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





(All fields are mandatory and fill in CAPITALS only)

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Loan Account Number					Ι																														

# **COVERAGE DETAILS**

Policy Period - From - Risk inception date will be premium received date, To - will be based calculated as per Period of Insurance. Period of Insurance: Equivalent to Loan Tenure or 5 years whichever is lower.

Coverage	Plan A	Plan B	Plan C
Accidental Death			
Disappearance	Equals to Accident Death cover	Equals to Accident Death cover	Equals to Accident Death cover
Comatose	25% of Accident Death cover	25% of Accident Death cover	25% of Accident Death cover
Permanent Disablement (Table B)	Equals to Accident Death cover	Equals to Accident Death cover	Equals to Accident Death cover
Accident Hospitalisation	Rs 25000	Rs 25000	Rs 50000
Hospital Cash- Accident Only Per Day	Rs.1000/Day for 7 Days	Rs.1000/Day for 7 Days	Rs.1500/Day for 7 Days
Hospital Cash –illness Only per Day	Rs.1000/Day for 7 Days	Rs.1000/Day for 7 Days	Rs.1500/Day for 7 Days
Major Medical illness (Silver CI)	Loan Amount or Max Rs. 3 Crore (for age 18 to 55 years) Loan Amount or Max Rs. 1 Crore (for age 56 to 65 years)	Not applicable	Not applicable
Major Medical Illness (Gold Plan)	Not applicable	Not applicable	Loan Amount or Max Rs. 3 Crore (for age 18 to 55 years) Loan Amount or Max Rs. 1 Crore (for age 56 to 65 years)
Mobility Extension	Not applicable	Not applicable	Rs 50000
Last Rites Costs	Not applicable	Not applicable	RS 10000
Transportation of Mortal Remains	Not applicable	Not applicable	Rs 10000

HDFC ERGO General Insurance Company Limited. IRDAI Reg. No.146. CIN: U66030MH2007PLC177117. Registered & Corporate Office: 1st Floor, HDFC House, 165-166 Backbay Reclamation, H. T. Parekh Marg, Churchgate, Mumbai – 400 020. Customer Experience Management, Customer Happiness Center: D-301, 3rd Floor, Eastern Business District (Magnet Mall), LBS Marg, Bhandup (West), Mumbai - 400 078. For Claim/Policyrelated queries call us at +91 22 6234 6234/+91 120 6234 6234 or Visit Help Section on www.hdfcergo.com for policy copy/tax certificate/make changes/fregister & track claim or simply text "Hi" on what's app number 8169500 500 for instant policy servicing. Trade Logo displayed above belongs to HDFC Bank Ltd and ERGO International AG and used by the Company under license. UIN: Sarv Suraksha Plus (Group): HDFHLGP24020V032324.

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

Sarv Suraksha Plus (Group) – Enrolment Form for Loan customers of Tata Capital Housing Finance Limited

(All fields are mandatory and fill in CAPITALS only)



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•	I propose to opt for Sarv Suraksha Plus (Group) cover from HDFC ERGO General Insurance Company Limited for the tenure ofMonths, the premium amount for which is I hereby authorize (Financier/ Bank/ Mortgage Company) to pay the premium on my behalf and the same to be included in my loan amount from the bank and recovered from me in EMIs. I accept the Terms and Conditions of the insurance policy.
aı	We authorize the insurance Company to obtain any records or references, be they medical or otherwise, in consideration of this insurance on potential claims in the future. I/We certify that all the information provided in this proposal is true and correct. I agree that the proposal and the eclaration shall be the basis of contract between me and HDFC ERGO General Insurance Company Limited.

#### **TERMS & CONDITIONS**

#### Declaration & Warranty on behalf of all Persons proposed to be insured:

- 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 under writing policy of the Insurance company and that the policy will come into force only after full receipt to 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 hospital who at any time 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 or 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.

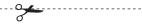
Place:	
Date: D D M M Y Y Y Y	Signature

**Note:** The liability of the company does not commence until the acceptance of the proposal has been formally intimated by the insured and full premium has been realized by the company.

We are under no obligation to accept any proposal for insurance. 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 and upon full realization of the premium payment. 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. 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 prior to policy issuance is not covered under this policy(Your proposal form will be considered after HDFCERGO General Insurance Company Limited receives premium payment.)

**Fraud Warning:** This policy shall be voidable at the option of the Company in the event of mis-representation, mis-description or non-disclosure of any material particulars by the Proposer. Any person who, knowingly and with intent to fraud the insurance company or any other person, files a proposal for insurance containing any false information, or conceals or the purpose of misleading, Information concerning 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 to 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. Violation of Section 41 of the Insurance Act 1938, as amended, shall be punishable with a fine which may extend to Rs.10Lakhs.



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

## Sarv Suraksha Plus (Group) - Enrolment Form for Loan customers of Tata Capital Housing Finance Limited

HDFC ERGO

(All fields are mandatory and fill in CAPITALS only)

Assignment Clause: It is here by declared and agreed that:

- 1. From the Policy Start Date, the monies payable by the Company to the Insured and all rights, title, benefits and interest of the Insured under this Policy in section "Personal Accident & Major Medical illness" "stand assigned in favour of the "Bank / Financial institution as named in the Schedule of this Policy";
- 2. Upon any monies becoming payable under this Policy the same shall be paid by the Company to the "Bank / Financial institution as named in Schedule of this Policy" without any reference / notice to the Insured, but not exceeding the Principal Out standing as defined under the Policy. In the event of any monies pay able under this Policy exceeding the Principal Out standing, the Company shall pay such monies as exceeding the Principal Outstanding to the Insured/Nominee;
- The receipt of such monies in the manner aforesaid by the Bank/Financial Institution as named in the Schedule of this Policy and the Insured shall completely discharge the Company from all liability under the Policy and shall be binding on the Insured and the heirs, executors, administrators, successors or legal representatives of the Insured, as the case may be.
- 4. That any adjustment, settlement, compromise or reference to arbitration in connection with any dispute between the Company and the insured or any of them arising under or in connection with this policy if made by the Financier shall be valid and binding on all parties insured here under but not so as to impair rights of the Financier to recover the full amount of any claim it may have on other parties insured here under but not so as to impair. I have read, understood & accepted the assignment clause mentioned above & the assignee or this Proposal Form would-be Tata Capital Housing Finance Limited.

Consent for Transfer into	Loan Account Number:		
shall be deposited directly of any claims becoming pay Financia Pinstitution as man as defined under the Policy amount exceeding the Prir Institution as named in the S	in the loan account number maintained by yable under this Policy, the same shall be éd în Schedule of this Policy" without any to the event of any claims payable undencipal Outstanding to the undersigned. Us chedule of this Policy and the Insured sha	In that: From the Policy Start Date, any claim payably the "Bank /Financial Institution as named in the Stapposited by the Company in the aforementioned reference / notice to the undersigned, but not ear this Policy exceeding the Principal Outstanding, Upon receipt of such claim amount in the mannell completely discharge the Company from all liabilities, successors or legal representatives of the Insurance in the successors of the Insurance in	Schedule of this Policy". In the event d loan account held with the "Bank/ xceeding the Principal Outstanding , the Company shall pay such claim er aforesaid by the Bank/Financial ity, claims under the Policy and shall
	ACE	NT'S DECLARATION	
Proposal Form, Including the submitted by him/her in this between the Company and statement(s)/ information/rube furnished, the company material fact, the policy issued the Policy may be forfeited License No. (Advisor/Corpo	gent/Authorized employee of the Broker/ te nature of the questions contained in this is Proposal Form to questions contained the Proposer, if this Proposal is accepted esponse(s) is/are contained in this Proportion in the Propor	(Full Name) in my capacity as Relationship Officer, do hereby declare that I hav is Proposal Form to the Proposer including statem herein or any details sought here in will form the I by the Company for issuance of the Policy. I have isal Form/ including addendum(s), affidavits, state which may be payable and further more if there is in the proposal may be treated by the Company as null and a Signature of the Proposer:	re explained all the contents of this nent(s), information and response(s) basis of the Contract of Insurance further explained that if any untrue ements, submissions, furnished/ to has been a non-disclosure of any divoid and all premiums paid under
	FOR	OFFICE USE ONLY	
Channel Partner Code:	Branch Location:	Signature of Channel Partner:_	<del></del>
	ACKNOWLEDE	GEMENT – CUSTOMER COPY	
Received from Mr. / Ms. / M	rs	Cheque No:	
Dated:	Drawn on	Bank for a sum of ₹	
towards payment of premiu	um on behalf of HDFC ERGO General Ins	surance Company Ltd.	
Date Signature & seal			
		e nor any payment for any policy sought obliges un. If we accept a proposal for insurance, it shall b	

HDFC ERGO General Insurance Company Limited. IRDAI Reg. No.146. CIN: U66030MH2007PLC177117. Registered & Corporate Office: 1st Floor, HDFC House, 165-166 Backbay Reclamation, H. T. Parekh Marg, Churchgate, Mumbai – 400 020. Customer Experience Management, Customer Happiness Center: D-301, 3rd Floor, Eastern Business District (Magnet Mall), LBS Marg, Bhandup (West), Mumbai - 400 078. For Claim/Policyrelated queries call us at +91 22 6234 6234/e1120 6234 6234 or Visit Help Section on www.hdfcergo.com for policy copy/tax certificate/make changes/register & track claim or simply text "Hi" on what's app number 8169500 500 for instant policy servicing. Trade Logo displayed above belongs to HDFC Bank Ltd and ERGO International AG and used by the Company under license. Ulh: Sarv Suraksha Plus (Group): HDFHLGP24020V032324.

conditions and we shall have no liability to make any payment if premium is not received by us in full and in time, or is not realized. If we do not accept

the proposal, we will inform you and refund any payment received from you without interest within next 15 days.