HDFC General Insurance Limited

(Formerly L&T General Insurance Company Limited)

An HDFC ERGO Company

Proposal Form - my:jeevika Cash@hospital Micro Insurance

GUIDELINES TO FILL THE FORM

1. Please fill the form in BLOCK LETTERS. All details with* are mandatory.
2. Please answer all the questions fully and correctly. If a particular question is not applicable to you please mark that question as not applicable "N/A". Please leave one box blank between two words while writing address.
4. Please attach extra sheets wherever the space is insufficient to provide the additional underwriting information. Put a (√) mark wherever applicable.
5. Kindly contact the Company's Office or Intermediary for any doubts or clarifications on the proposal form.

Note: The liability of the Company does not commence until this proposal has been accepted by the Company and premium received.

PLEASE USE ONLY ORIGINAL PROPOSAL FORM. PHOTO COPIES WILL NOT BE ACCEPTED BY THE COMPANY.

FOR OFFICE USE ONLY

Branch Code :
Intermediary Code* :
Intermediary Location Code :
Intermediary Employee Code :
Intermediary Reference Code :
Sales Manager Code :

Channel: ☐ Broker ☐ Corporate Agent ☐ Direct ☐ Individual Agent ☐ Others ☐ POS

Details of POS:
Aadhar No:
or
PAN No:

1. PROPOSER INFORMATION (Please enter details of the Customer)

Title* (Pls. Tick): ☐ Mr. ☐ Ms. ☐ Mrs. UID No:

Name*: FIRST MIDDLE LAST

Father's Name*: FIRST MIDDLE LAST

Gender*: ☐ Male ☐ Female Date of Birth*: DD MM YYYY Age*: Yrs

Correspondence Address:

Block/Flat No.*: Building Name:

Street Name: Locality:

Landmark :

City/Village: Pincode*:

Post Office: Mobile No.:

Tehsil*: Landline: STD

Nationality: PAN No.:

Email ID:

Proposed period of Insurance: From ..... hrs on DD MM YYYY To Midnight on DD MM YYYY

Marital Status*: ☐ Single ☐ Married Select Plan: ☐ Silver Plan ☐ Gold Plan ☐ Platinum Plan

2. 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	Gender	Age	Date of Birth	Name of Pre-existing disease / illness / condition (if any)	Name of the Nominee	Relationship
1.								
2.								
3.								
4.								
5.								
6.								

*All fields are mandatory

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.

He/Cash@Hos/Sept-2016.Version1-HDFC

ACKNOWLEDGEMENT

Received from Ms / Mrs / Mr _____ a sum of ₹ _____

through Cash #/Cheque/DD _____ against your proposal for my:jeevika Cash@hospital Micro Insurance

Signature of Company official / Intermediary: _____ Date: DD MM YYYY

Neither the submission of a complete porposal 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.

Company official / Intermediary: _____ Time: .....

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

Branch Code: _____

Intermediary Code*: _____

Intermediary Location Code: _____

Intermediary Employee Code: _____

Intermediary Reference Code: _____

Intermediary Contact Details: _____

- Details of pre-existing disease / illness / conditions declared earlier (if any):

.....

- Details of Hereditary/Family Medical History(if any):

.....

3. GOOD HEALTH DECLARATION*

Are you and your family members proposed for insurance currently in good health and not undergoing any medication / treatment? ☐ Yes ☐ No

If No, please give details of the illness / hospitalisation:

Name of the Proposer Insured	Details of illness / hospitalisation / medication

Signature of the Proposer Insured* : .....

4. OTHER HOSPITAL CASH POLICIES CURRENTLY HELD BY YOU OR ANY OF THE MEMBERS PROPOSED FOR COVER

Policy Number	Insurer	Sum Insured

Attach additional sheet if required.

5. PREMIUM PAYMENT DETAILS* (Please enter premium payment details)

Name of the Premium Payer: F I R S T M I D D L E L A S T

Premium Amount: ₹ Payment Option: ☐ Cheque ☐ DD ☐ Cash

For Cash*: ₹ ..... In words: .....

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

Instrument No.: Instrument Date: D D M M Y Y Y Y Instrument Amount: ₹

Bank Name:

Note: *Premium in Cash will be accepted only at our branch offices.

6. 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.

Place: ..... Date: .....

Signature of Proposer

7. 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/-

HDFC ERGO GENERAL INSURANCE

HDFC General Insurance Limited
(Formerly L&T General Insurance Company Limited)
An HDFC ERGO Company

my:jeevika Cash@hospital Micro Insurance. UIN: IRDA/NL-HLT/L&TGI/P-H/V.I/248/13-14

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