





# HDFC General Insurance Limited

(Formerly L&T General Insurance Company Limited)

An HDFC ERGO Company

## PROPOSED POLICY DETAILS (Please provide details of your proposed policy)

Proposed Policy Start Date:         Proposed Policy Start Time:      Policy Duration:  1 Year  2 Years  3 Years

Policy Type:  Individual  Family Package  Pre-Packaged  Option (Please write the option number)

## PROPOSED INSURED(S) INFORMATION\* (Please provide more details of the people who are being covered in this policy)

Sr.No.	Name (First, Middle & Last)	Relationship with Proposer	Date of Birth (DD/MM/YYYY)	Gender	Profession/Occupation (refer list at the end of the form)	Table of Benefit & Sum Insured		Annual Income	Existing Injury/ Disability (if any)	Name of the Nominee/ Relationship
						Table of Benefit selected (Refer 'Table of Benefit' in the brochure)	Sum Insured			
1.										
2.										
3.										
4.										
5.										
6.										

## PREVIOUS/CURRENT INSURANCE DETAILS (Please enter previous/current insurer's details)

Is the proposer or the person(s) proposed to be insured currently insured or have been insured in the past under a Life / Accident Insurance Policy?  Yes  No If Yes, please provide the details:

Sr.No.	Insured Name	Policy No.	Insurer	From Date	To Date	Sum Insured	Claim Details			Cumulative Bonus Earned	
							No. of Claims	Amount	Ailment	%	Amount (₹)
1.											
2.											
3.											
4.											
5.											
6.											

## EXTENSIONS (not applicable for pre-fixed Package)

Do you wish to obtain cover against additional risks mentioned under extension cover?  Yes  No

If 'yes', specify which:

Accidental Hospitalisation:  Option 1  Option 2 Cost of Travel:  Cost of Supporting Item:



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## PREMIUM PAYMENT DETAILS (Please provide the details of premium payment)

Premium Amount: ₹  Payment Option:  Cash#  Cheque  DD  Credit / Debit Card

Amount in words: .....

#Premium in Cash will be accepted only at our branch offices.

For Cheque / DD (Payable in favour of "HDFC General Insurance Limited")

Instrument No.:  Instrument Date:  Instrument Amount: ₹

Bank Name:

For Credit Card / Debit Card:

Card No.:  Card Type:  Master  Visa  AMEX

Expiry Date:  Name on Card:  (Only Proposer's Card to be accepted)

## DECLARATION

I/We hereby declare, on my behalf and on behalf of all persons proposed to be insured, that the above statements, answer and/or particulars given by me 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 the insurance policy, is subject to the Board approved underwriting policy of the HDFC General Insurance Limited 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 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 or mental health of the life to be insured/proposer and seeking information from any insurance company to which an application for insurance on the life to be insured/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.

my:health Personal Accident Insurance. UIN: IRDA/NL-HLT/L&TGI/P-P.V.I/306/13-14

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HDFC General Insurance Ltd. Registered & Corporate Office: 1st Floor, HDFC House, 165-166 Backbay Reclamation, H. T. Parekh Marg, Churchgate, Mumbai - 400020. Toll Free: 1800-209-5846 | Email: care@hdfcgi.com | Website: www.hdfcgi.com. CIN: U66030MH2007PLC177117. IRDAI Reg. No. 146.



## ACKNOWLEDGEMENT

Received from Ms / Mrs / Mr \_\_\_\_\_  
a sum of ₹ \_\_\_\_\_ through Cash#/Cheque/DD/Credit Card/Debit Card No. \_\_\_\_\_  
against your proposal for my:health Personal Accident Insurance

Neither the submission of a complete proposal for insurance not does any payment for any policy sought oblige the Company to agree issue a policy, which decision is and always shall be in the Company's sole and absolute discretion.

If the Company accept's a proposal for insurance, it shall be subject to the policy terms and conditions and the Company shall have no liability to make any payment if premium is not received by the Company in full and in time, or is not realised.

If a proposal is not accepted, the Company will inform you and refund any payment received from you without interest.

Signature of HDFC official/Intermediary: \_\_\_\_\_ Date:

HDFC official/Intermediary Name: \_\_\_\_\_ Time:

Place: \_\_\_\_\_

Branch Code: \_\_\_\_\_

Intermediary Code\*: \_\_\_\_\_

Intermediary Location Code: \_\_\_\_\_

Intermediary Employee Code: \_\_\_\_\_

Intermediary Reference Code: \_\_\_\_\_

Intermediary Contact Details: \_\_\_\_\_

# Premium in Cash will be accepted only at our branch offices.



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## Auto Renewal Consent

I hereby authorize HDFC General Insurance Limited to charge premium for me and my family member's policy to my above mentioned Visa/Master Card and renew the policy (Subject to Conditions) every year till further written notification and so long as my Visa/Master card is valid. I understand that my cover would start on remittance being received by HDFC General Insurance Limited from the bank.

Date:           Time:

Signature of Proposer

## PROHIBITION OF REBATES – UNDER SECTION 41 OF THE INSURANCE LAWS (AMENDMENT) ACT, 2015

No person shall allow or offer to allow either directly or indirectly as inducement to any person to take out 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.

Any person making default in complying with the provision of this section shall be punishable with fine which may extend to ₹ 10,00,000/-

## OCCUPATION LISTINGS (Select your occupation from below mentioned list)

### Class I

Students, Housewives, Accountants, Doctors, Lawyers, Architects, Consulting Engineers, Teachers, Bankers, Person engaged in Administrative, Secretarial and Managerial Functions, Shopkeepers, Shop Assistants not using Machinery, Commercial Travelers and Persons employed in occupations of similar nature. Builders, Contractors and Engineers engaged in superintending functions only.

### Class II

Paid Drivers of Motor Cars and Light Motor Vehicles and persons engaged in occupations of similar hazard. Persons engaged in Hazardous Goods, Chemicals, Grains Elevator, Shooting Gallery, Motor Driving Instructor, Public Transport. Construction Work, Geologists, Surveyors for Oil Companies, Heavy Equipment Operators, Security Guards, Forestry, Civil Engineer, Crew of Aircraft, Ocean going Vessels, Offshore Works, Persons engaged in Sports Duty, Film Show and Shooting except as Stunt.

### Class III

Persons working in underground Mines, Explosives, Magazines, workers involved in Electrical installation with high-tension supply. Circus personnel, persons engaged in activities like racing on wheels or horseback, big game hunting, Mountaineering, Winter Sports, Skiing, Ice Hockey, Ballooning, Hand Gliding, River Rafting, Polo, Stuntman in Film and persons engaged in occupations / activities of similar hazard.

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