#### 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 Birt	th	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	YYY				
SPOUSE			D D M M Y	YYY				
PARENT			D D M M Y	YYY				
PARENT			D D M M Y	YYY				
CHILD			D D M M Y	YYY				
CHILD			D D M M Y	YYY				

Name of Insurance Company Accidental Death Sum Insured Policy Number Policy Period Benefts 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	(Figures in Rupees. All Premiums are Excluding GST)				
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		

Accidental Death Spouse 100% & Children 10% (max. 2) Spouse 100% & Children No Pay-out Broken Bones Spouse 100% & Children No Pay-out Burns

Permanent Total Disability Ambulance Costs Hospital Cash (Accidents & Sickness) Spouse 100% & Children 10% (max. 2) Same Entitlement to All Family Members Spouse 100% & Children 50%

DECLARATION

### I/We accept the Terms and Conditions of the insurance policy.

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

- I/We understand that a charge may be levied on each instruction payment rejected due to lack of funds
- IWe hereby authorise DFC ERGO General Insurance Company Limited to use relevant data for marketing purpose either directly or through third party agents.
- I/We understand that any charges levied (including commission, postage & stamp duty) may be debited to me/us.
   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. 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 an 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.
  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.
- Lauthorize HDFC ERGO General Insurance and associate partners to contact me via email, phone, SMS. 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

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.)

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 concernin 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 ₹10 Lakhs.

### Mode of Payment : Cheque, Demand Draft and Credit Card. Payment by cash will not be accepted

LG Cod	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									
• Prot	cts the entre family (spouse, children and dependent parents) at minimum cost.	<ul> <li>Range of Sum Insured plans from Rs. 2.5 lakh to 15 lakh cover.</li> </ul>								
• Brok	en bones coverage for parents up to 70 years.	No medical or health check-up required.								
• 100	cover for spouse on all benefits under Family Plan.	Available to anyone up to 65 years and also for parents up to 70 years.								
	des cover for broken bones, ambulance costs, burns, personal accidents worldw	<ul> <li>Easy payment – by cheque or credit card.</li> </ul>								
	es cover for broken bories, ambulance coss, burns, personal accidents worldw ell as Hospital Cash (both sickness & accidental injury).	Policy becomes effective in 15 days after receipt of payment & accurately filled-in proposal form by HDFC ERGO General Insurance.								
	ACKNOWL	LEDGEMENT – CUSTOMER COPY								
Please r	tain this counterfoil for your records	(On behalf of HDFC ERGO General Insurance Company Limited)								

### (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 true 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 c	ard mandate towards premium fo	r Personal	Accident In	surance		
Amount (₹)	by Cheque No./Credit Card No.					
with	Bank					branc

Stamp & Signature by Co. Agent / Authorised Personne

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



PERSONAL ACCIDENT **INSURANCE** 



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**

PREMIUM PAYABLE	2.5 Lakh SI	5 Lakh Sl	7.5 Lakh Sl	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 Disabi	lity –	Spouse 100% & Children	10% (max. 2)
Broken Bones – Spouse 100% & Children No F	Pay-out	Ambulance Costs	-	Same Entitlement to All Fa	mily Members
Burns – Spouse 100% & Children No F	Pay-out	Hospital Cash (Acciden	ts & Sickness) –	Spouse 100% & Childen 5	0%
Applicable rate of service tax will be charged on above premium					

ate of service tax will be charged on above pre

# **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 ₹10 Lakhs.

# **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  $\frac{2}{8}$ 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 🛱 열 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.

Broken Bones: Pays up to ₹ 1.5 lakh (or a flat ₹ 50,000 for parents) if an accident

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

Ambulance Costs: Pays up to ₹ 2000 towards the reimbursement of costs for

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

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

G

HDFC

PS

sickness. First 3 days of hospitalization not included.

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

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

results in broken bones.

ambulance charges.

What is not covered?

Intoxication AIDS/HIV

Terrorism War or civil war.

terms and conditions.

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Self inflicted injury

Participation in a criminal act

Participation in a hazardous sport

burns.

# 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 N	ame) (Last Name)
Sex Male Female	
Primary Insured	
(First Name) (Middle N Occupation Clerical / Administrative Professional - Service / Business	
(Persons engaged in military service, professional sports, mine workers, free fighters, water vessel crew, oil feild/rig workers, s	
and similar hazardous occupation are excluded under the plan.)	su uctural workers, window cleaners, junio salvage workers, saw min workers, security guards
Address	
Street Name	
City Pin code	State
Tel. (Res.) (Off.)	Mobile
STD Code STD Code	
Email	
PREMIUM DETAILS & POLICY PER	RIOD
Amount (₹) Rupees (in words)	
Proposed Policy Period         From         D         D         M         Y         Y         Y         to         D         D         M         Y         Y         Y         to         D         D         M         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.

(Figures in Rupees. All Premiums are Excluding GST)											
PREMIUM PAYABLE	2.5 Lakh Sl	5 Lakh SI	7.5 Lakh SI	10 Lakh Sl	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						

Applicable rate of service tax will be charged on above premium

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

M M Y Y Y CREDIT CARD Visa Master Card Expiry Date

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 : U66030MH2007PLC177117. Registered & Corporate Office: 1<sup>st</sup> 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

HDFC ERGO General Insurance Company Limited.

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



Υ	Credit Card No.																
auren an Company Limited"																	