

## **GROUP OVERSEAS TRAVEL GUARD**

## **ENROLMENT FORM**

This enrolment form is for the students availing loan facilities from HDFC Credila. HDFC Credila is Group administrator for overseas travel policy being underwritten by TATA AIG General Insurance Company Limited, if you wish to enroll in the policy kindly fill in the details as below.

Master Policy Holder Name	HDFC Credila Financial Services Limited	Partner Reference No./ Loan Application No.	A2403280247
Master Policy Number	0239761577	Agent/Intermediary Code	2282950000
Agent/Intermediary Name	HDFC CREDILA FINANCIAL SERVICES	Agent/Intermediary Contact No.	1800 209 3636

This is an application for insurance & will form the basis of the policy certificate that we may issue. Every information, this application seeks is important & mandatory. Please read all questions and answer them carefully. You must provide complete and correct information.

We are under no obligation to accept any proposal for insurance. 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 under the Policy if proposal is not accepted by us or premium is not received in the stipulated time period.

Commencement of risk cover under the policy is subject to receipt of premium by Tata AIG General Insurance Company Limited.

#### Please fill this form in CAPITAL letters

# SECTION I: INSURED PERSON/ APPLICANT INFORMATION

Name	R	A	G	Н	A	V			D	A	В	R	A												
	First Name Surname																								
Date of Birth:	1 2 0 3 2 0 0 1 Gender: Male  Female																								
Nationality:	I	N	D	I	A	N					_	Мо	bile:	9	8	1	1	0	3	7	6	0	6		
E-Mail:	LOKESHDABRA@GMAIL.COM																								
<del>                                     </del>																									
Address:	ress:  A1602 PLATINUM HEIGHTS RAMPRASTHA SECTOR 8 VAISHALI																								
Area:	METRO STATION VAISHALI																								
District																									
State	UT	TAR_	_PRA	DESI	Н									С	ity	G	Н	A	Z	I	A	В	A	D	
Passport No	Z	6	2	4	8	6	9	9									Р	incod	de	2	0	1	0	1	0

### **PART A: PLAN DETAILS:**

Sum Insured (in USD) 500000	Risk Inception Date: 30/04/2024	Risk end date: <u>30/4/2025</u>	Destination Country: <u>AUSTRALIA</u>
Plan Name: HDFC Cred Fi-US138-5	Policy Tenure: 1-year	Others (please specify)	]

Tata AIG General Insurance Company Limited would assume risk from the risk inception date as mentioned in enrolment form or premium receipt date whichever is later, for the tenure as mentioned in the enrolment form. Risk inception date will be on the basis of travel dates provided in the enrolment form. If there is change in travel dates, same can be amended prior to departure from India subject to confirmation that there is no claim intimated / incurred.

PART C: MEDICAL &	& LIF	ESTY	LE IN	IFOF	RMATI	ON																	
Does the Insured person/	applica	ant has	any pr	e-exi	sting me	edical o	condit	ion or	any	curre	nt m	edica	ations	and	are ι	unfit 1	or tra	avel.					
Yes No																							
In case, yes, please refer	the sa	me to t	he und	lerwri	iter.																		
PART D: NOMINEE	DET#	AILS																					
Nominee Name	L	O	ΚE	S	Н		D	A	В	R	A												
Relationship with	F	АП	Н	Е	R																		
the Insured Person	ıt.	Α (	1 2	1/		7 (	,																
DOB	¥	0 (	)   2	1	9	7   3	<u> </u>																
Gender:	Male	<b>'</b>	Fem	ale																			
Address	A16	02 PLA	TINUN	и не	IGHTS I	RAMPI	RASTI	HA SI	ECTO	)R 8 V	/AIS	HAL											
SECTION III: DECLA  I / We hereby decrespects to the be  I understand that policy of the Insur  I / We further declafter the proposal  I / We authorize the purpose of propose	ARAT lare, cost of no the information ance of are the has be	ION E on my l ny knov formati compa at I/We een su npany t	behalf vledge on pro ny and e will n bmitte	that e. ovide d that notify ed bu re inf	the about the point in writing the formation	ove standard will for the second seco	atemonth orm the ll com y cha munic	ne ba ne inte nge c cation	sis o o for occu n of tl	f inso ce or rring ne ris ropo	urand aly at in th sk ac sal ir	ce por ter for e oc cept	olicy, ull pa cupa ance ling t	is su yme tion by th	ubjec Int of or go ne co	t to the ener	the B pren al he any.	oard nium ealth	d app n chai n of th	rove rgeal e life	d un ole. e to b	derw e ins	riting
Signature of the Insure	d Pers	son:																					
Date: 2 2 0 4	14 2	0	2	4	Place:	BAN	[GAL	ORE															
INTERMEDIARY D The content of this form these and confirm to ab Signature of the Insur Name & Signature of	along ide by red:	with pro	oduct licy ter	rms 8	& condit	ions.						=						o me	e. I/we	e hav	e unc	lersto	ood
Code:	. 15011		cuit	,, ,	Pecific	a i ci s																	
Vernacular Declaration	(Certi	fication	n in ca	se th	e applic	ant ha	ıs sigr	ned ir	ı ver	nacu	ar/th	numł	prin	t)									
The content of this for applicant who has und	n alor	g with	produ	ict be	nefits, t	erms/	0								learl	y exp	olaine	ed b	y me	in ve	rnacı	ular t	o the
Signature/Thumb imp																							

Name & Signature of Agent/Intermediary/Specified Person: \_

- 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 liable for a penalty which may extend to ten lakh rupees.

CUSTOMER ACKNOWLEDGEMENT:	
I hereby authorize to deduct an amount of INR _50370 only from the Loan Account number: A2403280247 premium for the said TATA AIG's Group overseas travel guard insurance policy.	_ for paying the
Insured Person/Applicant signature:	