

Proposal Form

Application No. _____

1. Please fill the form in BLOCK LETTERS.

2. 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".

The Company's liability does not commence until the acceptance of the proposal has been formally intimated to the Policyholder and full premium has been realized by the Company.

Intermediary Code	Intermediary Name	Intermediary Number

INSURED DETAILS

For Individual Customers only

Name of the Proposer:	
Address:	

Marital status: Married ☐ Unmarried ☐ Age ☐ Date of Birth: Gender: M ☐ F ☐ TG ☐Contact No: Permanent Account number (PAN No.) Email:

For Corporate Customers

Name of registered Institution: Contact No: Permanent Account number (PAN No.) Email: I have eIA No.: I would like to apply for eIA: Karvy ☐ CAMS ☐ NSDL ☐ CDSL ☐GST NO:

SOURCES OF FUND

Salaried ☐ Business ☐ Other ☐

POLICY DETAILS

New Policy ☐ Renewal of HDFC ERGO ☐ Renewal Policy no. _____

Risk Start Date _____ Risk End Date _____

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

RISK INFORMATION/VEHICLE INFORMATION

Type of Vehicle	
Goods Carrying Vehicle	<input type="checkbox"/>
Trailers	<input type="checkbox"/>
Passenger Carrying Vehicle	<input type="checkbox"/>
Miscellaneous & Special Type of Vehicles	<input type="checkbox"/>

Vehicle Manufacturer Registration Location Engine Number Colour of the vehicle Registration No. Vehicle Model Year of Manufacture Chassis Number Date of Registration:

Fuel Type: Petrol ☐ Diesel ☐ CNG ☐ LPG ☐ Electric ☐

Seating Capacity: HP Cubic Capacity

Gross Vehicle Weight

Insured Declared Value of the vehicle	Non Electrical Accessories fitted to the vehicle	Electrical & Electronic Accessories fitted to the Vehicle	Side Car (two wheeler) Trailer (pvt.cars)	Value of CNG / LPG Kit	Total Value*
Rs.	Rs.	Rs.	Rs.	Rs.	Rs.

PREVIOUS YEAR INFORMATION

Previous Claims details

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

Are you entitled to No Claim Bonus: Yes ☐ No ☐

If yes, please specify the % and submit the proof there of _____

ADDITIONAL INFORMATION

Whether the use of vehicles is limited to own premises Yes ☐ No ☐

Whether the commercial vehicle is also used for Private purposes (excluding use for hire or reward): Yes ☐ No ☐

Whether vehicle belongs to foreign embassy / consulate? Yes ☐ No ☐

Whether the vehicle is used for driving tuition Yes ☐ No ☐

Whether vehicle is fitted with fibre glass tank Yes ☐ No ☐

Whether the vehicle requires Cover For Lamps Tyres / Tubes Mudguards Bonnet /Side Parts Bumpers Headlights And Paintwork Of Damaged Portion Only (IMT 23): 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 proposed for insurance under: Hire Purchase ☐ Lease Agreement ☐ Hypothecation Agreement ☐

If Yes, give the name of the concerned parties:

Is the vehicle device approved by the AARI? Yes ☐ No ☐

If yes, attach Certificate of Installation in the vehicle issued by the concerned authority

Whether extension of geographical area to the following countries required?

S. No.	Country	Yes	No
1	Bangladesh		
2	Bhutan		
3	Maldives		
4	Nepal		
5	Pakistan		
6	Sri Lanka		

*Date of purchase of the vehicle by the Propser:

D	D	M	M	Y	Y	Y	Y
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*Whether the vehicle was new or second hand at the time of purchase? Yes ☐ No ☐

*Will the vehicle be used exclusively for

- a. Private, Social, Domestic, Pleasure & Professional Purpose: Yes ☐ No ☐
- b. Carriage of goods other than samples or personal luggage: Yes ☐ No ☐
- c. Is the vehicle in good condition: Yes ☐ No ☐

*Age and Date of Birth of Owner: Age (in Years)

D	D	M	M	Y	Y	Y	Y
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*Does the driver suffer from defective vision or hearing or any physical infirmity? Yes ☐ No ☐

If Yes, please give details of such infirmity_

*Has the driver ever been involved/convicted for causing any accident or loss? Yes ☐ No ☐

If Yes, please give details as under including the pending prosecutions:

- Drivers Name: _____
 - Date of Accident:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---
 - Loss/Cost: (Rs)_____
 - Circumstances of Accident: _____

*Only for elicited information and data collection purpose.

PERSONAL ACCIDENT & LEGAL LIABILITY COVERAGE INFORMATION

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 policynumber

Do you have a Personal Accident policy for Owner Driver for Rs 15 lakhs under another motor insurance policy in your name? Yes ☐ No ☐

[illegible]

Do you have more than 1 vehicle registered in your name? Yes ☐ No ☐

If yes, please provide the registration number of each number

How many of the vehicles registered in your name are insured with HDFC ERGO? ☐☐

Please provide 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	

Legal Liability to persons employed in connection with operation of the vehicle, who are "workmen". [The liability of the Employer under the Employees' Compensation Act-1923 is covered under the Motor Vehicles Act-1988]

Drivers	No of Person
Employee (Workmen)	No of Person

(Note: The Motor Vehicles Act-1988 under Sec.147 (1) (ii) (i) covers liability to employees who are Employees within the meaning of the Employees' Compensation Act-1923.)

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 Two Wheeler. 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.

Place_____

Date_____

Signature of Proposer_____

FOR OFFICE USE ONLY

Channel Partner Code: _____ Branch Location: _____ Signature of Channel Partner: _____