Commercial Vehicles (Other than Motor Trade Policies)

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 isnot 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.

Intermo		Intermediary Name										Intermediary Number																				
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For Individual Customers only																																
Name of the Proposer:																	Т													Τ		
Address:																	Ť									T	1	+		Ŧ	\exists	
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Marital status: Married		Unr	narr	ied		Age				[Date	of E	Birt	h:	D	Μ	Μ	Y	Y	Y	Y			Gen	der:	: M		F		TG	; 🗆	
Contact No:] F	Perm	ane	ent	Acco	unt r	numbe	er (F	PAN	No	.)												
Email:																																
For Corporate Custom	ers																															
Name of registered Ins	tituti	on:																									\Box					
Contact No:]	Per	mai	ner	nt Acc	oun	t numl	ber	(PA	NN	lo.)												
Email:																																
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GST NO:																																
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Salaried Business] o	ther																														
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New Policy 🗌 Renev Risk Start Date Type of cover: Own D						R	isk E	End	Date	e					-						+ Th	nird	Part	уĽ]							
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Type of Vehicle]																						
Goods Carrying Vehic	cle																															
Trailers																																
Passenger Carrying V	ehicl/	е																														
Miscellaneous & Spec	cial T	уре	of V	'ehic	cles																											
Vehicle Manufacturer																Vehic	le I	Mod	el							Τ		Τ		Τ		
Registration Location														_		Year o	of N	/ anı	ufac	ture	e					Τ					$\overline{}$	
Engine Number]		Chase	sis l	Nun	ıbe	r						Ť	T	1		$\overline{}$	1	
Colour of the vehicle														Ī																		
Registration No.														Ī		Date	of F	Regi	stra	itior	1:					Τ	Τ	Τ	Τ			

HDFC ERGO

Fuel Type: Petrol 🔲 Diese	el 🛛 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 Clair	ns details				
Year	Policy Number	Previous Insurer	No. Of Claims	Period of Insurance	Amount
1				From D M M Y Y Y Y to D D M M Y Y Y Y to	Rs.
2				From D D M M Y Y Y Y to D D M M Y Y Y Y	
3				From D D M M Y Y Y Y to	
4				From D D M M Y Y Y Y to	
5				From D D M M Y Y Y Y D D M M Y Y Y Y	

Are you entitled to No Claim Bonus: Yes \Box No \Box

If yes, please specify the % and submit the proof there of_

ADDITIONAL INFORMATION												
Whether the use of vehicles is limited to own premises Yes \square No \square												
Whether the commercial vehicle is also used for Private purposes (excluding use for hire or reward): Yes \square No \square												
Whether vehicle belongs to foreign embassy / consulate? Yes \Box No \Box												
Whether the vehicle is used for driving tuition Yes \Box No \Box												
Whether vehicle is fitted with fibre glass tank Yes \Box No \Box												
Whether the vehicle requires Cover For Lamps Tyres / Tubes Mudguards Bonnet /Side Parts Bumpers Headlights And Paintwork Of Damaged Portior 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 \square No \square												
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 \Box No \Box												
If yes, attach Certificate of Installation in the vehicle issued by the concerned authority												
Whether extension of geographical area to the followng countries required?												
S. No. Country Yes No												

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

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*Date of purchase of the vehicle by	he Propser: D D M M Y Y Y	Y											
*Whether the vehicle was new or sec	cond hand at the time of purchase? Yes												
*Will the vehicle be used exclusively													
	, Pleasure & Professional Purpose: Yes												
	than samples or personal luggage: Yes												
c. Is the vehicle in good cor													
*Age and Date of Birth of Owner: Age	e (in Years)	Y											
*Does the driver suffer from defective	e vission or hearing or any physical infir	mity? Yes 🗌 No 🔲											
If Yes, please give details of such infin	-												
	onvicted for causing any accident of los	ss? Yes 🛛 No 🗖											
If Yes, please give details as under in	cluding the pending prosecutions:												
a. Drivers Name:													
b. Date of Accident: D	D M M Y Y Y												
c. Loss/Cost: (Rs)													
d. Circumstances of Accide	nt:												
*Only for elicited information and dat	a collection purpose.												
	PERSONAL ACCIDENT & LEGAL LIA	BILITY COVERAGE INFO	ORMATION										
Do you have a Personal Accident cov	ver for Owner Driver with a minimum su	im insured of Rs 15 Lakhs	s? Yes 🗌 No										
If yes, then please provide policynum	ıber												
Do you have a Personal Accident pol	licy for Owner Driver for Rs 15 lakhs und	der another motor insura	nce policy in	your name? Yes 🛛 No 🔲									
If yes, please provide the policy num	ber	and Su	m Insured										
Do you have more than 1 vehicle regi	istered in your name? Yes \square No \square												
If yes, please provide the registration	number of each number												
How many of the vehicles registered	in your name are insured with HDFC E	RGO?		_									
Pleaseprovidepolicynumber:													
Please give details of nomination for	Personal Accident cover for Owner Driv	ver											
a. Name of Nominee and Age													
b. Relationship													
c. Name of Appointee (if nominee is a	a minor)												
d. Relationship to the Nominee													
Do you wish to include the following	Personal Accident coverage for Unnam	ned/Named Passengers?											
Unnamed Passenger :	Number of Persons :		CSI opted for	or:									
Paid driver :	Number of Paid drivers:		CSI opted fo										
In case of named persons , give nam				51.									
	- -												
Name	CSI opted for	Nominee nam	e	Relationship									
The policy provides Third Party Prope	 erty Damage (TPPD) of Rs 7.5 Lakhs												
Do you wish to opt for statutory TPPE	D liability coverage of Rs 6000/- only? `	Yes 🗆 No											
Legal	liability		No. of p	ersons									
Driver /Conductor/cleaner													
Other Employee													
	n connection with operation of the vehi is covered under the Motor Vehicles Ac		[The liabilty	of the Employer under the									
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.)

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 +91 22 6234 6234 rel 120 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 what's app number 8169 500 500 for instant policy servicing. UNI: Goods Carrying Vehicle Package Policy - Annual - IRDAN125RP0011V01202122 | Passenger Carrying Vehicle Package Policy - Annual - IRDAN125RP0012V01202122 | Miscellaneous & Special Type of Vehicles Package Policy - Annual - IRDAN125RP0013V01202122.

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Do you wish to cover wider legal liability to employees who are workmen (This information is sought to cover in addition to liability under the Employees' Compensation Act-1923, also liability under the Fatal Accidents Act-1955 and the Common Law) Yes \Box No \Box

(Note: The additional liability under Common Law and Fatal Accidents Act in respect of employees who are workmen is covered under this endorsement.)

Do you wish to cover wider legal liability to employees who are NOT workmen? Yes $\Box\,$ No $\,$

(Note: The liability under Common Law and Fatal Accident Act – 1855 in respect of employees who are not Employees can be covered under this endorsement.)

MOTOR ADD - ON COVERS

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

1. Zero Depreciation Claim
2. Multi Vehicle Discount
Number of Vehicles ______3. Loss of Use-Downtime Protection
4. Higher
Protection and Removal Cost
5. Emergency Assistance Cover
6. No Claim Bonus Protection
7. EMI Protector
8. Return to Invoice
9. Cost of Consumable Items
10. Engine and Gear box Protector
11. Emergency Medical Expenses
12. Voluntary Deductible
(Select the deductible in the below mentioned table)

Type of Vehicle	Voluntary Deductible Amoun	t in Rs		
GCV - 3 Wheeler	1000 🗆	4000 🗆	7000 🗆	10000 🗆
GCV – Others 🗆	5000 🗆	40000 🗆	70000 🗆	100000 🗆
PCV - 3 Wheeler	1000 🗆	4000 🗆	7000 🗆	10000 🗖
PCV – Others	2500 🗆	35000 🗆	65000 🗖	100000 🗆

						P	AYN	IEN	T DE	TAI	LS											
Cheque / Instrument numbe	r]	Date of Instru	mer	nt	D	D	Μ	Μ	Y	Y	Y	Y
Branch name / Location]		Amount										

BANK ACCOUNT DETAILS																										
Name of the Bank A	Account Hold	der																								
Bank Account No													Ac	ccou	nt: S	avin	gГ] C	urre	nt 🗆]					
Name of Bank																										
Branch																						 	1			
MICR Code (9 digit	MICR code i	numbe	r of th	ne ba	ank a	nd b	ranc	h ap	pear	ing	on t	he c	hec	jue i	ssue	d by	/ the	e ba	nk)							
IFSC Code (11 chara	FSC 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 form 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. 6) 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.

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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

Date ____

Date ____

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: ____

Place _

Name of the insured: ____

Place _

Signature of the Translator _

Signature of the insured: ____

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).

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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_____

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FOR OFFICE USE ONLY

Channel Partner Code: _____

Branch Location: ___

Signature of Channel Partner: