

HDFC ERGO General Insurance Company Limited

HOME CREDIT ASSURE INSURANCE – ENROLLMENT FORM

Enrollment form for TATA CAPITAL HOUSING FINANCE LIMITED



CUSTOMER INFORMATION

Residential Commercial Type of Commercial Property _____

Name of the Insured _____
(First Name) (Middle Name) (Last Name)

Name of Insured II (if applicable) In case of Joint Coverage _____
(First Name) (Middle Name) (Last Name)

Loan Account Number _____ Loan Amount _____ Loan Tenure _____ Gender: Male Female

Policy Sum Insured (Up to Loan) _____ Policy Tenure (Upto 5 Years) _____

Correspondence Address _____

City _____ Pin code _____ State _____

Contact Details: Landline _____ Mobile _____ Office _____
STD Code STD Code

Email _____

Occupation Service Business Self Employed Other _____

Insured I: Date of Birth [D D M M Y Y Y Y] PAN No.: _____ Occupation _____ Salaried Self Employed

Insured II: Date of Birth [D D M M Y Y Y Y] PAN No.: _____ Occupation _____ Salaried Self Employed

Policy Period: From [D D M M Y Y Y Y] To [D D M M Y Y Y Y]

Bank Channel Code _____ Agent Code _____

RISK INFORMATION

Name of the Insured _____

City _____ Pin code _____ State _____

Occupancy Details _____

Year of Construction _____

Carpet area of structure of Home in square meter _____ Rate of Cost of Construction per square meter at the policy Commencement Date (in ₹) _____

Name of financial institution / Bank in whose favour the proceeds of the policy are assigned _____

Pre-existing Illness / Ailments (if any) or any other existing injury / disability details (for section critical illness / personal accident) _____

Kindly tick the appropriate condition in case the person proposed for insurance (i) Has been diagnosed or is suffering from any symptoms or (ii) Has undergone treatment for any of the below mentioned conditions	Insured 1	Insured 2	Section wise Coverage	Sum Insured
Cancer			Section 1 – Fire	
Stroke			Section 2 – Burglary	
Multiple Sclerosis			Section 3 – Critical Illness	
Coronary Artery Bypass Surgery			Section 4 – Personal Accident	
Paralysis			Section 5 – Loss of Employment	3 EMIs
Kidney Failure				
Heart Valve Replacement				
Myocardial Infarction (Heart Attack)				
Major Organ Transplant				
Others				

** I declare that my home is built up of bricks , stone , with RCC/ RBC / Tiles / ACC Roof . In case of a building presently under construction , the date of receiving possession may be appropriate.

PREVIOUS INSURANCE DETAILS

Previous Insurer Name	Sum Insured (Rs.)	Policy Name	Previous Policy No.	Period of Insurance	Claims Lodged during the Preceding 3 Years
				From:	
				[D D M M Y Y Y Y]	
				To:	
				[D D M M Y Y Y Y]	

Nominee Details

Name	Relationship	Address of the Nominee

Where Nominee is a minor, give the details of Appointee

Name of the Appointee	Relationship	Address of the Appointee

Bank Account Details

Name of the Bank Account Holder

Bank Account No. Name of the Bank

Branch Account: Savings Current

MICR Code (9-digit MICR code number of the bank and branch appearing on the cheque issued by the bank)

IFSC Code (11-character code appearing on your cheque leaf)

I wish: Any refund due on the premium payment / any payment/claims will be directly credited to my aforesaid Bank Account.*

* As per the IRDA, it is mandatory that all payments made to be insured only through electronic mode.

(Kindly make payment by crossed cheque (Account Payee Only) in favour of "HDFC ERGO General Insurance Company Limited")

BANK RELATIONSHIP DETAILS

Customer ID: _____ Bank Account No.: _____

LOS No.: _____ Credit Card No.: _____

For Office Use

Branch Code: Branch Location: Counsellor Code:

Declaration & Warranty on behalf of Person 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.

Declaration and Warranty

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 HDFC ERGO 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 ₹ 10 Lakhs.

Assignment Clause : It is hereby 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 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 Outstanding as defined under the Policy. In the event of any monies payable under this Policy exceeding the Principal Outstanding, the Company shall pay such monies as exceeding the Principal Outstanding to the Insured; 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 hereunder 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 hereunder but not so as to impair. I have read, understood & accepted the assignment clause mentioned above & the assignee for this Proposal Form would be TATA CAPITAL HOUSING FINANCE LIMITED.

I hereby authorize the bank to cancel the policy in the event of default and credit the refund to my loan account no.

Place: Date: Signature of the Proposer _____

VERNACULAR DECLARATION

Declaration in case the proposal is filled other than the Proposer/the proposer sign in vernacular language/proposer is illiterate (to be certified by a person other than agent/employee of the company)

(The content of this form and its particulars have been explained by me in vernacular to the Proposer who has understood and confirmed the same.)

Name of the Translator: _____ Signature of the Translator: _____

Place: _____ Date: _____

Name of the Insured : _____ Signature of the Insured: _____

Place: _____ Date: _____

CHECKLIST

Please check the following documents are attached along with the proposal form

- i. ID Proof: Passport/ Pan Card/ Voter ID card/ Driving License/ Letter from a recognized public authority
- ii. Proof of residence: Telephone Bill/ Bank Account Statement/ letter from any recognized public authority/ Electricity Bill/ Ration Card
- iii. Age Proof: Proof of Age
- iv. Renewal Notice with claim details
- v. Photocopies of all previous policies and endorsements



ACKNOWLEDGEMENT – CUSTOMER COPY

Please retain this counterfoil for your records

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.

Yours Sincerely,

Date.: _____

Signature

Place: _____

General Insurance Document

For Bank Use

Channel Name / Branch Code: _____

Relationship No: _____

LOS No.: _____

Employee Code: _____

(Same as entered in Proposal form)

Customer Declaration

- The name of this insurance plan is HDFC ERGO Home CreditAssure Package Insurance.
- I have understood the Coverage & Benefits payable under the plan.
- I understand that the insurance plan opted by me is on a voluntary basis.
- I have read and understood the features as mentioned above of HDFC ERGO Home CreditAssure Package Insurance and agree to proceed with my application.

Signature of the customer
(Mandatory)

Date: _____

Customer Name: _____



ACKNOWLEDGEMENT – CUSTOMER COPY

Please retain this counterfoil for your records _____ (On behalf of
HDFC ERGO General Insurance Company Limited)

This is a temporary receipt and does not mean commencement of the policy contract. HDFC ERGO General Insurance Company Limited is not liable for any incidents between the time that the premium amount is received and policy issuance. The policy issuance/validity of receipt is subject to clearing of the cheque mandate. The policy can be issued once HDFC ERGO General Insurance Company Limited receives completed form and premium payment

Received from Mr./Mrs./Ms. or M/s

Proposal from along with cheque mandate towards premium for Home Credit Assure Package Insurance for the sum of Rs By Cheque No.

with

Bank Branch

Stamp & Signature by Co. Agent / Authorised Personnel