HDFC ERGO General Insurance Company Limited



Critical Illness - Proposal Form

(Fields marked in asterisk	(*) are mandatory and	d till in CAPITALS only)		Appli	cation N	lumber		'	Branch N	langer Co	oae	TS	E Code	
Sourcing Channel / Agent /	Broker Name													
CP Code				Sour	ing Bra	nch (City)								
			Pl	ROPOSER	DETAI	ILS								
*Proposer Mr./ Ms./ Mrs.														
		(First Name)				(Middle Nar	me)				(La:	st Name)		
Address													$\perp \perp \perp$	
													\dashv	
City							Pin C	code:				ex: Male	_	Female
State										¬ ' '	er Date of Birtl	1: D D	M M Y	YYY
Tel.(Res.)	STD Code			(Off.) STD	Code						Mobile			
Email														
ID Proof Type	PAN	Passport			Driving	g License				Voters	Card			Others
				PLAN DE	TAILS	_								
*Plan Name	Silver	*Proposed Policy Pe	riod: DD	MMY	ΥΥ	Y to	D D M	1 M Y	YY	Тү				
		. ,		ERSON PR										
Sr.No.	*Name of th	e Insured person	7 01 THE	*Relation			nder*	01120	*D.	ite of Birth	. 1		*Sum Insur	od
SI.IVO.	Name of the	e insuleu person		Relation	SHIP	Gei	iuei	D D			Y		Sulli Ilisult	3u
								D D	M	VI Y	YYYY	*Ganda	r Code M (M:	ale), F (Female)
			N	IOMINEE D	ETAIL	S						Genuc	Code IVI (IVId	ic), i (i cinaic)
		payment due under the Policy s		ayable to the n	ominee	in accorda	nce with t	the Polic	y terms a	nd conditi	ons. The nomi	nee must b	e an immed	ate relative of
	i sons proposed to be ii	nsured, the Proposer shall be the	e Nominee.		D	Relationship	•							
Name		FY	ISTING/PR	REVIOUS IN										
(Including any with HDFC ERGC) General Insurance Comp		do mico/mic	LVIOUS III	JUILA	NOL DE	IAILU							
Insurer N		*Sum Insured (Rs.)	Dolic	ov Namo	D	olicy No /	Applicati	ion No			Insurance		aims lodge	
ilisulei Na	anie	Sum msureu (Ks.)	Polic	cy Name	P	olicy No /	Аррисац	IOH NO		[Fro	m / To]	the	preceding	3 years
						_								
			ŀ	PREMIUM D	ETAIL	_S								
Amount Rs.	R	dupees												
			s	OURCES C	F FUN	ND								
Salary Business	Other (Pleas	se Specify)												
			BAN	IK ACCOUN	IT DET	TAILS								
Name of the Bank Account I	Holder													
Bank Account No.														
Name of Bank									Branch				\top	
MICR Code 9 digit MICR co	ode number of the ban	nk and branch appearing on the	cheque issue	ed by the bank										
. •		•	1 1 1								A			C
IFSC Code (1 character co	11 3 3	, ,			<u>. </u>						Accou	nt: Savings		Current
		ryment / any payment/claims wi I payments made to the insured	,	,		d Bank Ac	count.*							
no por ano maso	, no managery that an	. ,	, ,	ND LIFE ST		NFORM	ATION							
Medical History: Please an	nswer the below mention	oned questions in Yes(Y) / No (
Section A: Have the Insur	red ever suffered from	m/currently suffering from ar	y of the follo	wing:										
1 Umantanian Charl Da	in 1bi- b di		-	Insu	red 1	0 4-41	:- CI					. / h / ! -	·	Insured 1
Tuberculosis, Asthma, E		ease or any other cardiac disor lung/respiratory disorder	uei		_			•			r of the muscle al / Eye (pleas	-		
		s or any other digestive or liver/	gallbladder d	isorder	-						s or any immu			
Renal Failure, Calculus or any other kidney/urinary tract or prostate disorder Stellar Failure, Paralysis and the hard and a stellar failure.					_	11. Anaemia, Leukemia or any other blood/lymphatic system disorder								
Displaces, Stroke, Epilepsy, Paralysis or other brain/ nervous system disorder Displaces, Thyroid Disorder, or any other endocrine disorder.						Psychiatric / Mental illnesses or sleep disorder DUB, Fibroid, Cyst/ Fibroadenoma or any other Gynecological/ Breast								
Diabetes, Thyroid Disorder or any other endocrine disorder							er (for fer			na ui any	опег супесо	iogical/ Brei	19[
7. Tumor-benign or malign		ı / cyst												
Section B: Have any of th	•		! al-			10.0 "	1 C		-11-	/:11.				
14. Been addicted to alcohol15. Been under any Regula		ng drugs or been under detoxicat escribed)	ing therapy		18. Suffered from any other disease / illn			/ illness / accident / injury If yes please mention the expected date						
15. Deen under any regula	a medication (Sell / PI)	osonibouj				of deli		sareu pre	ynailt i	, yes pied	เวร เมริกเมียก ([]	c exheried	uaic	
16 Undertaken anv lah/blo	and tasts impains tasts	s viz. scans/MRI in the last 5 ye	arc							ertension (or any complic	ation durino	j	
		dvised in the last 10 years or is		nending		currer	nt or earlie	er pregna	ancy					
17. Ondertaken any surger	y or a surgery been ac	aviscu iii iiic iast 10 yeals 01 IS	a suryery silli	Penuling										

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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 a	and Phone No.
Section D: Name, address, qualification and contact d	etails of the fami	ly doctor			
amily Doctor Mr. / Ms. / Mrs.					
	Name)	(Mid	dle Name)	(Last Name)	
ddress					
ity		Pin Cod		Qualification	
late			lale Female		
el.(Res.) STD Code	(Of	STD Code		Mobile	
mail					
*Section E: Does the person proposed to be insured smo			ol Smoke	Pan Masala	Others
pan masala or alcohol. If yes please indicate the name ar Insured 1	nd quantity per we	ek.	JI JIIIONE	1 arriviasara	Others
insured i		DAYMENT DETAILS			
lease fill in your payment details for either Cheque		PAYMENT DETAILS otion			
heque Please pay by crossed cheque (account pa	yee only) in the	name of HDFC EF	RGO General Insuranc	e Company Ltd.	
heque No. Bank Name					
ranch			City		
ated DDMMYYYY For (Rs.)					
redit Card Master Visa Expiry Date	D D M M Y	Y Y Y Credit C	ard No.		
ard Holders Name Mr. / Ms. / Mrs.		5.3dit 0			
	Name)	(Mid	dle Name)	(Last Name)	
elationship to the Insured					
GENERAL EXCLUSION	IS (Under the Po	licv) For more detai	s please refer to the Pol	icy Wordings	
r or any act of war, invasion, act of foreign enemy, war like operations, n	•	• •	•		n or involvement in nav
I/We hereby declare on my behalf and on behalf of all persons propose propose on behalf of these other persons. I understand that the information provided by me will form the basis of full receipt of the premium chargeable I/We further declare that I/We will notify in writing any change occurring acceptance by the company.	insurance policy, is sul	bject to the Board approved general health of the life to bo	underwriting policy of the Insura insured/ proposer after the prop	nce company and that the policy wil	come into force only af
I/we declare and further consent to the company, seeking medical inf concerning anything which affects the physical and mental health o assured/proposer has been made for the purpose of underwriting the I/We authorize the company to share information pertaining to my pr	f the life to be assured proposal and/or claim:	d/proposer and seeking info settlement.	rmation from any insurance co	mpany to which an application for i	nsurance on the life to l
Regulatory Authority. I authorize HDFC ERGO General Insurance and associate partners to	contact me via email,	phone, SMS			
	INSU	JRER'S DECLARATION	ON		
lote: We are under no obligation to accept any proposal for insurance. The of tantamount to the acceptance of the Proposal for insurance by HDFC I hall be at the Company's sole and absolute discretion and upon full realize cceptance shall be specifically intimated to the Proposer by HDFC ERGC company Ltd. shall not be liable for any claim in respect of an event giving ill be considered after HDFC ERGO General Insurance Company Ltd. red there members of medical profession whom you or any of the proposed me our insurance cover. If you are in any doubt, please seek the advice of you raud Warning: This policy shall be voidable at the option of the Company and with intent to defraud the insurance company or any other person, file nereto, commits a fraudulent insurance act, which will render the policy vointi-Rebating Warning: As per Section 41 of the Insurance Act 1938, as	ERGÓ General Insurar ation of the premium p O General Insurance Crise to a claim covered to be even premium payme amber have consulted 8 ar insurance advisor. ny in the event of mis-res a proposal for insura idable at the sole discretation.	nce Company Ltd. and does ayment. In the event of accompany Ltd. along with the under the Policy of Insurance nt.) You are obliged to informate all changes in your or any of epresentation, mis-descrip nce containing any false infection of the insurance compa	not result in a concluded contra plance of the Proposal for insurate that from which the insurance Ce that has occurred prior to policy in HDFC ERGO General Insuran ther proposed members' state of the policy in or non-disclosure of any ma ormation, or conceals for the puny and result in a denial of insuration.	ct of insurance. The acceptance of t ance by HDFC ERGO General Insu over shall become effective. HDFC y issuance is not covered under this ce Company Ltd. without any delay if the health between the fling of this appl terial particulars by the Proposer. Al rpose of misleading, Information coince benefits.	he Proposal for insurance company Ltd, sue ERGO General Insuran- policy (Your proposal for k in writing of all doctors ication form & inception ny person who, knowing neerning any fact materi
y person to Take out or renew or continue an insurance policy in respec own on the policy, nor shall any person taking out or renewing or conti olations of Section 41 of the Insurance Act 1938, as amended, shall be pu	t of any kind of risk rela nuing a policy accept a	ating to lives or property in I any rebate, except such rel	ndia, any rebate of the whole or nate as may be allowed in accor	part of the commission payable or a	iny rebate of the premiu
Place					
Date DDMMYYYYY					
Date DUMINITITY				*Signature of the Pr	oposer
		EDGMENT - CUSTON			
ocalled from Mr. / Mrs. / Ma				Choque No	
eceived from Mr. / Mrs. / Ms ated Drawn on					
ated Drawn on wards payment of premium on behalf of HDFC ERGO Gener.			UI K2		
	ai irisurance Compa	arry Liu.			
Date D D M M Y Y Y Y			Signature & seal		

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.