



Accident Protection Plan - Hospital Cash - Proposal Form

(All fields are mandatory and fill in CAPITALS only)

CUSTOMER INFORMATION

Name of Proposer (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, fire workers, fire fighters, water vessel crew, oil field/oil rig workers, structural workers, window cleaners, junk/salvage workers, saw mill workers, security guards and similar hazardous occupations are excluded under the plan.

Address

City Pin Code

State Sex Male Female

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

Email

Annual Gross Income Rs.

Please provide the information below for persons to be covered

	First Name of Insured Person	Surname of Insured Person	Date of Birth	Name of Beneficiary	Relationship of Beneficiary to Insured Person
Self			D D M M Y Y Y Y		
Spouse			D D M M Y Y Y Y		
Dependent			D D M M Y Y Y Y		
Dependent			D D M M Y Y Y Y		

ACCIDENT INSURANCE

(All figures in Rs. All premiums are inclusive of service tax and education cess.)

PLAN	15 LAKH	25 LAKH	35 LAKH	50 LAKH	75 LAKH
Premium Payable Yearly					
Self Plan	<input type="checkbox"/> 2,695	<input type="checkbox"/> 4,345	<input type="checkbox"/> 5,995	<input type="checkbox"/> 8,470	<input type="checkbox"/> 12,595
Self & Family Plan*	<input type="checkbox"/> 3,979	<input type="checkbox"/> 6,485	<input type="checkbox"/> 8,991	<input type="checkbox"/> 12,750	<input type="checkbox"/> 19,014
Add-on Premium					
Hospital Cash Rs. 1,000/day	<input type="checkbox"/> 414	<input type="checkbox"/> 414	<input type="checkbox"/> 414	<input type="checkbox"/> 414	<input type="checkbox"/> 414
Benefits Payable					
Accident Death	15,00,000	25,00,000	35,00,000	50,00,000	75,00,000
Permanent Total Disablement	15,00,000	25,00,000	35,00,000	50,00,000	75,00,000
Temporary Total Disablement**	3,750	3,750	7,500	12,500	18,750
Broken Bones	50,000	50,000	50,000	50,000	50,000
Last Rites	5,000	7,500	7,500	10,000	12,000

* Family plan benefits : Accidental death & permanent total disability - Spouse 50%, Children (max 2) 10%. ** Maximum upto 52 weeks; time deductible 1 week.

Please fill in your Payment details below for either **Credit Card** or Cheque option :

Credit Card Visa Master Card Expiry Date Credit Card No.

Cheque Please pay by crossed cheque (Account Payee Only) in the name of "HDFC ERGO General Insurance Company Limited".

Name of Bank Branch and city

Cheque No. for Rs. dated

Do you have any Personal Accident Insurance with HDFC ERGO or any other Insurance company? Please provide details below (attach a separate sheet if required.)

Name of Insurance Company	Accidental Death Sum Insured	Policy Number	Policy Period	Benefits Covered
	Rs.			
	Rs.			

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

DECLARATION

■ I accept the Terms and Conditions of the insurance policy. ■ I authorise the insurance company to obtain any records or references, be they medical or otherwise, in consideration of this insurance or any potential claims in the future. ■ I certify that all the information provided in this proposal and any attachments are true and correct. ■ I understand that all information provided in this proposal and any attachments are material to the insurer's decision to provide this insurance, and that insurance will be provided, at the insurer's sole discretion, in reliance upon the truth of such information.

The Proposer agrees that the receipt of the Proposal Form by HDFC ERGO alongwith the premium payment does not tantamount to the acceptance of the Proposal for insurance by HDFC ERGO 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. In the event of acceptance of the Proposal for insurance by HDFC ERGO, such acceptance shall be specifically intimated to the Proposer by HDFC ERGO alongwith 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 and the issuance of a Policy of Insurance by HDFC ERGO, the Policy Effective Date shall commence fifteen (15) days from the date of receipt of the premium by HDFC ERGO. HDFC ERGO 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. To facilitate payments of the insurance premium to HDFC ERGO General Insurance Limited.

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.

FRAUD WARNING: 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.

Mode of Payment : Cheque, Demand Draft & Credit Card. Payment by Cash will not be accepted.

Place:
Date

Signature of Person to be Insured

FOR OFFICE USE ONLY (HDFC ERGO)

Policy Number Policy start date Policy end date

ACCIDENT INSURANCE: PLAN HIGHLIGHTS

- Choice of plan and coverage options to suit your needs – you can even cover your entire family.
- Coverage against accidents round the clock, round the year, round the world.
- Guaranteed acceptance for anyone up to 69 years.
- No health check-up required.
- Easy payment options – by credit card or cheque.
- Policy effective date shall commence 15 days from the date of receipt of premium and filled-in proposal form by HDFC ERGO.