HDFC ERGO General Insurance Company Limited

TRAVEL INSURANCE - PROPOSAL FORM FOR INDIVIDUAL / ASIA / MULTI TRIP / FAMILY



Product Code: TR/PF/0014/May18

1

(All fields are mandatory and fill in CAPITALS only)

		OUOTO						
Name of Proposari		COSTO						
Name of Proposer:	(First Name)		(Middle Name)		(Last Name)			
Date of Birth:	M M Y Y Y Y							
Corr. Add : Building Name / B	Block No.*							
Street Name*:								
City*:		Pin Code*:	State	e*:				
Tel.*:		Fax:		Mobile*:				
STD Cod Email*:	e	STD C	ode					
Overseas Contact No: PAN: Passport No: Passport No:								
		PRE	MIUM DETAILS					
Amount Rs.*	Ru	ipees*						
			RCES OF FUND					
Salary Business	Other (Please S	pecify)						
		BANK A	ACCOUNT DETAILS					
Name of the Bank Account He	older:							
Bank Account No:				Account:	: Savings Current			
Name of Bank:				Branch:				
MICR Code (9 digit MICR cod branch appearing on the chec				code (11 character code				
		ov payment/claims will be dire	ectly credited to my aforesaid Ba	ing on your cheque leaf)				
		ts made to the insured only the						
		FAMILY F	PHYSICIAN DETAILS					
Name of Physician Dr.:		FAMILY F	PHYSICIAN DETAILS					
((First Name)		PHYSICIAN DETAILS (Middle Name)		(Last Name)			
	. ,				(Last Name)			
Corr. Add : Building Name / E Street Name*:	. ,		(Middle Name)		(Last Name)			
Corr. Add : Building Name / E	. ,	FAMILY I Image: Image of the second secon		e*:	(Last Name)			
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HDFC ERGO General Insurance Company Limited. (Formerly HDFC General Insurance Limited from Sept, 14, 2016 and L&T General Insurance Company Limited upto Sept, 13, 2016). CIN: U66030MH2007PLC177117. Registered & Corporate Office: 1st Floor, HDFC House, 165-166 Backbay Reclamation, H. T. Parekh Marg, Churchgate, Mumbai – 400020. Customer Service Address: D-301, 3rd Floor, Eastern Business District (Magnet Mall), LBS Marg, Bhandup (West), Mumbai - 400 078. Toll-free: 1800 2 700 700 (Accessible from India only) | Fax: 91 22 66383699 | care@hdfcergo.com | www.hdfcergo.com. UIN: Travel Insurance - HDFTIOP03001V010203. IRDAI Reg. No. 146.

DETAILS OF PERSON TO BE INSURED								
Name		Relationship with Proposer	Sex	Date of Birth	Passport No.	Name of Benefciary	Relationship to Insured	
			N	IEDICAL HISTORY				
Have you received	any Treatm	nent / Advice / Consultation for	any Medical Condition	in the last 5 years : Ye			s, please fill in the details	
Name		Treat	nent		Institution		Doctor's Name & Contact Nos.	
Are you presently ta	akina any n	nedication: Yes 🗌 No 🗌						
Name				Medicati	on			
			P	AYMENT DETAILS				
Cheque No:				Dated:	D D M M Y Y	′ Y Y		
Amount:				Bank Na	me:			
			BE		6			
Name of Beneficiar	y:			F	Relationship to Insured:			
			PROF	POSER DECLARATI	ON			
I hereby declare that the								
 Is/Are not on the v 	waiting list for	advise of a physician any medical treatment						
 Have not received 	d a terminal p	bose of medical treatment rognosis for a medical condition beins and Condition and have accepted	ore this day					
 I/We accept that the second sec	his policy doe	es not cover treatment for Pre Existin	ng Medical Conditions/Dise			of the proposed contract		
 I/We hereby declare that the contents of the form and documents have been fully explained to me/us and that I/we have fully understood the significance of the proposed contract. 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. 								
assure/ proposed has been made for the purpose of underwhiling 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								
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 ₹10 Lakhs.								
I/We hereby understand, declare, consent and authorize the Company to use personal health details and financial information, as provided to the Company for underwriting the risk.								
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.								
Mode of Payment : Cheque & Demand Draft. Payment by cash will not be accepted. This policy shall be voidable at the option of the Company in the event of mis-representation, mis-description or non-disclosure any material particulars by the Proposer. Any person who, knowingly and with intent to defraud the Insurance Company or other persons, 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 act which will render the policy voidable at the Company's sole discretion and result in a denial of insurance benefits.								
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								

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Place: Image: Constraint of the state of th	Signature of Proposer
FOR OFFICE USE ONLY (HDFC ERGO) Channel Partner Code: Branch Location:	Signature of Channel Partner

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