

Toyota - Private Car - Proposal Form

(Applicable to Private Car Package Policy, Private Car Policy – Bundled & Stand-alone Motor Own Damage Cover - Private Car)

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.

Photograph

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: _____

City: _____ State: _____

Pin Code: _____

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

Contact No. _____ Permanent Account number (PAN No.) _____

Email Id: _____

Address Proof (Document & Number): _____

Identity Proof (Document & Number): _____

Industry Type: Jewellery Import-Export/Mining Shipping Scrap Dealing Real Estate Agriculture Stock Broking BFSI Manufacturing Others (if others, Please Specify): _____

Income (Annual): 0-2.5 lakh 2.5 - 5 lakh 5 - 15 lakh 20-30 lakh 30 lakh and above

Income Proof: _____ Existing KYC Number, if any: _____

Are you a PEP or family member or close relative / associate of PEPs: Yes No (appropriate tick) If Yes, give details _____

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. _____

Organization Type

Government Pvt Ltd. Public Ltd. Proprietor Partnership Trust HUF Section 25 Company Other _____ (appropriate tick)

Please specify: _____

Sources of Fund: Salary Business Other _____

OCCUPATION:

Salaried Professional Self Employed Student Housewife Retired Other (appropriate tick)

POLICY DETAILS

New Policy Renewal of HDFC ERGO Renewal Policy no _____

| Name of Policy | Policy Tenure | |
|------------------------------------|--------------------------|--------------------------|
| Private Car Package Policy | Annual | <input type="checkbox"/> |
| *Standalone Motor Own Damage Cover | Annual | <input type="checkbox"/> |
| Private Car Policy - Bundled | One year OD + 3 years TP | <input type="checkbox"/> |

*Existing Third Party Policy From: _____ To: _____ Name of insurer: _____

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

RISK INFORMATION /VEHICLE INFORMATION

| | | | |
|-----------------------|---|-----------------------|----------------------|
| Vehicle Manufacturer | <input type="text"/> | Vehicle Model | <input type="text"/> |
| Registration Location | <input type="text"/> | Year of Manufacturer | <input type="text"/> |
| Engine Number | <input type="text"/> | Chassis Number | <input type="text"/> |
| Electric Motor No | <input type="text"/> | Colour of the vehicle | <input type="text"/> |
| Registration No. | <input type="text"/> | Date of Registration: | <input type="text"/> |
| Fuel Type: | Petrol <input type="checkbox"/> Diesel <input type="checkbox"/> CNG <input type="checkbox"/> LPG <input type="checkbox"/> Electric <input type="checkbox"/> | Licence No. | <input type="text"/> |
| Seating Capacity: | <input type="text"/> | Cubic Capacity()* | <input type="text"/> |

| Insured Declared Value of the vehicle Rs | Non Electrical Accessories fitted to the vehicle Rs | Electrical & Electronic Accessories fitted to the Vehicle Rs | Value of CNG / LPG Kit Rs | Total Value* Rs |
|---|--|---|------------------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

PREVIOUS YEAR INFORMATION

Previous Claims details:

| Year | Policy Number | Previous Insurer | No. Of Claims | Period of Insurance | Amount |
|------|----------------------|----------------------|----------------------|--|----------------------|
| 1 | <input type="text"/> | <input type="text"/> | <input type="text"/> | From <input type="text"/> To <input type="text"/> | <input type="text"/> |
| 2 | <input type="text"/> | <input type="text"/> | <input type="text"/> | From <input type="text"/> To <input type="text"/> | <input type="text"/> |
| 3 | <input type="text"/> | <input type="text"/> | <input type="text"/> | From <input type="text"/> To <input type="text"/> | <input type="text"/> |
| 4 | <input type="text"/> | <input type="text"/> | <input type="text"/> | From <input type="text"/> To <input type="text"/> | <input type="text"/> |
| 5 | <input type="text"/> | <input type="text"/> | <input type="text"/> | From <input type="text"/> To <input type="text"/> | <input type="text"/> |

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

Is the vehicle used for Driving Tuition: Yes No

Is the vehicle proposed for insurance under:
Hire –purchase Lease Agreement Hypothecation Agreement

If Yes, give the name of the concerned parties:

Whether vehicle belongs to foreign embassy / consulate? Yes No

Are you a member of Automobile Association of India? Yes No

If yes, please state:
Name of Association Membership No.

Date of expiry :

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 Automobile Association of India

Is Geographical Extension required: Yes No

| S. No. | Country | Yes | No |
|--------|------------|--------------------------|--------------------------|
| 1 | Bangladesh | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 | Bhutan | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 | Maldives | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 | Nepal | <input type="checkbox"/> | <input type="checkbox"/> |
| 5 | Pakistan | <input type="checkbox"/> | <input type="checkbox"/> |
| 6 | Sri Lanka | <input type="checkbox"/> | <input type="checkbox"/> |

PERSONAL ACCIDENT & LEGAL LIABILITY COVERAGE INFORMATION

Do you have a valid third party liability policy for this vehicle? (Only valid for customers opting for Standalone Motor Own Damage Cover) Yes No

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 vehicle

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 | |

MOTOR ADD – ON COVERS

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

| | |
|---|---|
| Consumables Cover <input type="checkbox"/> IRDAN125RP0001V02201415/A0001V01202425 IRDAN125RP0008V01201819/A0011V01202425 IRDAN125RP0001V01201920/A0021V01202425 | Nil Depreciation Cover <input type="checkbox"/> IRDAN125RP0001V02201415/A0002V01202425 IRDAN125RP0008V01201819/A0012V01202425 IRDAN125RP0001V01201920/A0022V01202425 |
| Engine Protect <input type="checkbox"/> IRDAN125RP0001V02201415/A0003V01202425 IRDAN125RP0008V01201819/A0013V01202425 IRDAN125RP0001V01201920/A0023V01202425 | Key Protect <input type="checkbox"/> IRDAN125RP0001V02201415/A0004V01202425 IRDAN125RP0008V01201819/A0014V01202425 IRDAN125RP0001V01201920/A0024V01202425 |
| Return to Invoice Cover <input type="checkbox"/> IRDAN125RP0001V02201415/A0005V01202425 IRDAN125RP0008V01201819/A0015V01202425 IRDAN125RP0001V01201920/A0025V01202425 | Tyre and Alloy Cover <input type="checkbox"/> IRDAN125RP0001V02201415/A0006V01202425 IRDAN125RP0008V01201819/A0016V01202425 IRDAN125RP0001V01201920/A0026V01202425 |
| Personal Belongings Cover <input type="checkbox"/> IRDAN125RP0001V02201415/A0007V01202425 IRDAN125RP0008V01201819/A0017V01202425 IRDAN125RP0001V01201920/A0027V01202425 | Inconvenience Cover <input type="checkbox"/> IRDAN125RP0001V02201415/A0008V01202425 IRDAN125RP0008V01201819/A0018V01202425 IRDAN125RP0001V01201920/A0028V01202425 |
| EMI Cover <input type="checkbox"/> IRDAN125RP0001V02201415/A0009V01202425 IRDAN125RP0008V01201819/A0019V01202425 IRDAN125RP0001V01201920/A0029V01202425 EMI Amount : INR_____ | Battery Cover <input type="checkbox"/> IRDAN125RP0001V02201415/A0010V01202425 IRDAN125RP0008V01201819/A0020V01202425 IRDAN125RP0001V01201920/A0030V01202425 |

Please provide below details if you have opted for Battery Cover add-on

| | |
|--|--|
| Is battery detachable? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Battery Details (Make, Model, Type, etc) | |
| Kilometres Driven Annually | _____ Kms |
| Battery Serial No. | |

Do you wish to opt for any other Add-ons available with HDFC ERGO as below:

| | |
|--|---|
| No Claim Bonus Protection <input type="checkbox"/> | Higher Protection and Removal Cost <input type="checkbox"/> |
| Multi Vehicle Discount <input type="checkbox"/> ; No. of Vehicles: _____ | Emergency Assistance Cover <input type="checkbox"/> |
| Voluntary Deductible <input type="checkbox"/> | Please select your voluntary deductible: 2500 <input type="checkbox"/> 5000 <input type="checkbox"/> 7500 <input type="checkbox"/> 15000 <input type="checkbox"/> 20000 <input type="checkbox"/> 25000 <input type="checkbox"/> |
| Loss of Use / Downtime Protection <input type="checkbox"/> | Pay As You Drive – Kilometer Benefit <input type="checkbox"/> Odometer reading: _____ |

RISK INFORMATION FOR TYRE SECURE

What is the age of the driver?

How many kilometres you drive during a year?

Do you drive at night?

How are the road conditions?

What is your credit score?

PAYMENT DETAILS

Cheque / Instrument number Date of Instrument

Branch name / Location 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.

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.

I/We hereby also give my/our consent voluntarily to use my PAN for the purpose of evaluating the credit score on my behalf

Place _____

Date _____

Signature of Proposer _____

FOR OFFICE USE ONLY

| Channel Partner Code: | Branch Location: | Signature of Channel Partner: |
|-----------------------|------------------|-------------------------------|
| | | |