



## Commercial Vehicles (Other than Motor Trade Policies) - Proposal Form

Application No. \_\_\_\_\_

- Please fill the form in BLOCK LETTERS.
- Please answer all the questions fully and correctly. If a particular question is not applicable to you please mark that question as not applicable "N/A". Please leave one box blank between two words while writing address.

Our liability does not commence until the acceptance of the proposal has been formally intimated to the Insured Person and full premium has been realized by Us.

| For Office Use Only |  |
|---------------------|--|
| Imd code            |  |
| Imd Name            |  |
| Mobile No           |  |

### INSURED DETAILS

#### For Individual Customers only

Name of the Proposer:

Address:

Marital status:  Married  Unmarried  Age \_\_\_\_\_ Date of Birth:           Gender:  M  F  TG

Contact No.  Permanent Account number (PAN No.)

Email Id:

#### For Corporate Customers

Name of registered Institution:

Contact No.  Permanent Account number (PAN No.)

Email Id:

I have eIA No:  I would like to apply for eIA with Karvy  CAMS  NSDL  CDSL

GST No.

### SOURCES OF FUND

Salary  Business  Others

### POLICY DETAILS

New Policy  Renewal of HDFC ERGO  Renewal Policy No. \_\_\_\_\_

\*Type of cover:  Own Damage + Third Party  Fire + Theft + Third Party  Fire + Third Party  Theft + Third Party

### RISK INFORMATION /VEHICLE INFORMATION

|  |                          |
|--|--------------------------|
| Type of Vehicle                          | <input type="checkbox"/> |
| Goods Carrying Vehicle                   | <input type="checkbox"/> |
| Trailers                                 | <input type="checkbox"/> |
| Passenger Carrying Vehicle               | <input type="checkbox"/> |
| Miscellaneous & Special Type of Vehicles | <input type="checkbox"/> |

Vehicle Manufacturer:

Vehicle Model:

Registration Location:

Year of Manufacture:

Engine Number:  Chassis Number:

Colour of the vehicle:

Registration No.  Date of Registration:

Fuel Type:  Petrol  Diesel  CNG  LPG  Electric

Seating Capacity:  HP  Cubic Capacity

Gross Vehicle Weight:

| Insured Declared Value of the vehicle | Non Electrical Accessories fitted to the vehicle | Electrical & Electronic Accessories fitted to the Vehicle | Side Car (two wheeler) Trailer (pvt. cars) | Value of CNG / LPG Kit | Total Value* |
|---------------------------------------|--|---|--|------------------------|--------------|
| Rs                                    | Rs   | Rs  | Rs   | Rs                     | Rs           |

**PREVIOUS YEAR INFORMATION**

**Previous Claims details**

| Year | Policy Number | Previous Insurer | No. Of Claims | Period of Insurance               | Amount |
|------|---------------|------------------|---------------|-----------------------------------|--------|
| 1    |               |                  |               | From <dd/mm/yyyy> To <dd/mm/yyyy> |        |
| 2    |               |                  |               | From <dd/mm/yyyy> To <dd/mm/yyyy> |        |
| 3    |               |                  |               | From <dd/mm/yyyy> To <dd/mm/yyyy> |        |
| 4    |               |                  |               | From <dd/mm/yyyy> To <dd/mm/yyyy> |        |
| 5    |               |                  |               | From <dd/mm/yyyy> To <dd/mm/yyyy> |        |

Are you entitled to No Claim Bonus: Yes  No

If yes, please specify the % and submit the proof thereof \_\_\_\_\_

**ADDITIONAL INFORMATION**

Whether the use of vehicles is limited to own premises: Yes  No

Whether the commercial vehicle is also used for Private purposes (excluding use for hire or reward): Yes  No

Whether vehicle belongs to foreign embassy / consulate? Yes  No

Whether the vehicle is used for driving tuition: Yes  No

Whether vehicle is fitted with fibre glass tank: Yes  No

Whether the vehicle requires Cover For Lamps Tyres / Tubes Mudguards Bonnet /Side Parts Bumpers Headlights And Paintwork Of Damaged Portion Only (IMT 23): Yes  No

Whether the use of vehicle designed for the use of Blind / Handicapped /Mentally challenged and duly endorsed by RTA? Yes  No

Is the vehicle proposed for insurance under:

Hire Purchase  Lease Agreement  Hypothecation Agreement

If Yes, give the name of the concerned parties:

Is the vehicle fitted with the any Anti-theft device approved by the AARI? Yes  No

If yes, attach Certificate of Installation in the vehicle issued by the concerned authority

Whether extension of geographical area to the following countries required?

| S. No. | Country    | Yes | No |
|--------|------------|-----|----|
| 1      | Bangladesh |     |    |
| 2      | Bhutan     |     |    |
| 3      | Maldives   |     |    |
| 4      | Nepal      |     |    |
| 5      | Pakistan   |     |    |
| 6      | Sri Lanka  |     |    |

\*Date of purchase of the vehicle by the Proposer:

\*Whether the vehicle was new or second hand at the time of purchase? New  Second Hand

\*Will the vehicle be used exclusively for

a. Private, Social, Domestic, Pleasure & Professional Purpose: Yes  No

b. Carriage of goods other than samples or personal luggage: Yes  No

c. Is the vehicle in good condition: Yes  No

If No, please give details \_\_\_\_\_

\*Age and Date of Birth of Owner: Age (in Years) \_\_\_\_\_, Date of Birth

\*Does the driver suffer from defective vision or hearing or any physical infirmity? Yes  No

If Yes, please give details of such infirmity \_\_\_\_\_

\*Has the driver ever been involved/convicted for causing any accident of loss? Yes  No

If Yes, please give details as under including the pending prosecutions:

a. Drivers Name:

b. Date of Accident:

c. Loss/Cost: (Rs)

d. Circumstances of Accident:

\*Only for elicited information and data collection purpose.

**PERSONAL ACCIDENT & LEGAL LIABILITY COVERAGE INFORMATION**

Do you have a Personal Accident cover for Owner Driver with a minimum sum insured of Rs 15 Lakhs? Yes  No

If yes, then please provide policy number

Do you have a Personal Accident policy for Owner Driver for Rs 15 lakhs under another motor insurance policy in your name? Yes  No

If yes, please provide the policy number  and Sum Insured

Do you have more than 1 vehicle registered in your name ? Yes  No

If yes, please provide the registration number of each number

How many of the vehicles registered in your name are insured with HDFC ERGO?

Please provide their policy number: \_\_\_\_\_

Please give details of nomination for Personal Accident cover for Owner Driver

a. Name of Nominee and Age:

b. Relationship:

c. Name of Appointee (if nominee is a minor):

d. Relationship to the Nominee:

Do you wish to include the following Personal Accident coverage for Unnamed/Named Passengers?

|                    |                         |                |
|--------------------|-------------------------|----------------|
| Unnamed Passenger: | Number of Persons:      | CSI opted for: |
| Paid driver:       | Number of Paid drivers: | CSI opted for: |

In case of named persons, give name and CSI opted for

| Name | CSI opted for | Nominee Name | Relationship |
|------|---------------|--------------|--------------|
|      |               |              |              |
|      |               |              |              |

The policy provides Third Party Property Damage (TPPD) of Rs 7.5 Lakhs

Do you wish to opt for statutory TPPD liability coverage of Rs 6000/- only? Yes  No

| Legal liability           | No. Of persons |
|---------------------------|----------------|
| Driver /Conductor/cleaner |                |
| Other Employee            |                |

Legal Liability to persons employed in connection with operation of the vehicle, who are "workmen". [The liability of the Employer under the Employees' Compensation Act-1923 is covered under the Motor Vehicles Act-1988]

|                    |              |
|--------------------|--------------|
| Drivers            | No of Person |
| Employee (Workmen) | No of Person |

(Note: The Motor Vehicles Act-1988 under Sec.147 (1) (ii) (i) covers liability to employees who are Employees within the meaning of the Employees' Compensation Act-1923.)

Do you wish to cover wider legal liability to employees who are workmen (This information is sought to cover in addition to liability under the Employees' Compensation Act-1923, also liability under the Fatal Accidents Act-1955 and the Common Law) Yes  No

(Note: The additional liability under Common Law and Fatal Accidents Act in respect of employees who are workmen is covered under this endorsement.)

Do you wish to cover wider legal liability to employees who are NOT workmen? Yes  No

(Note: The liability under Common Law and Fatal Accident Act – 1855 in respect of employees who are not Employees can be covered under this endorsement.)

**MOTOR ADD – ON COVERS**

Do you wish to opt for any below add-on covers :

|  |   |
|--|---|
| Zero Depreciation Claim <input type="checkbox"/>         | Cost of Consumable Items <input type="checkbox"/>           |
| Loss of Use-Downtime Protection <input type="checkbox"/> | Higher Protection and Removal Cost <input type="checkbox"/> |
| Engine and Gear Box Protection <input type="checkbox"/>  | Emergency Assistance Cover <input type="checkbox"/>         |
| Voluntary Deductible <input type="checkbox"/>            |   |

Please select your voluntary deductible in the below table:

| Type of Vehicle                          | Voluntary Deductible Amount in Rs |                                |                                |                                 |
|--|-----------------------------------|--------------------------------|--------------------------------|---------------------------------|
| GCV - 3 Wheeler <input type="checkbox"/> | 1000 <input type="checkbox"/>     | 4000 <input type="checkbox"/>  | 7000 <input type="checkbox"/>  | 10000 <input type="checkbox"/>  |
| GCV – Others <input type="checkbox"/>    | 5000 <input type="checkbox"/>     | 40000 <input type="checkbox"/> | 70000 <input type="checkbox"/> | 100000 <input type="checkbox"/> |
| PCV - 3 Wheeler <input type="checkbox"/> | 1000 <input type="checkbox"/>     | 4000 <input type="checkbox"/>  | 7000 <input type="checkbox"/>  | 10000 <input type="checkbox"/>  |
| PCV – Others <input type="checkbox"/>    | 2500 <input type="checkbox"/>     | 35000 <input type="checkbox"/> | 65000 <input type="checkbox"/> | 100000 <input type="checkbox"/> |

|   |   |
|---|---|
| No Claim Bonus Protection <input type="checkbox"/>                  | Multi Vehicle Discount <input type="checkbox"/> ; No. of Vehicles: _____  |
| Return to Invoice <input type="checkbox"/>                          | EMI Protector Plus <input type="checkbox"/> ;   |
| Choose any of the below option for this cover:                      | Choose any of the below option for this cover:  |
| 1. Purchase Invoice <input type="checkbox"/>                        | Option 1: 50% of one EMI <input type="checkbox"/>   |
| 2. New Invoice Value on date of Insurance: <input type="checkbox"/> | Option 2: Make your own Plan <input type="checkbox"/>   |
| 3. New Invoice value as on date of loss. <input type="checkbox"/>   |   |
| Add: Government Subsidy (if applicable):<br>Amount _____            | A. After * ___ Days 1 EMI<br>B. After 30 Days of "A" 2nd EMI<br>C. After 60 Days of "A" 3rd EMI.<br>(*it should be minimum 15 days)<br>EMI Amount : INR _____ |

#### PAYMENT DETAILS

Cheque / Instrument number:

Branch Name / Location:

Date of Instrument:

Amount:

#### BANK ACCOUNT DETAILS

Name of the Bank Account Holder:

Bank Account No.:  Account: Saving  Current

Name of Bank:

Branch:

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

#### TERMS AND CONDITIONS

I/We hereby declare that the statement made by me/us in the proposal form are true to the best of my/our knowledge and belief and I/We hereby agree that this declaration shall form the basis of contract between me/us and HDFC ERGO General Insurance Company Limited. I/We also declare that, if any additions or alterations are carried out after the submission of this proposal form, then the same would be conveyed to the insurers immediately. I/We hereby declare that the contents of the form and documents have been fully explained to me/us and that I/We have fully understood the significance of the proposed contract. 1) I/We declare that the rate of NCB stated above by me/us is correct and that no claim has arisen in the expiring policy (copy of the policy enclosed). I/We further undertake that, if this declaration is found to be incorrect, all benefits under the policy in respect of Section I of the policy will stand forfeited. 2) I/We further understand and agree that HDFC ERGO General Insurance will seek confirmation of above stated details from my/ our previous insurers. Pending receipt of necessary confirmation, I/We agree that, though coverage under the policy will be available to me/us, HDFC ERGO General Insurance will be liable to release the payment towards any claims under Section I of the policy only after a confirmation in this regard is received. In the event this declaration is found to be incorrect, any and all coverage available under Section I of the policy from the date of commencement of the policy shall stand automatically forfeited. Further, any survey arranged/allowed by HDFC ERGO General Insurance of the motor vehicle, pending confirmation of this declaration from my/our previous insurers, shall be without prejudice to any of the rights and remedies available to HDFC ERGO General Insurance as contained herein and relevant laws and regulation. 3) I/We acknowledge and agree that , pending receipt of confirmation of this declaration from my/our previous insurers, the "cash-less repair facility" provided by HDFC ERGO General Insurance shall stand suspended. 4) I/We also shall endeavour to procure the renewal notice and pass on the same to HDFC ERGO General Insurance immediately upon the receipt of such renewal notice. 5) I/we authorize HDFC ERGO General Insurance and associate partners to contact me via email, phone, SMS. 6) I, hereby grant consent to Agent/Broker/Corporate Agent or any other licensed intermediary to share my KYC (Know your Customer) and customer due diligence information with HDFC ERGO General Insurance Company Limited for the purpose of my insurance proposal.

#### Valid PUC:

I/We hereby declare and confirm having a valid Pollution Control (PUC) Certificate.

**Compulsory Personal Accident:**

Compulsory Personal Accident (PA) Cover for owner-driver (PA Cover for Owner –Driver is compulsory for individual vehicle owners)

I hereby declare that the Owner Driver does not require Compulsory Personal Accident Cover as

- Owner Driver has a separate existing Personal Accident cover against Death and Permanent Disability (Total and Partial) for Sum Insured of at least 15 lacs.
- Owner Driver has a separate Standalone Compulsory Personal Accident policy for Sum Insured of Rs 15 lacs
- The Vehicle to be insured is not owned by an individual.
- The Owner Driver does not have an effective driving license.

(Note: Where the owner driver owns more than one vehicle, Compulsory Personal Accident cover can be granted for any one vehicle as opted by him/her.) Personal Accident cover for owner driver is compulsory for Sum Insured of 15 lakhs for Private Car. Compulsory Personal Accident Cover for Owner Drivers cannot be granted where the Vehicle is owned by a company, a partnership firm or a similar body corporate.

**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 someone 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: \_\_\_\_\_

**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- MONEY LAUNDERING:**

The Company believes in adherence to Anti Money Laundering (AML) guidelines/rules as it aids in ensuring that financial institution like ours are not used as vehicle for money laundering. The policyholder/ nominee are thus bound to provide such information as may be required by the Company for ensuring the adherence of AML guidelines/rules.

**SHARING OF INFORMATION CLAUSE:**

The information sought from the insured is strictly for the purpose of policy issuance and policy servicing. This information sought and the details of policy are kept confidential and will not be shared with any external party in any circumstances whatsoever. However, in instances when such information/ details is sought by any governmental bodies / regulatory authorities or when the Company is directed to share such information in accordance with any law/ regulations or direction from any such governmental bodies / regulatory authorities, the Company will be bound to abide to such directions.

**DATA PROTECTION REQUIREMENT (BELOW DECLARATION SHOULD BE MENTIONED IN INSURED DECLARATION):**

"I/We hereby understand, declare, consent and authorize the Company that all details of the policy and financial information, as provided to the Company may be utilized for processing the claim made under the Policy. I/We hereby also understand, declare and consent that the Company shall have right to retain and disseminate the same to any service provider for providing services related to insurance"

**PROHIBITION OF REBATES (SECTION 41 of Insurance Act, 1938 as amended):**

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 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: provided that acceptance by an insurance agent of commission in connection with a policy of life insurance taken out by himself on his own life shall not be deemed to be acceptance of a rebate of premium within the meaning of this sub-section if at the time of such acceptance the insurance agent satisfies the prescribed conditions establishing that he is a bona fide insurance agent employed by the insurer.

Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend Rs 10 Lakhs

Go Green and Make a difference!! By choosing this option, only soft copy of Policy shall be delivered to your registered mail. The soft copy is valid for lodging claims or any other service needs. (If you require physical copy of your policy in future, please visit "Help" section on www.hdfcergo.com or contact our customer care).

**DECLARATION BY INSURED**

I / We hereby declare that the statements made by me / us in this Proposal Form are true to the best of my / our knowledge and belief and I / We hereby agree that this declaration shall form the basis of the contract between me / us and HDFC ERGO General Insurance Company Limited.

I/We also declare that any additions or alterations are carried out after the submission of this proposal form then the same would be conveyed to the insurers immediately.

Place: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICE USE ONLY**

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

Signature of Channel Partner: \_\_\_\_\_