



# 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)



### PREMIUM OPTION

- I propose to opt for Sarv Suraksha Plus (Group) cover from HDFC ERGO General Insurance Company Limited for the tenure of \_\_\_\_\_Months, 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 EMI's. I accept the Terms and Conditions of the insurance policy.

I/ We authorize the insurance Company to obtain any records or references, be they medical or otherwise, in consideration of this insurance or any 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 declaration 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:

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.



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

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**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;
3. 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:

I \_\_\_\_\_ hereby declare, agree and confirm that: From the Policy Start Date, any claim payable by the Company under this Policy shall be deposited directly in the loan account number maintained by the "Bank /Financial Institution as named in the Schedule of this Policy".In the event of any claims becoming payable under this Policy, the same shall be deposited by the Company in the aforementioned loan account held with the "Bank/ Financial Institution as named in Schedule of this Policy" without any reference / notice to the undersigned, but not exceeding the Principal Outstanding as defined under the Policy. In the event of any claims payable under this Policy exceeding the Principal Outstanding, the Company shall pay such claim amount exceeding the Principal Outstanding to the undersigned. Upon receipt of such claim amount 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, claims under the Policy and shall be binding on the undersigned and the heirs, executors, administrators, successors or legal representatives of the Insured, as the case may be

Place:

Date:

Signature

### AGENT'S DECLARATION

I, \_\_\_\_\_ (Full Name) in my capacity as an Insurance Advisor/ Specified Person of the Corporate Agent/Authorized employee of the Broker/Relationship Officer, do hereby declare that I have explained all the contents of this Proposal Form, including the nature of the questions contained in this Proposal Form to the Proposer including statement(s), information and response(s) submitted by him/her in this Proposal Form to questions contained herein or any details sought here in will form the basis of the Contract of Insurance between the Company and the Proposer, if this Proposal is accepted by the Company for issuance of the Policy. I have further explained that if any untrue statement(s)/ information/response(s) is/are contained in this Proposal Form/ including addendum(s), affidavits, statements, submissions, furnished/ to be furnished, the company shall have the right to vary the benefits which may be payable and further more if there has been a non-disclosure of any material fact, the policy issued to his/her favor pursuant to this Proposal may be treated by the Company as null and void and all premiums paid under the Policy may be forfeited to the company.

License No. (Advisor/Corporate Agent/Broker/Relationship Officer) \_\_\_\_\_

Place: \_\_\_\_\_ Date: \_\_\_\_\_ Signature of the Proposer: \_\_\_\_\_

### FOR OFFICE USE ONLY

Channel Partner Code: \_\_\_\_\_ Branch Location: \_\_\_\_\_ Signature of Channel Partner: \_\_\_\_\_



### ACKNOWLEDGEMENT – CUSTOMER COPY

Received from Mr. / Ms. / Mrs. \_\_\_\_\_ Cheque No: \_\_\_\_\_

Dated: \_\_\_\_\_ Drawn on \_\_\_\_\_ Bank for a sum of ₹ \_\_\_\_\_

towards payment of premium on behalf of HDFC ERGO General Insurance Company Ltd.

Date Signature & seal \_\_\_\_\_

Neither the submission to us of a completed proposal for insurance nor any payment for any policy sought obliges us to agree to issue a policy, which decision is and always shall be in our sole and absolute discretion. 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 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.