergo.com | www.hdfcergo.com

HDFC ERGO General Insurance Company Limited.  
CIN : U66010MH2002PLC134869. Registered & Corporate Office: 1<sup>st</sup> Floor, HDFC House, 165-166 Backbay Reclamation, H. T. Parekh Marg, Churchgate, Mumbai - 400020. Customer Service  
Address: 6<sup>th</sup> Floor, Leela Business Park, Andheri Kurla Road, Andheri (E), Mumbai - 400 059. Toll-free: 1800 2 700 700 (Accessible from India only) | Fax 91 22 66383699 |  
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