

(If there is any disease please mention the following details)

Section C: Name of Illness/Medicine/Test/Surgery/ dioptr grade (for questions answered as Yes in Section A & B)	Diagnosis date	Date of Last Consultation	Treatment in / out patient	Doctor/Hospital Name and Phone No.
Insured 1 TONSILS	23/05/2010	30/07/2010		APOLLO HOSPITAL
Insured 2				
Insured 3				
Insured 4				

Section D: Name, address, qualification and contact details of the family doctor

Family Doctor Mr. / Ms. / Mrs. _____ (First Name) _____ (Middle Name) _____ (Last Name)

Address _____

City _____ Pin Code _____ Qualification _____

State _____ Sex Male _____ Female _____

Tel. (Res) _____ (Off.) _____ Mobile _____

STD Code _____ STD Code _____

Email _____

Section E: Does the person proposed to be insured smoke or consume gutkha/pan masala or alcohol. If yes please indicate the name and quantity per week. (if any please mention)

	Alcohol	Smoke	Pan Masala	Others
Insured 1				
Insured 2				
Insured 3				
Insured 4				

MENTION PAYMENT DETAILS

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

CHEQUE Please pay by crossed cheque (account payee only) in the name of HDFC ERGO General Insurance Company Ltd.

Cheque No. 606234 Bank Name HDFC

Branch ERNAKULAM City ERNAKULAM

Dated 29/11/2018 For (Rs.) _____ Credit Card No. 123456789012

CREDIT CARD Visa Expiry Date 09/11/2021 Relationship to the Insured SELF

Card Holders Name Mr. / Ms. / Mrs. ANKITHA (First Name) _____ (Middle Name) _____ (Last Name) VINOD

IF CHEQUE ←

OR

CREDIT CARD ←

OR

ONLINE LINK TO MAIL ID

GENERAL EXCLUSIONS (Under the Policy) For more details please refer to the Policy Wording

War or any act of war, invasion, act of foreign enemy, war like operations, nuclear weapons/materials radiation of any kind, committing or attempting to commit a criminal or illegal act, participation or involvement in naval, military or air force operation or any hazardous or dangerous or adventurous activities, including but not limited to racing, diving, aviation, scuba diving, parachuting, hang-gliding, rock or mountain climbing, abuse or the consequences of the abuse of intoxicants or hallucinogenic substances such as drugs and alcohol, smoking cessation programs and the treatment of nicotine addiction or any other substance abuse treatment or services, intentional self injury or attempted suicide, obesity/morbid obesity and any weight control program, Psychiatric, mental or nervous disorders, Parkinson and Alzheimer's disease, general debility or exhaustion (Tired-down condition), external congenital diseases, genetic disorders, stem cell implantation or surgery or growth hormone therapy, AIDS* (Acquired Immune Deficiency Syndrome) and/or infection with HIV (Human immunodeficiency virus), venereal disease, sexually transmitted disease, sterility / infertility treatment of any type, birth control, contraceptive supplies or services, pregnancy (including voluntary termination), miscarriage (except as a result of an Accident or Illness) except in the case of ectopic pregnancy treatment of spinal subluxation, diagnosis and treatment by manipulation of the skeletal structure or for muscle stimulation by any means (except treatment of fractures and dislocations of the extremities), dental treatment not requiring Hospitalization, Nasal septum deviation and nasal concha resection, circumcisions, laser treatment for refractive error, aesthetic or change-of-life treatments, plastic Surgery or Cosmetic other than for reconstruction following an Accident or Illness otherwise covered under this Policy, experimental, investigational or unproven treatment devices and pharmacological regimens, measures primarily for diagnostic, X-ray or laboratory examinations or other diagnostic studies which are not consistent with or incidental to the diagnosis and treatment, cure, rest cure, sanatorium treatment, rehabilitation measures, private duty nursing, respite care, long-term nursing care or custodial care, all preventive care, vaccination including inoculation and immunizations, any non allopathic treatment, enteral feedings and other nutritional and electrolyte supplements, unless required as a direct consequence of an otherwise covered claim, charges related to a Hospital stay not expressly mentioned as being covered, Personal comfort and convenience items, vitamins and tonics, treatments rendered by a Medical Practitioner which is outside his discipline or the discipline for which he is licensed, out-station consultations and referral-fee, treatment by Medical and non-Medical Practitioners and clinics from where the bills have been excluded for payments by the insurer for certain reasons, treatments rendered by a Medical Practitioner who shares the same residence as an Insured Person or who is a member of an Insured Person's Family, the provision or fitting of hearing aids, spectacles or contact lenses including optometric therapy, any treatment and associated expenses for alopecia, baldness, diabetic test strips, and similar products, Or artificial limbs, crutches or any other external appliance and/or device used for diagnosis or treatment, any treatment that is not of a reasonable cost, not medically necessary, non-prescription drugs, crutches or any other external appliance and/or device used for diagnosis or treatment.

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 underwriting policy of the Insurance company and that the policy will come into force only after full receipt of 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 doctor or from a hospital who at anytime 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 for 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.
- I authorize HDFC ERGO General Insurance and associate partners to contact me via email, phone, SMS

COINSURANCE OPTION

I agree to exercise Coinsurance option with HDFC ERGO General Insurance Company Ltd. (Lead insurer) and Apollo MUNICH Insurance Company Ltd. (Co-Insurer). Notwithstanding the role and liability of the Co-insurer in terms of the above co-insurance arrangement, for the avoidance of doubt, it is hereby declared that under the above co-insurance arrangement the Lead Insurer is the Insurer for all Policy purposes including but not limited to the collection of premium, policy administration, notices, policy and claims decisions, and the payment of claims

INSURER'S DECLARATION

Note: 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 Ltd. along with the premium payment does not tantamount to the acceptance of the Proposal for insurance by HDFC ERGO General Insurance Company Ltd. 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 Ltd, such acceptance shall be specifically intimated to the Proposer by HDFC ERGO General Insurance Company Ltd. along with the date from which the insurance Cover shall become effective. HDFC ERGO General Insurance Company Ltd 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 insurance is not covered under this policy (Your proposal form will be considered after HDFC ERGO General Insurance Company Ltd. receives premium payment.) You are obliged to inform HDFC ERGO General Insurance Company Ltd. without any delay & in writing of all doctors or other members of medical profession whom you or any of the proposed member have consulted & all changes in your or any other proposed members' state of health between the filing of this application form & inception of your insurance cover. If you are in any doubt, please seek the advice of your insurance advisor.

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 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-Rebate 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 ERNAKULAM

Date 03/08/2018

Ankitha

Signature of the Proposer

FOR OFFICE USE ONLY

Channel Partner Code _____

Branch Location _____

Signature of Channel Partner _____

ACKNOWLEDGEMENT - CUSTOMER COPY

Received from Mr. / Mrs. / Ms. _____ Cheque No. _____

Dated _____ Drawn on _____ Bank for a sum of Rs. _____

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

Date _____ Signature & seal _____

Insurance is the subject matter of solicitation

Take it easy!



my:health MEDISURE SUPER TOP UP - PROPOSAL FORM

The liability of the Company does not commence until the acceptance of the proposal has been formally intimated to the insured and full premium has been realized by the Company. All details with* are mandatory (Please fill-up this form in CAPITAL LETTERS)

PROPOSER DETAILS

Title* (Tick): Mr. Ms. Mrs. Gender*: Male Female Date of Birth*: 18/02/1988 Marital Status: Single Married

Proposer Mr./Ms./Mrs: ANKHITHA (First Name) VINOD (Last Name)

Father's Name: VINOD (First Name) KUMAR (Middle Name) V.P. (Last Name)

Annual Income*: Less than ₹ 2 Lacs Between ₹ 2 - 5 Lacs Between ₹ 5 - 10 Lacs Between ₹ 10 - 20 Lacs ₹ 20 Lacs and above

Address: BHARGAVI BHAVAN, MUTHOOR. P.O., THIRUVALLA Pin Code: 689107

Telephone: Mobile No.* 9645752438 PAN No. OTHQP60703A

Email id: ANKHITHA VINOD.

Occupation*: Government Service Private Sales Other Private Services Self Employed Housewife Student Retired Not Employed

PROPOSED POLICY DETAILS* (Please provide details of your proposed policy)

Type: Individual Floater Proposed Policy Start Date: 01/01/2019 Proposed Policy Start Time: 00:00:00 Policy Duration: 1 Year 2 Year

please mark tick on the Sum assured column DEDUCTIBLE & SUM INSURED*

PLEASE mention The Sum Insured

Aggregate Deductible (₹)		Sum Insured (₹)			
2 lakhs	3 lakhs	3 lakhs	4 lakhs	5 lakhs	6 lakhs
3 lakhs	4 lakhs	7 lakhs	8 lakhs	9 lakhs	10 lakhs
4 lakhs	5 lakhs	6 lakhs	11 lakhs	12 lakhs	13 lakhs
5 lakhs	6 lakhs	5 lakhs	10 lakhs	15 lakhs	20 lakhs

PROPOSED INSURED(S) INFORMATION*

(Please provide more details of the persons who are being covered in this Policy)

Sr. No.	Name	Relationship with Proposer	Date of Birth (DD/MM/YY)	Gender	Profession/ Occupation	Name of Pre-existing illness (if any)	Height (in cms)	Weight (in kgs)	Aggregate Deductible (₹)	Sum Insured (₹)
	ANKHITHA VINOD	SELF	18/02/85	F	PVT	TONSILS	152cms	55	2,00,000	3,00,000
	VINOD	FATHER	18/5/1971	M	PVT	NIL	170	70		

IF INDIVIDUAL IS SELECTED PLEASE MENTION SUM ASSURED IN EACH COLUMN OF SUM ASSURED

Name of the Nominee/Relationship	Roll over/Portability from previous insurer Yes/No. If Yes, below table is mandatory
SVNITHA VINOD - MOTHER	NO

(If any please mention)

PREVIOUS/CURRENT INSURANCE DETAILS

(Please enter previous insurers details)

Does the proposer or the person(s) proposed to be insured currently have an existing insurance cover or have been insured in the past under a Medidaim, Critical Illness, Accident or any other Medical Insurance Policy (Individual or Group)? If Yes, please provide the details:

Sr. No.	Policy No.	Insurer	From Date	To Date	Sum Insured	Previous Health Card Number
1.						
2.						
3.						
4.						
5.						
6.						

Claim Details			Cumulative Bonus Earned	
No. of Claims	Amount	Allment	%	Amount (₹)

MEDICAL & LIFESTYLE INFORMATION* (Please answer questions related to your medical history)

Medical History: Please answer the below mentioned questions in Yes (Y)/No (N). If the answer to any of the questions is Yes, please give details in the table given. Alternatively attach a separate sheet of paper

Does any person, proposed to be insured, suffer from or have been treated for any heart related ailment/ blood pressure? Yes No

Does any person, proposed to be insured, suffer from Diabetes/Asthma/Epilepsy? Yes No

Does any person, proposed to be insured, suffer from any other disease/ailment? Yes No

Is any person, proposed to be insured, receiving any treatment/medication or have in the past received treatment or undergone surgeries, for any medical condition/disability?

Yes No. Please provide details of hereditary medical history, if any **TONSILS**

If answer to the above questions is Yes, please elaborate:

Sr.No.	Name of the person proposed to be insured	*Name of illness/injury suffered from or suffered in the past *Treatment/medication received/receiving	Date first diagnosed /treated	Name of attending Medical Practitioner/ Surgeon with address & Tel. No./Hospital details	Whether fully cured
1	ANKHITHA VINOD	- TONSILS - ALLOPATHY TREATMENT	MAY, 2010	ARPOLO HOSPITAL BANGALORE	Y
2					
3					
4					
5					

PREMIUM PAYMENT DETAILS*

(Please provide the details of premium payment)

Premium Amount: ₹ **1687.4** Payment Option: NA Cash Cheque DD Credit / Debit Card

Name of Premium Payer: **ANKHITHA VINOD**

Amount in words: **ONE THOUSAND SIX HUNDRED AND EIGHTY SEVEN**

*Cash towards premium upto ₹ 50,000 will be accepted only at our branch offices

For Cheque / DD (Payable in favour of 'HDFC ERGO General Insurance Company Limited')

Instrument No.: _____ Instrument Date: **DDMMYY** Instrument Amount: ₹ _____

Bank Name **HDFC BANK**

For Credit Card / Debit Card (Only Proposer's Card to be accepted)

Card No.: **XXXXXXXXXXXXXX** Card Type: Master Visa AMEX

Expiry Date: **09/11/2021** Name on Card: **ANKHITHA VINOD**

Bank details for NEFT transfers* (Mandatory if payment is made other than cheque)

Account Number **PK 10** Bank Name **HDFC** IFSC Code of the Bank **HDFC000167**

Account Holder Name **ANKHITHA VINOD**

[provide full details of premium payment]

DECLARATION

I/We hereby declare, on my behalf and on behalf of all persons proposed to be insured, that the above statements, answer and/or particulars given by me 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 the insurance policy, is subject to the Board approved underwriting policy of the HDFC ERGO General Insurance Company Limited and that the policy will come into force only after full receipt of 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 consent to the company seeking medical information from any doctor or from a hospital who at anytime has attended on the life to be insured/proposer or from any past or present employer concerning anything which affects the physical or mental health of the life to be insured/proposer and seeking information from any insurance company to which an application for insurance on the life to be insured/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 claim settlement and with any Governmental and/or Regulatory authority.

Anubhita

*Signature of Proposer

PROHIBITION OF REBATES -- Under Section 41 Of The Insurance Laws (amendment) Act, 2015

No person shall allow or offer to allow either directly or indirectly as inducement to any person to take out or renew or continue an insurance 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 prospectuses or tables of the Insurer.
Any person making default in complying with the provision of this section shall be punishable with fine which may extend to ₹10,00,000/-

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 particular by the proposer. Any person who, knowingly and with intent to defraud the insurance company or other persons, files a proposal for insurance containing any false information, or conceals for the purpose of obtaining, information concerning any fact material thereto, commits a fraudulent act which will render the policy voidable at the company's sole discretion and result in a denial of insurance benefits.

Medisure Super Top Up is a filed and approved product of HDFC General (formerly known as L&T Insurance), a wholly owned subsidiary of the Company and hence the Company is also offering the said product

ACKNOWLEDGEMENT

IMPORTANT NOTICE- PLEASE DO NOT PAY PREMIUM IN CASH

Received from Ms / Mrs / Mr _____
a sum of ₹ _____ through Cash/Cheque/DD/Credit Card/Debit Card No. _____
against your proposal for my health Medisure Super Top Up

Neither the submission of a complete proposal for insurance nor does any payment for any policy sought obligate the Company to agree issue a policy which decision would always shall be in the Company's sole and absolute discretion against your proposal for my health Personal Accident Insurance. If the Company accepts a proposal for insurance, it shall be subject to the policy terms and conditions and the Company shall have no liability to make any payment if premium is not received by the Company in full and in time, or is not realised.

If a proposal is not accepted, the Company will inform you and refund any payment received from you without interest.

Signature of HDFC ERGO official/intermediary: _____ Date: DD MM YY YY
HDFC ERGO official/intermediary Name: _____ Time: HH MM Place: _____
*Cash towards premium upto ₹ 50,000 will be accepted only at our branch offices.
Branch Code: _____ Intermediary Code: _____ Intermediary Location Code: _____ Intermediary Employee Code: _____ Intermediary Reference Code: _____
Intermediary Contact Details: _____



ಭಾರತ ಸರ್ಕಾರ
Unique Identification Authority of India
Government of India

ನೋಂದಾವಣೆ ಕ್ರಮ ಸಂಖ್ಯೆ / Enrollment No.: 1189/29363/04498

To
ಅಂಖಿತ ವಿನೋದ
Ankhitha Vinod
D/O: Vinod Kumar V P
#23, Aanandam Hennur Bagalur Main Road
Near Bank Of India Byrathi, Gubbi Cross, Kothanur
Bangalore North
Dr. Shivarama Karanth Nagar
Bangalore North Bangalore
Karnataka 560077
9742059348

22/10/2013
84568946



MN645689462FT



Ankhitha

ನಿಮ್ಮ ಆಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No. :

5394 9228 3314

ಆಧಾರ್ - ಶ್ರೀಸಾಮಾನ್ಯನ ಅಧಿಕಾರ

ನಂ. 10053
10053
10053

12/10/13

ಭಾರತ ಸರ್ಕಾರ

Government of India



ಅಂಖಿತ ವಿನೋದ
Ankhitha Vinod
ಜನ್ಮ ದಿನಾಂಕ / DOB : 18/02/1995
ಸ್ತ್ರೀ / Female



5394 9228 3314

ಆಧಾರ್ - ಶ್ರೀಸಾಮಾನ್ಯನ ಅಧಿಕಾರ

आयकर विभाग
INCOME TAX DEPARTMENT

भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card



BFGPV5660H

नाम/Name
ANKITHA VINOD

पिता का नाम/ Father's Name
VINOD KUMAR

जन्म की तारीख/ Date of Birth
18/02/1995

ANKITHA

हस्ताक्षर/ Signature



17052017

ANKITHA

आयकर विभाग
नाम: Thava
एम्.ए.ए. 10053
प्रेस प्रिन्टिंग एंड
पब्लिशिंग

SIGNATURE: *937*
13/9/17