HDFC ERGO General Insurance Company Limited



MOTOR INSURANCE (TWO WHEELER) - PROPOSAL FORM (Please fill in CAPITALS only) **CUSTOMER INFORMATION** For Individual Customers only Name of Insured* (Middle Name) (Last Name) DDMMYYYY Date of Birth For Corporate Customers only Name of the Insured (Full Registered Name)* Contact Person PAN Corr. Add: Building Name / Block No. Street Name* Locality³ Citv' State³ Pin Code* Mobile* Tel.* STD Code Email ' Cheque / Instrument No. Date of Instrument | D | D | M | M | Y | Y Bank Name Branch Name / Location: Amount: Salary Business Other (Please Specify) Name of the Bank Account Holder Account: Savings Bank Account No. Name of Bank Branch IFSC Code (11 character code MICR Code (9 digit MICR code number of the bank and appearing on your cheque leaf) branch appearing on the cheque issued by the bank) Any refund due on the premium payment / any payment/claims will be directly credited to my aforesaid Bank Account.* I wish: *As per the IRDA, its mandatory that all payments made to the insured only through electronic mode. SK INFORMATION Vehicle Manufacturer* Vehicle Model* Registration Location* Year of Manufacture* Engine No.* Chassis No.3 Fuel Type* Colour of the Vehicle Petrol CNG ___ LPG Seating Capacity* Cubic Capacity(CC)* Occupation: (For Individual Customers Only) Chartered Accountant Defence & Paramilitary Services Teacher in Govt. Recognized Insttutes Central / State Govt. Employee Govt. recognized Medical Professionals Age of Insured Insured Declared Value of Non-Electrical Accessories Electrical & Electronic Accessories Side Car (Two-Wheeler) Total Value the Vehicle' fitted to the Vehicle fitted to the Vehicle Rs. Rs. Rs. Rs Type of Cover required Package Policy Date of Registration* Registration No.* Previous Insurer' Previous Policy No.* Previous Period of Insurance* From to D D Current Period of Insurance* From to Claims lodged during the preceding year Number* Amount (Rs) (approximate) Yes (%_ Are you entitled to No Claim Bonus* No (If yes, please submit/attach proof thereof. Please read the declaration below.) Whether the use of the vehicle is limited to own premises? Whether the vehicle is designed for the use of Blind/Handicapped/Mentally-challenged persons and duly endorsed by RTA?

Hypothecation Agreement

Is the vehicle proposed for insurance under:

If Yes, give the name of the concerned parties

Lease Agreement

Hire-Purchase

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			COVERAG	E INFORMATIO	N			
Please select the high	er deductible if you			ulsory deductible			Rs. 3000	
Do you wish to include	the following PA (Personal Accident) o	coverages:					
Pillion Passengers (·	lo. of Persons :			CSI opted for: R	 S.	
· ····o··· · docongere ('		m CSI (Canital S	um Inquired) nor			oloro
In case of named pers	ons, give name an	d CSI opted for:	Maximu	II CSI (Capital S	um msurea <i>)</i> per	person is Rs. Tiaki	n in the case of Motorized two whe	eleis.
Name								
CSI opted for: Rs.								
The policy provides The	nird Party Property	Damage (TPPD) of	Rs 1 lakh (Two Whe	eler)				
Do you wish to opt for			•	Ye	s No			
Legal Liability		No. of	Persons					
Driver / Conductor /	Cleaner							
Other Employee								
		'		-				
			MOTOR	ADD-ON COVE	RS			
Do you wish to opt for	-							
Zero Depreciation	- (Applicable only f	or new vehicles only	')					
		DECLA	RATION ON BEHAL	F OF ALL PERS	ONS TO BE IN	SURED		
							ided to the Company for underwriti	ing
the risk. I/We hereby a disseminate the same			•	•	any shall have ri	ght to retain the afo	rementioned information and	
	•	()						
				AND CONDITIO				
							e hereby agree that this declaration ons or alterations are carried out af	
							the form and documents have been	
explained to me/us and	d that I/we have fully	understood the sigr	ificance of the propos	ed contract.				
			is correct and that no er the policy in respect				cy enclosed). I/We further undertake	e that,
							our previous insurers. Pending rece	
release the payn and all coverage by HDFC ERGC	nent towards any classical available under Se General Insurance	aims under Section I ection I of the policy fr e Company Limited o	of the policy only afer a om the date of comme f the motor vehicle, pe	a confirmation in tencement of the pending confirmation	his regard is reco olicy shall stand on of this declara	eived. In the event the automatically forfeite tion from my/our pre	rrance Company Limited will be lial is declaration is found to be incorrected. Further, any survey arranged/all vious insurers, shall be without prejelevant laws and regulations.	ct, any lowed
		pending receipt of co		aration from my/	our previous insu	urers, the "cash-less	repair facility" provided by HDFC E	RGO
4. I/We also shall e renewal notice.	endeavor to procure	e the renewal notice	and pass on the sam	e to HDFC ERG) General Insura	ance Company Limit	ed immediately upon the receipt of	f such
Prohibition of Rebate	es (Section 41 of In	surance Act, 1938 a	as amended):					
relating to lives or or renewing or co that acceptance a rebate of prem	r property in India, a ontinuing a policy a by an insurance ag	any rebate of the who ccept any rebate, exc ent of commission in ining of this sub-sect	le or part of the comm cept such rebate as ma connection with a pol	ssion payable or by be allowed in a cy of life insurance	any rebate of the ccordance with t ce taken out by h	premium shown on he published prospe mself on his own life	an insurance in respect of any kind of the policy, nor shall any person takin ictuses or tables of the insurer: pro shall not be deemed to be acceptar tribed conditions establishing that h	ng out ovided nce of
		•	ns of this section shall	be liable for a pe	nalty which may	extend to ten lakh rup	pees.	
Made of Borres	nogue 9 Dam	Oraft Daymar-th-	ach will not be	atod.				
person who, knowingl	idable at the option y and with intent to , information conce	n of the Company in defraud the Insurar	the event of mis-repr nce Company or othe	esentaton, mis-d r persons, files a	proposal for ins	urance containing a	naterial particulars by the Proposer iny false information, or conceals for he Company's sole discretion and	or the
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	at I do not not	0000176 UIIVIII	g					
Place								
	Y							
Date DDMM						Signature of Proposer	
			FOR	OFFICE USE				
Channel Partner Code				Branch Location				

*Mandatory Information

Signature of Channel Partner