

Critical Illness - Proposal Form

(Fields marked in asterisk (*) are mandatory and fill in CAPITALS only) Application Number _____ Branch Manger Code _____ TSE Code _____

Sourcing Channel / Agent / Broker Name _____
 CP Code _____ Sourcing Branch (City) _____

PROPOSER DETAILS

*Proposer Mr./ Ms./ Mrs. _____
 (First Name) (Middle Name) (Last Name)
 Address _____
 City _____ Pin Code: _____ *Sex: Male Female
 State _____ *Proposer Date of Birth: D D M M Y Y Y Y
 Tel.(Res.) _____ (Off.) _____ Mobile _____
 STD Code STD Code
 Email _____
 ID Proof Type PAN Passport Driving License Voters Card Others

PLAN DETAILS

*Plan Name Silver *Proposed Policy Period: D D M M Y Y Y Y to D D M M Y Y Y Y

DETAILS OF THE PERSON PROPOSED TO BE INSURED

Sr.No.	*Name of the Insured person	*Relationship	*Gender*	*Date of Birth	*Sum Insured
				D D M M Y Y Y Y	

*Gender Code M (Male), F (Female)

NOMINEE DETAILS

In the event of the death of an Insured Person any payment due under the Policy shall become payable to the nominee in accordance with the Policy terms and conditions. The nominee must be an immediate relative of the Proposer. For all other persons proposed to be insured, the Proposer shall be the Nominee.

Name _____ Relationship _____

EXISTING/PREVIOUS INSURANCE DETAILS

(Including any with HDFC ERGO General Insurance Company Ltd.)

Insurer Name	*Sum Insured (Rs.)	Policy Name	Policy No / Application No	Period of Insurance [From / To]	Claims lodged during the preceding 3 years

PREMIUM DETAILS

Amount Rs. _____ Rupees _____

SOURCES OF FUND

Salary Business Other (Please Specify) _____

BANK ACCOUNT DETAILS

Name of the Bank Account Holder _____
 Bank Account No. _____
 Name of Bank _____ Branch _____
 MICR Code (digit MICR code number of the bank and branch appearing on the cheque issued by the bank) _____
 IFSC Code (1 character code appearing on your cheque leaf) _____ Account: Savings Current

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, its mandatory that all payments made to the insured only through electronic mode.

*MEDICAL AND LIFE STYLE INFORMATION

Medical History: Please answer the below mentioned questions in Yes(Y) / No (N)

Section A: Have the Insured ever suffered from/currently suffering from any of the following:

	Insured 1	Insured 1
1. Hypertension, Chest Pain, Ischemic heart disease or any other cardiac disorder		8. Arthritis, Spondylosis or any other disorder of the muscle / bone / joint
2. Tuberculosis, Asthma, Bronchitis or any other lung/respiratory disorder		9. Diseases of the Nose / Ear / Throat / Dental / Eye (please mention diopters)
3. Ulcer(Stomach/Duodenal), Hepatitis, Cirrhosis or any other digestive or liver/ gallbladder disorder		10. HIV/AIDS or sexually transmitted diseases or any immune system disorder
4. Renal Failure, Calculus or any other kidney/urinary tract or prostate disorder		11. Anaemia, Leukemia or any other blood/lymphatic system disorder
5. Dizziness, Stroke, Epilepsy, Paralysis or other brain/ nervous system disorder		12. Psychiatric / Mental illnesses or sleep disorder
6. Diabetes, Thyroid Disorder or any other endocrine disorder		13. DUB, Fibroid, Cyst/ Fibroadenoma or any other Gynecological/ Breast disorder (for female lives only)
7. Tumor-benign or malignant, any ulcer / growth / cyst		

Section B: Have any of the Insured persons:

14. Been addicted to alcohol, narcotics, habit forming drugs or been under detoxicating therapy		18. Suffered from any other disease / illness / accident / injury
15. Been under any Regular medication (self / prescribed)		19. Is any of the insured pregnant? If yes please mention the expected date of delivery
16. Undertaken any lab/blood tests, imaging tests viz. scans/MRI in the last 5 years		20. Any complaint of Diabetes, Hypertension or any complication during current or earlier pregnancy
17. Undertaken any surgery or a surgery been advised in the last 10 years or is a surgery still pending		

ACKNOWLEDGMENT - CUSTOMER COPY

Please retain this counterfoil for your records

