## **HDFC ERGO General Insurance Company Limited**



## **AGRICULTURAL PUMPSET POLICY - PROPOSAL FORM**

any potential claims in the future.

1.	a) Name of the Proposer:					
	b) Postal Address:					
	c) Location of the Pumpset:					
2.	Nature of business of the Proposer:					
3.	Name of the firm supplying and servicing the Pumpset:					
4.	Have you suffered any loss due to fire, burglary or machinery breakdown? If so, give full particulars:					
5. 6. 7.	Premium Details  Amount Rs.	Rupees:  Others ( Please Specify)				
	Bank Account No:					
	Bank Name:					
	Branch Name & Address:					
	DESCRIPTION OF PUMPING SET  PUMP  DRIVING UNIT					
	FOME	Electric Motor Diesel Engine				
Make:		Make: Make:				
Section: Delivery:		H.P RPM H.P RPM				
	Serial No.					
Year of Make		Year of Make Year of make:				
Ty	ype: Centrifugal / Submersible	AMPs / Voltage No. of cylinders				
		Type: Squirel Cage/ Slip Ring Stroke Bore				
	Sum Insured Rsattempts the date when you would like the insurance					
Da	ate Month	Year				
Per	riod of Insurance will be from commencemen	t time and date till midnight of the previous date and month of next year for annual policy.				
Not	te:					
1) l	If space provided above is insufficient for any	answers, please continue on separate sheet and attach it to the proposal form.				
,	All questions should be answered in full. Tick I / We hereby declare that all of my replies on	marks or dashes will not suffice. this Proposal Form are true and without any reservation.				
I	I / We accept the Terms, Conditions and Exclusions of the insurance policy.					

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: Agricultural Pumpset Policy - IRDAN125RP0007V01200405.

I / We authorise the Company to obtain any records or references, be they medical or otherwise, for considering the issuance of this insurance or

I / We certify that all the information provided in this proposal form and any attachments hereto is true and correct. I / We understand that all information provided in this proposal form and any attachments hereto are material to the Company's decision to provide this insurance, and that

insurance will be provided, at the Company's sole discretion, in reliance upon the truth of the information provided herein.

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.

IF A CLAIM IS IN ANY RESPECT FRAUDULENT, OR IF ANY FRAUDULENT OR FALSE PLAN, SPECIFICATION, ESTIMATE, DEED, BOOK, ACCOUNT ENTRY, VOUCHER, INVOICE OR OTHER DOCUMENT, PROOF OR EXPLANATION IS PRODUCED, OR ANY FRAUDULENT MEANS OR DEVICES ARE USED BY THE INSURED, POLICYHOLDER, BENEFICIARY, CLAIMANT OR BY ANYONE ACTING ON THEIR BEHALF TO OBTAIN ANY BENEFIT UNDER THIS POLICY, OR IF ANY FALSE STATUTORY DECLARATION IS MADE OR USED IN SUPPORT THEREOF, OR IF LOSS IS OCCASIONED BY OR THROUGH THE PROCUREMENT OR WITH THE KNOWLEDGE OR CONNIVANCE OF THE INSURED, POLICYHOLDER, BENEFICIARY, CLAIMANT OR OTHER PERSON, THEN ALL BENEFITS UNDER THIS POLICY ARE FORFEITED AT THE SOLE DISCRETION OF THE COMPANY.

## **PROHIBITION OF REBATES**

Section 41 of Insurance Act 1938

- (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 rebates as may be allowed in accordance with the published prospectus or tables of the Insurer.
- (2) Any person making default in complying with the provisions of this Section shall be punishable with fine which may extend to five hundred rupees.

## PROPOSER'S DECLARATION

I/We agree that the statements contained in this Proposal Form are to my/our knowledge true and accurate representations. I/We agree that this application and declaration shall be promissory and shall be the basis of the contract between the Insured and the Company, and agree to accept the Company's policy for insurance along with the terms, conditions and exclusions prescribed by the Company.

I/We hereby declare that the contents of the Proposal form and documents have been fully explained to me / us and that I / we have fully understood the significance of the proposed contract.

I/We also agree that if any additions / alterations are carried out after the submission of this Proposal Form to the Company, then the same will be communicated to the Company immediately in writing.

I/We understand the terms of cover of this Insurance and agree that the Insurance would be effective only from the effective date as set out in the policy notwithstanding acceptance of this application by the Company and the receipt of full premium by the Company in advance.

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.

Place	:		
Date	:		Signature of the Proposer
To be c	ompleted by anyone who assis	ts the applicant in completing this proposal form:	
the cont	tents of the proposal. I have reco	s of this proposal to the applicant in the language he / she under the applicant's replies to the questions contained in this applicant, who fully understands them and confirms that the	s proposal as per the information provided by the
Date:	Name:	Address:	Signature: