HDFC ERGO General Insurance Company Limited

HDFC ERGO GENERAL INSURANCE

Group Mediclaim Insurance - Proposal Form

QUESTIONNAIRE (to be filled up by Proposer)

Please provide complete and accurate information to the questions appearing below. Kindly attach additional sheet(s) if required. Should you need any further clarification, please do not hesitate to contact us.

a) HDFC ERGO General Insurance Company Ltd. ("the Company") will not assume risk regardless of whether the proposal and full premium have been accepted by the Company and unless a written communication of acceptance has been given to the Proposer by the Company.

b) Non-disclosure of facts material to the assessment of the risk or providing misleading information will nullify the cover under the policy/certificate issued.

c) Duly completed employees/members personal statement form will be a part of this Proposal.

SECTION I

Name of Corporate

Key Contact Person | Designation

Mailing Address

City | Pincode | State

Tel. (STD Code) | Fax (STD Code) | Mobile

Email

Nature of Business

Product Manufactured/Services Offered

Duration of Policy : Annual / Short Period. Please specify months : | Date of Commencement : D D M M Y Y Y Y

SOURCES OF FUND

Salary ☐ Business ☐ Other ☐ (Please Specify) ____________

BANK ACCOUNT DETAILS

Bank Account No. | Bank Name ____________

Branch Name & Address ____________

Number of Employees/Members to be covered

Please also state whether all eligible persons of the group are proposed for Insurance: Yes ☐ / No ☐

Please enclose list of members / employees duly completed statement proposed to be covered.

Do you wish to include Maternity Expenses Benefit under the scope of the cover? Yes ☐ / No ☐

Details of Group Mediclaim Policies taken in the past by the organization

Sr. No.	Name of Insurance Company	No. of persons covered	Total Sum Insured	Policy Date	Expiry Date
I					
II					
III					

In case you have not covered your employees under Group Mediclaim Policy in the past, then please provide information on following:

1) Whether you provide any reimbursement to your employees for medical expenses incurred? Yes ☐ / No ☐

2) If yes, what is the total amount of reimbursement made for previous 3 years?

Claims Experience under Group Mediclaim Policies for a minimum period of 3 years:

Policy Period	Name of Insurance Company	No. of persons covered	Premium Paid Rs.	Incurred Claims(Claims Received + Outstanding)	Incurred Claims Ration(%)

Has any insurance company:

- Declined to issue/continue a policy to you? Yes ☐ **/ No** ☐
- Imposed any restrictions or special conditions? Yes ☐ **/ No** ☐

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- I accept the Terms and Conditions of the insurance policy.
- I authorise the 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 is true and correct. I understand that all information provided in this proposal and any attachments are material to the Company's decision to provide this insurance, and that insurance will be provided, at the Company's sole discretion, in reliance upon the truth of such information.

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 PARTICULAR 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.

IF A CLAIM IS IN ANY RESPECT FRAUDULENT, OR IF ANY FRAUDULENT OR FALSE PLAN, SPECIFICATION, ESTIMATE, DEED, BOOK, ACCOUNT ENTRY, VOUCHER, INVOICE OR OTHER DOCUMENT, PROOF OR EXPLANATION IS PRODUCED, OR ANY FRAUDULENT MEANS OR DEVICES ARE USED BY THE INSURED, POLICYHOLDER, BENEFICIARY, CLAIMANT OR BY ANYONE ACTING ON THEIR BEHALF TO OBTAIN ANY BENEFIT UNDER THIS POLICY, OR IF ANY FALSE STATUTORY DECLARATION IS MADE OR USED IN SUPPORT THEREOF, OR IF LOSS IS OCCASIONED BY OR THROUGH THE PROCUREMENT OR WITH THE KNOWLEDGE OR CONNIVANCE OF THE INSURED, POLICYHOLDER, BENEFICIARY, CLAIMANT OR OTHER PERSON, THEN ALL BENEFITS UNDER THIS POLICY ARE FORFEITED.

Notice:

Section 41 of the Insurance Act: Prohibition of rebates-

(1) 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 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 prospectuses or tables of the insurer.

(2) Any person making default in complying with the provisions of this section shall be punishable with fine which may extend to (five hundred rupees).

PROPOSER'S DECLARATION

I/We desire to insure with HDFC ERGO General Insurance Company Ltd. in respect of the risk described above and benefits opted and agree that the statements contained in this Proposal Form are to my/our true and accurate representations. I/We agree that this application and declaration shall be promissory and shall be the basis of the contract between me/us and the Company, and agree to accept the Company's policy for insurance along with the terms and conditions prescribed by the Company.

I/We hereby declare that the contents of the Proposal 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 also agree that if any additions/alterations are carried out after the submission of this Proposal Form to the Company, then the same will be communicated by me to the Company immediately in writing.

I/We understand the terms of cover of this Insurance and agree that the Insurance would be effective only if written acceptance is communicated by the Company regardless of receipt of the application and full premium in advance by the Company and the insurance cover will commence from the Policy Effective Date indicated in the policy Schedule.

Name :

Signature :

Designation :

Date :

Company Stamp

To be completed by anyone who assists the applicant in completing this proposal form:

I certify that I have explained the contents of this proposal to the applicant in the language he/she understands and that the applicant fully understands the contents of the proposal. I have recorded the applicant's replies to the questions contained in this proposal as per the information provided by the applicant. I have read these replies aloud to the applicant, who fully understands them and confirms that they are accurate.

Name :

Signature :

Address :

Date :

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Insurance is the subject matter of solicitation. Form No. 295