HDFC ERGO General Insurance Company Limited





Notice to the Applicant

- Please answer all questions in full and if not applicable insert "N/A".
- This Proposal forms part of the Policy Documents and helps us to assess your insurance requirements. Each question contributes to our decision to offer
 you insurance and the type of insurance we can provide to you, including the pricing. We rely on the information and documents you give us to provide you
 with insurance cover. Therefore, all questions must be answered truthfully and in full. The information you give to us will be treated in complete confidence.
- If you have insufficient space to complete any of your answers, please attach a separate signed and dated sheet and identify the question number concerned.
- The liability of the Company does not commence until the acceptance of the proposal has been formally intimated to the insured and full premium has been realized by the Company.

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Name	of Applicant:				(First	t Nan	ne)										(Mic	ddle	Nam	ne)									(Last	Nan	ne)					
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GENERAL INFORMATION																																				
Insured:																																				
Project	t Summary:																																	\Box		
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Insured address :																																				
Benefi	ciary address (If app	licable	∍): [
No. Item (all items are referring to the module product types to be insured)																																				
1																																				
2	Warranty wording																																			
3	Claims handling procedure and the detailed field returns statistics																																			
4	Product data sheets																																			
5	Third party certificates and corresponding test reports (i.e. IEC including PID)																																			
6	Test reports of extended reliability tests (i.e. 3 x IEC: 3 x Damp Heat, 3 x Humidity Freeze, 3 x Thermal Cycling, 3 x UV)																																			
7	Bill of materials																																			
8	Measurement reports of annual degradation analysis from outdoor environment. (optional, will improve risk assessment)																																			
9	Statistics from LID measurement (i.e. power loss after initial light induced degradation after at least 24 h illumination)																																			
10	Original flash data from the last 3 months of module production																																			
11	Production yield re	port fr	om t	.he	last 3	3 m	onth	is of	fmo	odul	e p	oroc	duct	tion																						
12																																				
13	Name of EPC and O&M company:																																			
14	14 Latitude/longitude of park:																																			
ANY OTHER RELEVANT INFORMATION																																				
DETAILS OF PAST CLAIMS, IF ANY																																				
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	of Premium Received	4	ᆜ	ᆜ	4	Ļ	Ļ	Ļ		Щ		Щ		Щ	_	Щ				_		Щ	L			느	느	느	L		느	\sqcup	ᆜ	ᆜ	ㅗ	ᆚ
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Incase	premium paid throu	gh Ch	eque	э, р	rovic	de Ir	nstru	ıme	nt l	Num	be	r: _																								

HDFC ERGO General Insurance Company Limited. IRDAI Reg. No.146 CIN: U66030MH2007PLC177117. Registered & Corporate Office: 6th Floor, Leela Business Park, Andheri-Kurla Road, Andheri (East), Mumbai – 400 059. Customer Experience Management, Customer Happiness Center: D-301, 3rd Floor, Eastern Business District (Magnet Mall), LBS Marg, Bhandup (West), Mumbai – 400 078. For Claim/Policy related queries call us at 022 6158 2020/ 022 6234 6234 or Visit Help Section on www.hdfcergo. com for policy copy/tax certificate/make changes/register & track claim or simply text Hi on whats'app number 8169 500 500 for instant policy servicing.

UIN: Solar Panel Warranty Insurance – IRDAN125CP0003V01202021.

Demand Draft, Incase premium paid through DD, provide Instrument Number :											
Net Banking:											
Amount: Rupees (INR):											
DETAILS OF BANK ACCOUNT											
Name of Pank Account Holder											
Name of Bank Account Holder Bank Account No.											
Name of Bank: Branch:											
MCR Code: IFSC Code:											
Account: Saving Current 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, it's mandatory that all payments made to the insured only through electronic mode.											
Aadhar card details of Authorised Signatory:											
PAN card details of Insured:											
SOURCES OF FUND											
Salary Business Other											
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											
The information sought from the insured is for the purpose of policy issuance and policy servicing	ing. This information sought and the details of policy are										
kept confidential and will not be shared with any external party in any circumstances whatsoever.	r. However, in instances when such information/ details is										
sought by any governmental bodies, regulatory authorities re-insurer or when the Company is direct regulations or direction from any such governmental bodies / regulatory authorities, the Company											
ANTI REBATING WARNING											
Section 41 of the Insurance Act 1938 (i) No person shall allow or offer to allow either directly or Indirectly as an Inducement to any research.	person to take out or renew or continue an insurance in										
(i) 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 Ir 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 rebate except such rebate as may be allowed Ir											
accordance with the published prospectus or tables of the insurer. (ii) Any person making default in complying with the provisions of this Section shall be punishable with fine which may extend to Ten Lakhs rupees											
FRAUD WARNING											
	is-description or non-disclosure of any material particulars										
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 Proposer. 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.											
DECLARATION											
We 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.	alia avala adia.										
We agree that, if you issue a policy to us, this proposal shall form the basis of, and be incorporated in, such policy. We agree that the HDFC ERGO General Insurance Company Limited shall have the right to retain and disseminate the information provided by me to any											
insurance intermediaries solely for the purpose of servicing the insurance policy and settling clair reinsurer/s and reinsurer/s may include our name, address, period of insurance and the policy nam of policy holders.	ms. Further, such information can be disseminated to the										
I, hereby grant consent to Agent/Broker/Corporate Agent or any other licensed intermediary to still diligence information with HDFC ERGO General Insurance Company Limited for the purpose of my											
Date:/	Authorized stamp and signature										
Place:											
	Name of authorized signatory in block letters										