## **HDFC ERGO** General Insurance Company Limited

## TRAVEL INSURANCE - Proposal Form for Individual / Asia / Multi Trip / Family

			STOMED INFORMATION		
Name of Proposer		CUS	STOMER INFORMATION		
	First Name)		(Middle Name)		(Last Name)
Date of Birth	MMYYYY				
Corr. Add : Building Name /	Block No.*				
Street Name*					
City*		Pin Code*	State*		
Tel.*		Fax		Mobile*	
STD Code	9	s	TD Code		
Overseas Contact No.				Passport No.	
	STD Code				
			PREMIUM DETAILS		
Amount Rs.*	Rupees	*			
			SOURCES OF FUND		
Salary Business	Other (Please Specif	y)			
		BA	NK ACCOUNT DETAILS		
Name of the Bank Account I	Holder				
Bank Account No.				Account: Sar	vings Current
Name of Bank				Branch	
MICR Code 9 digit MICR co	ode number of the bank and		IFSC Code (11		
branch appearing on the che	eque issued by the bank)		appearing on yo		
•			vill be directly credited to my aforesaid Bar red only through electronic mode.	nk Account.*	
As per the INDAL, I	is manuatory that all payments				
Name of Physician Dr.		FAM	ILY PHYSICIAN DETAILS		
	First Name)		(Middle Name)		(Last Name)
Corr. Add : Building Name /	Block No.*				
Street Name*					
City*		Pin Code*	State*		
		Pin Code*	State*	Mobile*	
		Fax	State*	Mobile*	
Tel.* STD Code		Fax S	TD Code  RISK INFORMATION	Mobile*	
Tel.* STD Code  Geographic Coverage	Excluding USA/Canada	Fax S	TD Code	Mobile*	Asia Excluding Japan
Tel.*  STD Code  Geographic Coverage  Specify Countries of visit	Excluding USA/Canada	Fax S	RISK INFORMATION  Including USA/Canada	Mobile*	Asia Excluding Japan
Tel.*  STD Code  Geographic Coverage  Specify Countries of visit  Departure Date	Excluding USA/Canada	Fax S	RISK INFORMATION  Including USA/Canada  Return Date  D D M M Y Y Y	Mobile*	
Tel.*  STD Code  Geographic Coverage  Specify Countries of visit	Excluding USA/Canada	Fax s	RISK INFORMATION  Including USA/Canada  Return Date  Holiday	Mobile*	Asia Excluding Japan
Tel.*  STD Code  Geographic Coverage  Specify Countries of visit  Departure Date  Purpose of Visit	Excluding USA/Canada  DDMMYYYY  Business	Fax s	RISK INFORMATION  Including USA/Canada  Return Date  D D M M Y Y Y	Mobile*	
Tel.*  STD Code  Geographic Coverage  Specify Countries of visit  Departure Date	Excluding USA/Canada  DDMMYYYY  Business	Fax s	RISK INFORMATION  Including USA/Canada  Return Date  Holiday	Mobile*	
Geographic Coverage Specify Countries of visit Departure Date Purpose of Visit  Choose your Insurance Pl	Excluding USA/Canada  DDMMYYYY  Business  an	Fax S	RISK INFORMATION  Including USA/Canada  Return Date Holiday  VERAGE INFORMATION  Gold	Y Platinum	☐ Study
Tel.*  STD Code  Geographic Coverage  Specify Countries of visit  Departure Date  Purpose of Visit  Choose your Insurance Pl	Excluding USA/Canada  DDMMYYYYY  Business	Fax S	RISK INFORMATION  Including USA/Canada  Return Date Holiday  VERAGE INFORMATION	Y	Study
Geographic Coverage Specify Countries of visit Departure Date Purpose of Visit  Choose your Insurance Pl Single Trip Sum Insured Single Trip Asia	Excluding USA/Canada  DDMMYYYY  Business  an	Fax S	RISK INFORMATION  Including USA/Canada  Return Date Holiday  VERAGE INFORMATION  Gold	Y Platinum	☐ Study
Geographic Coverage Specify Countries of visit Departure Date Purpose of Visit  Choose your Insurance Pl Single Trip Sum Insured	Excluding USA/Canada  Business  Bronze (\$ 30,000)	Fax S	RISK INFORMATION  Including USA/Canada  Return Date Holiday  VERAGE INFORMATION  Gold	Y Platinum	☐ Study
Geographic Coverage Specify Countries of visit Departure Date Purpose of Visit  Choose your Insurance Pl Single Trip Sum Insured Single Trip Asia (Asia Excluding Japan) Sum Insured	Excluding USA/Canada  Business  Bronze (\$ 30,000)  Bronze (\$ 15,000)	Silver (\$ 50,000)  Silver (\$ 30,000)	RISK INFORMATION  Including USA/Canada  Return Date Holiday  VERAGE INFORMATION  Gold	Y Platinum	☐ Study
Geographic Coverage Specify Countries of visit Departure Date Purpose of Visit  Choose your Insurance Pl Single Trip Sum Insured Single Trip Asia (Asia Excluding Japan) Sum Insured Annual Multi Trip (Worldwide)	Excluding USA/Canada  Business  Bronze (\$ 30,000)  Bronze (\$ 15,000)  Gold	Silver (\$ 50,000)  Silver (\$ 30,000)  Platinum	RISK INFORMATION  Including USA/Canada  Return Date Holiday  VERAGE INFORMATION  Gold	Y Platinum	Study  Titanium (\$ 500,000)
Geographic Coverage Specify Countries of visit Departure Date Purpose of Visit  Choose your Insurance Pl Single Trip Sum Insured Single Trip Asia (Asia Excluding Japan) Sum Insured Annual Multi Trip	Excluding USA/Canada  Business  Bronze (\$ 30,000)  Bronze (\$ 15,000)	Silver (\$ 50,000)  Silver (\$ 30,000)	RISK INFORMATION  Including USA/Canada  Return Date D M M Y Y Y  Holiday  VERAGE INFORMATION  Gold (\$ 100,000)	Platinum (\$ 200,000)	Study  Titanium (\$ 500,000)
Geographic Coverage Specify Countries of visit Departure Date Purpose of Visit  Choose your Insurance Pl Single Trip Sum Insured Single Trip Asia (Asia Excluding Japan) Sum Insured Annual Multi Trip (Worldwide)	Excluding USA/Canada  Business  Bronze (\$ 30,000)  Bronze (\$ 15,000)  Gold	Silver (\$ 50,000)  Silver (\$ 30,000)  Platinum	RISK INFORMATION  Including USA/Canada  Return Date D M M Y Y Y  Holiday  VERAGE INFORMATION  Gold (\$ 100,000)	Platinum (\$ 200,000)	Study  Titanium (\$ 500,000)  Max. Duration per trip

DETAILS OF PERSON TO BE INSURED										
Name	Relationship with Proposer	Sex	Date of Birth	Passport No.	Name of Benefciary	Relationship to Insured				
MEDICAL HISTORY  Have you received any Treatment / Advice / Consultation for any Medical Condition in the last 5 years : Yes										
Name	· · · · · · · · · · · · · · · · · · ·			Institution		Doctor's Name & Contact Nos.				
Are you presently taking any	medication: Yes	No 🗆	'							
Name			Medicat	ion						
		P	AYMENT DETAILS							
Cheque No	Dated D D M M Y Y Y Y									
Amount		25	Bank Na							
		DEI	NEFICIARY DETAILS							
Name of Beneficiary Relationship to Insured										
I hereby declare that the Insured Person(	s) listed above –	PROF	POSER DECLARATI	ON						
<ul> <li>Is/ Are not traveling against the adv</li> <li>Is/ Are not on the waiting list for any</li> </ul>										
<ul> <li>Is/Are not traveling for the purpose</li> </ul>										
<ul> <li>I/We have read the Policy Terms an</li> <li>I/We accept that this policy does no</li> </ul>	d Condition and have accepted the same t cover treatment for Pre Existing Medical (									
	nts of the form and documents have been fu and on behalf of all persons proposed to b				dge and that I/We am/are authorized	to propose on behalf of these other				
	provided by me will form the basis of insur	rance policy, is subject to the I	Board approved underwriting p	policy of the Insurance company and	that the policy will come into force o	only after full receipt of the premium				
<ul> <li>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.</li> <li>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 any insurance company to which an application for insurance on the life to be assured/proposer has been made for the purpose of underwriting the proposer.</li> </ul>										
and/or claim settlement.		•								
<ul> <li>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.</li> <li>I authorize HDFC ERGO General Insurance and associate partners to contact me via email, phone, SMS</li> </ul>										
Insurance Act 1938, Section 41-Prohibition of Rebates: 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 proper 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 prospectus or tables of the Insurer. 2. Any person making default in complying with the provisions of this section shall be punishable with a fine, which may extend to Rupees five hundred.										
I/We hereby understand, declare, conser	nt and authorize the Company to use perso	nal health details and financial	information, as provided to the	Company for underwriting the risk. I/V		consent and authorize the Company				
	n the aforementioned information and diss		. ,, ,		ann Anumanan uda kansiindu ann	durish intentte defended to income				
company or any other person, files a pro-	able at the option of the Company in the evo oposal for insurance containing any false ance company and result in a denial of insu	information, or conceals for th								
Proposer. Any person who, knowingly ar	d Draft. Payment by cash will not be ac ad with intent to defraud the Insurance Cor rill render the policy voidable at the Compa	npany or other persons, files a	proposal for insurance contain	ning any false information, or conceals						
Note: The liability of the company does n	ot commence until the acceptance of the pr	oposal has been formally intim	ated by the insured and full pre	mium has been realized by the compa	ny.					
Place										
Date D D M M Y	YYY									
FOR OFFICE USE ONLY (HDFC ERGO) Signature of Proposer										
Channel Partner Code			Branch Location							

Signature of Channel Partner