

REVIVE - ACCIDENT INSURANCE FOR THE FAMILY - PROPOSAL FORM

(Please fill in CAPITALS only)

*Sourcing Channel / Agent / Broker Name

*Sourcing Branch (City)

(*Mandatory field. Please ensure filled for your form to be considered for Insurance.)

CUSTOMER INFORMATION

Name of Proposer (First Name) (Middle Name) (Last Name)

Primary Insured (First Name) (Middle Name)

Occupation ☐ Clerical / Administrative ☐ Professional - Service / Business ☐ Engineer / Worker / Supervisor ☐ Driver/Daily Wage Labourer
(Persons engaged in military service, professional sports, mine workers, fire fighters, water vessel crew, oil field/rig workers, structural workers, window cleaners, junk/salvage workers, saw mill workers, security guards and similar hazardous occupations are excluded under the plan.)

Address

Street Name

City Pincode State

Tel. (Res.) (STD Code) (Off.) (STD Code) Mobile

Email

REVIVE - PREMIUM PAYABLE

(Figures in Rupees. Premiums are payable annually and include service tax and education cess.)

PREMIUM PAYABLE	2.5 Lakh SI	5 Lakh SI	7.5 Lakh SI	10 Lakh SI	15 Lakh SI
Self Plan Only	<input type="checkbox"/> 675	<input type="checkbox"/> 1,069	<input type="checkbox"/> 1,464	<input type="checkbox"/> 2,137	<input type="checkbox"/> 2,926
Self & Family Plan	<input type="checkbox"/> 1,609	<input type="checkbox"/> 2,456	<input type="checkbox"/> 3,307	<input type="checkbox"/> 4,906	<input type="checkbox"/> 6,607
Self Plan + Dependent Parents Add - on	<input type="checkbox"/> 1,640	<input type="checkbox"/> 2,034	<input type="checkbox"/> 2,429	<input type="checkbox"/> 3,102	<input type="checkbox"/> 3,891
Self & Family Plan + Dependent Parents Add-on	<input type="checkbox"/> 2,574	<input type="checkbox"/> 3,421	<input type="checkbox"/> 4,272	<input type="checkbox"/> 5,871	<input type="checkbox"/> 7,572

SI - Sum Insured

Please fill in your payment details for either Credit Card or Cheque option

CREDIT CARD Visa ☐ MasterCard ☐ Expiry Date M M Y Y Y Y Credit Card No.

CHEQUE: Please pay by crossed cheque (Account Payee Only) in the name of "HDFC ERGO General Insurance Company Limited".

Name of Bank Branch and City

Cheque No. for Rs. dated D D M M Y Y Y Y

Please provide the information below for persons to be covered (Only immediate family members)

	First Name of Insured Person	Surname of Insured Person	Date of Birth	Annual Gross Income (Rs.)	Existing Injury/ Disability /Sickness (attach separate sheet if required)	Name of Beneficiary	Relationship of Beneficiary to Insured Person
SELF			D D M M Y Y Y Y				
SPOUSE			D D M M Y Y Y Y				
PARENT			D D M M Y Y Y Y				
PARENT			D D M M Y Y Y Y				
CHILD			D D M M Y Y Y Y				
CHILD			D D M M Y Y Y Y				

Do you have any Personal Accident Insurance with HDFC ERGO General Insurance or any other insurance company? Provide details below (attach separate sheet if reqd.)

Name of Insurance Company	Accidental Death Sum Insured	Policy Number	Policy Period	Benefits Covered
	Rs.			
	Rs.			

Non-disclosure or misrepresentation of the above information, whether deliberate or not, shall make this policy voidable at the Company option and no claim shall be admitted under this policy.

ACKNOWLEDGEMENT – CUSTOMER COPY

Please retain this counterfoil for your records

REVIVE - PLAN BENEFITS

BENEFITS – SELF PLAN	2.5 LAKH SI	5 LAKH SI	7.5 LAKH SI	10 LAKH SI	15 LAKH SI
Accidental Death	250,000	500,000	750,000	1,000,000	1,500,000
Permanent Total Disability	250,000	500,000	750,000	1,000,000	1,500,000
Broken Bones	25,000	50,000	75,000	100,000	150,000
Burns	12,500	25,000	37,500	50,000	75,000
Ambulance Costs	1,500	1,500	1,500	1,500	2,000
Hospital Cash (Accidents & Sickness)	250/day	250/day	250/day	500/day	500/day

ADD-ON BENEFITS – DEPENDENT PARENTS	2.5 LAKH SI	5 LAKH SI	7.5 LAKH SI	10 LAKH SI	15 LAKH SI
Accidental Death	250,000	250,000	250,000	250,000	250,000
Permanent Total Disability	250,000	250,000	250,000	250,000	250,000
Broken Bones	50,000	50,000	50,000	50,000	50,000

FAMILY PLAN BENEFITS					
Accidental Death	–	Spouse 100% & Children 10% (max. 2)	Permanent Total Disability	–	Spouse 100% & Children 10% (max. 2)
Broken Bones	–	Spouse 100% & Children No Pay-out	Ambulance Costs	–	Same Entitlement to All Family Members
Burns	–	Spouse 100% & Children No Pay-out	Hospital Cash (Accidents & Sickness)	–	Spouse 100% & Children 50%

SI – Sum Insured. For Hospital Cash, there is a time deductible of 3 days.

TERMS AND CONDITIONS

Declaration: I/We accept the Terms and Conditions of the insurance policy. • I/We authorise 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 and any attachments are true and correct. • I/We understand that all information provided in this proposal and any attachments are material to the insurer's decision to provide this insurance, and that insurance will be provided, at the insurer's sole discretion, in reliance upon the truth of such information. • I/We understand that a charge may be levied on each instruction payment rejected due to lack of funds. • I/We hereby authorise HDFC ERGO General Insurance Company Limited to use relevant data for marketing purposes either directly or through third party agents. • I/We understand that any charges levied (including commission, postage & stamp duty) may be debited to me/us. • HDFC ERGO General Insurance Company Limited will not be held liable for any subsequent deduction on the payment instructions further to cancellation of the policy.

The Proposer agrees that the receipt of the Proposal Form by HDFC ERGO General Insurance Company Limited alongwith 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. 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 alongwith the date from which the insurance cover shall become effective. The Proposer agrees that, in the event of acceptance of the Proposal for insurance by HDFC ERGO General Insurance Company Limited and the issuance of a Policy of Insurance by HDFC ERGO General Insurance Company Limited, the Policy Effective Date shall commence fifteen (15) days from the date of receipt of the premium by HDFC ERGO General Insurance Company Limited. 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 during this period of fifteen (15) days. (Your proposal form will be considered after HDFC ERGO General Insurance Company Limited receives premium payment.)

Mode of Payment : Cheque, Demand Draft and Credit Card. Payment by cash will not be accepted.

FRAUD WARNING: Any person who, knowingly and with intent to defraud the insurance company or any other person, files a proposal for insurance containing any false information, or conceals for 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 of 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. Violations of Section 41 of the Insurance Act 1938, as amended, shall be punishable with a fine which may extend to five hundred (500) Rupees.

Place

Date

Signature of Person to be Insured

FOR OFFICE USE ONLY (HDFC ERGO)

Policy Number

Policy Start Date

Policy end Date

REVIVE POLICY HIGHLIGHTS: LOW COST ACCIDENT COVER FOR YOUR FAMILY

- Protects the entire family (spouse, children and dependent parents) at minimum cost.
- Broken bones coverage for parents up to 70 years.
- 100% cover for spouse on all benefits under Family Plan.
- Includes cover for broken bones, ambulance costs, burns, personal accidents worldwide as well as Hospital Cash (both sickness & accidental injury).
- Range of Sum Insured plans from Rs. 2.5 lakh to 15 lakh cover.
- No medical or health check-up required.
- Available to anyone up to 65 years and also for parents up to 70 years.
- Easy payment – by cheque or credit card.
- Policy becomes effective in 15 days after receipt of payment & accurately filled-in proposal form by HDFC ERGO General Insurance.

ACKNOWLEDGEMENT – CUSTOMER COPY

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(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 or credit card 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 alongwith cheque/credit card mandate towards premium for Revive - Accident Insurance

of Rs. by Cheque No./Credit Card No.

with Bank branch.

Stamp & Signature by Co. Agent /
Authorised Personnel