

o Please refer below as reference for Object Type (this is only an indicative list)

I. Portable Objects	II. Non Portable Objects	III. Precious Objects	IV. Wheeled Objects
Mobiles, Tablets, Reading Tablets, Laptops, Palmtops etc.	White Goods Like Refrigerator, Washing Machine	Precious Jewellery	Golf Cart
Bagpacks, Luggage Bags, Handbags, Shoes, Designer Clothes	Kitchen Appliances like Chimney, Water Purifier etc.	Precious Gemstones	Pedal Cycle
Musical Instruments, Gym/Sports Equipment	Desktop/Television	Antiques	Kids Cycle
Fitness Watches / Wearables	Electronic Stationary - printers, scanners, photo copiers etc.	Paintings	Battery Operated Cycle/Scooter (Electric vehicle)
Hearing Aids	Furniture	Luxury Watches	Dune Buggy/ATV
CCTV Camera, DSLR Camera, SLR Camera,	Car Brand Logo	Precious metal dinnerware	Roller-skates
Helmets/Motor Accessories/ Electronic Car Keys	Air Purifier	Furs	Wheelchair /Baby Stroller
Spectacles	Inverter	Precious metal Trophies	Lawnmower

8. Single Object or Non-Floater Policy:

a. Please enter details of Object(s) to be Insured and coverages required:

Sr. No.	Object Classification	Object Type (Mobile, Laptop, TV, Refrigerator, Other Appliances)	Make/Brand	Model	Ownership type (New, Old, Refurbished, Rented)	Year of Manufacture or Year of Purchase / Age(For Old & refurbished)	Invoice No./ Unique Identification No. (Frame No./ Chassis No./IMEI No./ Serial No./Any Other)	Weight for precious items & Name of Artist/Art gallery for Antique or paintings	Coverage Required(write cover serial number in column below) 1. Screen Damage 2. Liquid Damage 3. Accidental Damage 4. Fire, AOG or RSMD# 5. Theft, Burglary or Robbery 6. Extended Warranty	Sum Insured Basis	Sum Insured	Deductible (as a % of claim maximum upto 75%)	Depreciation (as a % of claim maximum upto 75%)

AOG – Act of God IRSMD – Riot, Strike or Malicious Damage

9. For Floater Policy:

a. Please enter details of Object(s) to be Insured and coverages required:

S. No.	Object classification	Object Type (Mobile, Laptop, TV, Refrigerator, Other Appliances)	No. of Object	Make/Brand	Model	Ownership type (New, Old, Refurbished, Rented)	Year of Manufacture or Year of Purchase / Age(For Old & refurbished)	Invoice No./ Unique Identification No. (Frame No./ Chassis No./IMEI No./ Serial No./Any Other)	Weight for precious items & Name of Artist/Art gallery for Antique or paintings	Coverage Required(write cover serial number in column below) 1. Screen Damage 2. Liquid Damage 3. Accidental Damage 4. Fire, AOG or RSMD# 5. Theft, Burglary or Robbery 6. Extended Warranty	Sum Insured (First Loss basis)	Object with highest value*– Mention Description and Value	Deductible (as a % of claim maximum upto 75%)
1	Portable		<<for each object type>>	<<for each object type>>	<<for each object type>>		<<for each object type>>	<<for each object type>>				Description Value_____	
2	Non-Portable		<<for each object type>>	<<for each object type>>	<<for each object type>>		<<for each object type>>	<<for each object type>>				Description Value_____	
3	Precious Object		<<for each object type>>	<<for each object type>>	<<for each object type>>		<<for each object type>>	<<for each object type>>				Description Value_____	
4	Wheeled Object		<<for each object type>>	<<for each object type>>	<<for each object type>>		<<for each object type>>	<<for each object type>>				Description Value_____	

Please Note: Maximum payable amount against any object will not exceed 20% of the Sum Insured under the respective object classification

AOG – Act of God IRSMD – Riot, Strike or Malicious Damage

10. Please select from below list of Optional Covers (applicable at Policy level):

<input type="checkbox"/> A. EMI Protect: No. of EMI's EMI Per month (EMI cover is applicable only for Object(s) to be Insured)	<input type="checkbox"/> E. Transit Cover (only within India) (This cover is not applicable for Portable Objects, Precious Objects and Wheeled Objects)
<input type="checkbox"/> B. Terrorism Cover	<input type="checkbox"/> F. Return to Invoice Cover (This cover is not applicable for Precious Objects. Insured Object's Invoice will have to be provided at the time of claim settlement)
<input type="checkbox"/> C. Worldwide Coverage	<input type="checkbox"/> G. Reinstatement of Sum Insured
<input type="checkbox"/> D. Lease or Rental Cost: 0 to 25% of Base Sum Insured (This cover is not applicable for Precious Objects)	<input type="checkbox"/> H. Do you wish to restrict number of claims per year? 1 to 2__

11. Please tick if you wish to opt for waiver of exclusion:

<input type="checkbox"/> A. Pair & Set Clause (This cover is not applicable for Wheeled Objects)	<input type="checkbox"/> E. Condition of Average (This cover is not applicable for Objects insured on Agreed Value Basis)
<input type="checkbox"/> B. Misplacement	<input type="checkbox"/> F. Object held in trust (This cover is not applicable for Precious Objects)
<input type="checkbox"/> C. Electrical, Mechanical and Electronic Breakdown (This cover is not applicable for Precious Objects)	<input type="checkbox"/> G. Battery and Consumables (This cover is not applicable for Precious Objects)
<input type="checkbox"/> D. Accessories Cover (Provided with Insured Object by OEM): Name of Accessories: _____ (This cover is not applicable for Precious Objects)	

III. RISK DETAILS

a) Please provide Previous Policy details (if any) , of the Object(s) to be insured and claim history for last 3 years:

Year	Name of the Insurer	Policy Number	Object Type (Mobile, AC, Pedal Cycle, Furniture, Watches, Necklace etc.)	Premium Details	Description of Loss/ Damage	Total Claim Amount Total/Outstanding (Rs.)

PREMIUM DETAILS

Amount (INR) _____ GST (INR) _____ Premium including tax (INR) _____
Rupees in words _____

IV. PAYMENT DETAILS

Cheque NEFT _____
Instrument No. _____ Instrument Date: _____
Bank Account No. _____
Account Type: Savings Current Other. If others, please specify _____
Branch Name & Address: _____
IFSC Code _____ MICR Code _____
Bank details for refund of premium in case of cancellation to be considered as above
 Yes No
If NO, please provide additional bank details in below provided space:
Bank Account No. _____
Account Type: Savings Current Other. If others, please specify _____
Branch Name & Address: _____
IFSC Code _____ MICR Code _____
Are you a Political Exposed Person or related to Political Exposed Person: Yes No (appropriate tick) If Yes, give details _____
Type of Organization
Corporation: Governments: Society: Private Organizations: International Organization: Partnership: Trust: Others: _____
Sources of Fund: Salary Business Other _____

Note:

- Please provide a cancelled copy of cheque of your bank account.
 - The Company will not be responsible in case of non-credit or delay in processing of payout due to incomplete/incorrect information provided by the customer. Please ensure that you provide accurate details to the Company.
- 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, CONSENT & WARRANTY BY INSURED/PROPOSER

I/We, the undersigned, declare and acknowledge:

- I/We hereby declare that the information given is, to the best of our knowledge and belief, correct and that we are not aware of any circumstances that we have not disclosed to you which might influence your assessment of and willingness to accept the risk.
- I/We hereby agree that, if you issue a policy to us, this proposal shall form the basis of, and be incorporated in, such policy.
- I/We agree that this declaration and the answers given above shall be the basis of the contract between me/us and the Company and shall be deemed to be incorporated in such contract. And that if any untrue statement be contained therein the said contract shall be absolutely null and void.
- I/We undertake to exercise all reasonable and ordinary precaution for the safety as desired and I/We agree to accept the policy in the form issued by the Company subject to the terms exceptions and conditions prescribed therein or endorsed on the policy.
- "I/We hereby understand, declare, consent and authorize HDFC ERGO General Insurance Company Ltd. that 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"
- I/We hereby confirm that all premiums have been/will be paid from bonafide sources and no premiums have been/will be paid out of proceeds of crime related to any of the offence listed in Prevention of Money Laundering Act, 2002. I understand that the Company has the right to call for documents to establish sources of funds.
- I hereby authorize the Company to notify me through email, SMS, or any other electronic mode any information pertaining to my proposal, policy document, claim servicing etc.
- 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.

Name:

Signature:

Date:

DECLARATION & WARRANTY ON BEHALF OF INSURANCE COMPANY

FRAUD WARNING:

This policy shall be voidable at the option of the HDFC ERGO in the event of mis-representation, mis-description or non-disclosure of any material particulars by the Applicant. 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. Any person making default in complying with the provisions of this Section shall be punishable with fine which may extend to Ten Lakhs rupees.

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"

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.

Note: The liability of the company does not commence until the acceptance of the proposal has been formally intimated by the Proposer and full premium has been realized by the company. We are under no obligation to accept any proposal for insurance. The Applicant 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 Applicant 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

Insurance is the subject matter of the solicitation

INTERMEDIARY DECLARATION

I, _____ (Full Name) in my capacity as an Insurance Advisor/ Specified Person of the Corporate Agent/Intermediary/Authorized employee of the Broker/Relationship Officer, do hereby declare that I have explained all the contents of this Proposal Form, including the nature of the questions contained in this Proposal Form to the Proposer including statement(s), information and response(s) submitted by him/her in this Proposal Form to questions contained herein or any details sought here in will form the basis of the Contract of Insurance between the Company and the Proposer, if this Proposal is accepted by the Company for issuance of the Policy. I have further explained that if any untrue statement(s)/information/response(s) is/are contained in this Proposal Form/ including addendum(s), affidavits, statements, submissions, furnished/ to be furnished, the company shall have the right to vary the benefits which may be payable and further more if there has been a non-disclosure of any material fact, the policy issued to his/her favor pursuant to this Proposal may be treated by the Company as null and void and all premiums paid under the Policy may be forfeited to the company.

Place: Date: Time:

Signature Intermediary:



ACKNOWLEDGEMENT CUSTOMER COPY

Received from Mr. / Ms. / Mrs.
Cheque No: Dated Drawn on Bank for a sum of ₹

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

Date Signature & seal

Neither the submission to us of a completed proposal for insurance nor any payment for any policy sought obliges us to agree to issue a policy, which decision is and always shall be in our sole and absolute discretion. If we accept a proposal for insurance, it shall be subject to the policy terms and conditions and we shall have no liability to make any payment if premium is not received by us in full and in time, or is not realized. If we do not accept the proposal, we will inform you and refund any payment received from you without interest within next 15 days.

