



MOTOR INSURANCE - (TWO WHEELER) - PROPOSAL FORM

(Please fill in CAPITALS only)

CUSTOMER INFORMATION

For Individual Customers only

Name of Insured* (First Name) (Middle Name) (Last Name)

Married Single Date of Birth

For Corporate Customers only

Name of the Insured (Full Registered Name)*

Contact Person PAN

Corr. Add: Bldg Name / Block No.* Locality*

Street Name* State*

City* Pin Code* Mobile*

Tel.* Email*

STD Code eIA Aadhar Card

I would like to apply for eIA with Karvy CAMS NSDL CDSL GSTN No.

PAYMENT DETAILS

Cheque / Instrument No. Date of Instrument Bank Name

Branch Name / Location: Amount:

SOURCES OF FUND

Salary Business Other (Please Specify)

BANK ACCOUNT DETAILS

Name of the Bank Account Holder

Bank Account No. Account: Savings 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 hereby agree to receive all monies due from the Insurance Company towards any refund of premium, claims, etc. into my bank account as specified in the instrument tendered towards insurance premium and such electronic transfer will constitute full and final discharge of the aforesaid obligation by the Insurance Company, unless specifically intimated by me in writing to the Insurance Company about the change in bank account.

RISK INFORMATION

Vehicle Manufacturer* Vehicle Model*

Registration Location* Year of Manufacture*

Engine No.* Chassis No.*

Colour of the Vehicle Fuel Type* Petrol Diesel CNG LPG

Seating Capacity* Cubic Capacity(CC)*

Occupation : (For Individual Customers Only)

Chartered Accountant Defence & Paramilitary Services Teacher in Govt. Recognized Institutes

Central / State Govt. Employee Govt. recognized Medical Professionals

Age of Insured

Years	Insured Declared Value of the Vehicle*	Non-Electrical Accessories fitted to the Vehicle	Electrical & Electronic Accessories fitted to the Vehicle	Side Car (Two-Wheeler)	Total Value*
Year 1	₹ <input type="text"/>	₹ <input type="text"/>	₹ <input type="text"/>	₹ <input type="text"/>	₹ <input type="text"/>

Type of Cover required Package Policy

ADDITIONAL INFORMATION

Registration No.* Date of Registration*

Previous Insurer*

Previous Policy No.*

Previous Period of Insurance* From to

Current Period of Insurance* From to

Claims lodged during the preceding year Number* Amount (₹) (approximate)

Are you entitled to No Claim Bonus* Yes (%) No (If yes, please submit/attach proof thereof. Please read the declaration below.)

Whether the use of the vehicle is limited to own premises? Y N

Whether the vehicle is designed for the use of Blind/Handicapped/Mentally-challenged persons and duly endorsed by RTA? Y N

Is the vehicle proposed for insurance under: Hire-Purchase Lease Agreement Hypothecation Agreement

If Yes, give the name of the concerned parties

COVERAGE INFORMATION

Please select the higher deductible if you wish to opt for over and above the compulsory deductible (Rs. 50 for Two Wheeler)

₹500 ₹750 ₹1000 ₹500 Rs. 3000

Do you wish to include the following PA (Personal Accident) coverages:

Pillion Passengers (Two Wheeler)*	No. of Persons :	CSI opted for: Rs.
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Maximum CSI (Capital Sum Insured) per person is Rs. 1 lakh in the case of Motorized two wheelers.

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

Name			
CSI opted for: ₹			

The policy provides Third Party Property Damage (TPPD) of ₹1 Lakh (Two Wheeler)

Do you wish to opt for statutory TPPD liability coverage of ₹6000/- only ?

Yes No

Legal Liability	No. of Persons
Driver / Conductor / Cleaner	
Other Employee	

MOTOR ADD-ON COVERS

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

- Zero Depreciation Claim
- EMI Protector
- Emergency Medical
- Emergency Assistance
- Return to Invoice
- Multi Vehicle Discount
- NCB protection
- Voluntary Deductible `5000/-
- Cash Allowance
- Additional Personal Accident
- Engine Protector

TERMS AND CONDITIONS

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 & 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.

Prohibition of Rebates (Section 41 of Insurance Act, 1938 as amended):

1. 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.
2. Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to ₹10 Lakhs.

MODE OF PAYMENT: 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 other persons, 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 act which will render the policy voidable at the Company's sole discretion and result in a denial of insurance benefits.

- I agree to receive a one pager policy document.
- I hereby declare that I do not hold an effective driving license.

Place

Date

Signature of Proposer

FOR OFFICE USE

Channel Partner Code

Branch Location

*Mandatory Information

Signature of Channel Partner