

## Private Car Policy - Bundled

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: \_\_\_\_\_

Present Address: \_\_\_\_\_

City \_\_\_\_\_ District \_\_\_\_\_

State \_\_\_\_\_ Pin Code \_\_\_\_\_

Is your present address same as your permanent address? ☐ Yes ☐ No

If no, please state your permanent address along with pin code:

\_\_\_\_\_

City \_\_\_\_\_ District \_\_\_\_\_

State \_\_\_\_\_ Pin Code \_\_\_\_\_

Marital status: Married ☐ Unmarried ☐ Date of Birth: DD MM YYYYGender: M ☐ F ☐ TG ☐ Contact No. \_\_\_\_\_

Permanent Account number (PAN No.) \_\_\_\_\_

Email Id: \_\_\_\_\_

Address proof (document &amp; number): \_\_\_\_\_

Identity proof (document &amp; number): \_\_\_\_\_

Occupation: Salaried ☐ Professional ☐ Self Employed ☐ Student ☐ Housewife ☐Retired ☐ Other (Please specify) \_\_\_\_\_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 - 20 lakh ☐ 20-30 lakh ☐ 30 lakh and above ☐

Income proof: \_\_\_\_\_

Existing KYC Number, if any: \_\_\_\_\_

Are you a Political Exposed Person or related to Political Exposed Person: ☐ Yes ☐ No

(appropriate tick) If Yes, give details \_\_\_\_\_

**Note:** Politically Exposed Persons” (PEPs) are individuals who are or have been entrusted with prominent public functions domestically/in an international organisation/in a foreign country. This would include individuals who have or had positions of Heads of States or Government, Senior Politicians, Senior Government or Judicial or Military officers, Senior Executives of State-Owned Corporations and important Political Party Officials

**Policy to be issued in favor of** (list out all the parties who have insurable interest) including the financial institutions\_\_\_\_\_

**Period of Insurance- From**                 **To**

**Nomination-** ☐ Yes ☐ No

If yes, please provide the below details:

Nominee Name	Nominee Relation	Nominee DOB	Age	Nomination %	Appointee Name if in case of Minor Nominee	Appointee Relationship, if Nominee is minor

**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 (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 \_\_\_\_\_

Risk Inception Date \_\_\_\_\_ Risk End Date \_\_\_\_\_

Name of Policy	Policy Tenure		Tenure
Private Car Package Policy	Annual	<input type="checkbox"/>	
*Standalone Motor Own Damage Cover		<input type="checkbox"/>	From: _____ To: _____
Private Car Policy - Bundled	Upto 3 years OD + TP	<input type="checkbox"/>	Own Damage: From: _____ To: _____ Third Party: From: _____ To: _____

\*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"/>

Years	Insured Declared Value of the vehicle	Non Electrical Accessories fitted to the vehicle	Electrical & Electronic Accessories fitted to the Vehicle	Value of CNG / LPG Kit	Total Value*
	Rs	Rs	Rs	Rs	Rs
Year 1					
Year 2					
Year 3					

## PREVIOUS YEAR INFORMATION

### Previous Claims details:

Year	Policy Number	Previous Insurer	No. Of Claims	Period of Insurance	Amount
1				From <input type="text"/> To <input type="text"/>	
2				From <input type="text"/> To <input type="text"/>	
3				From <input type="text"/> To <input type="text"/>	
4				From <input type="text"/> To <input type="text"/>	
5				From <input type="text"/> To <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 <input type="checkbox"/> No <input type="checkbox"/>
Whether the use of vehicle designed for the use of Blind / Handicapped / Mentally challenged and duly endorsed by RTA?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is the vehicle used for Driving Tuition:	Yes <input type="checkbox"/> No <input type="checkbox"/>

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 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 number

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 Owner Driver Cover:

Nominee Name	Nominee Relation	Nominee DOB	Age	Nomination %	Appointee Name if in case of Minor Nominee	Appointee Relationship, if Nominee is minor

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 add-on covers :

Zero Depreciation Claim <input type="checkbox"/>	Cost of Consumable Items <input type="checkbox"/>
Loss of Use-Downtime Protection <input type="checkbox"/>	Higher Protection and Removal Cost <input type="checkbox"/>
Engine and Gear Box Protection <input type="checkbox"/>	Emergency Assistance Cover <input type="checkbox"/>
	Enhanced Road Side Assistance Cover <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"/>	No Claim Bonus Protection <input type="checkbox"/>
Tyre Secure <input type="checkbox"/>	Multi Vehicle Discount <input type="checkbox"/> No. of Vehicles: _____
Return to Invoice <input type="checkbox"/> Choose any of the below option for this cover: 1. Purchase Invoice 2. New Invoice Value on date of Insurance: 3. New Invoice value as on date of loss. Add: Government Subsidy (if applicable): Amount _____	EMI Protector <input type="checkbox"/>
Pay As You Drive – Kilometer Benefit <input type="checkbox"/> Odometer reading: _____	Loss of Personal Belongings <input type="checkbox"/> Sum Insured _____ (INR 5000 – 10 Lakhs) Do you wish to extend the cover to Co-Passengers? Yes <input type="checkbox"/> No <input type="checkbox"/>

EMI Protector Plus <input type="checkbox"/> Choose any of the below option for this cover: Option 1: 50% of one EMI <input type="checkbox"/> Option 2: Make your own Plan <input type="checkbox"/> A. After ___ Days 1 EMI B. After 30 Days of "A" 2nd EMI C. After 60 Days of "A" 3rd EMI. (It should be minimum 15 days) EMI Amount : INR_____	
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### ELECTRIC VEHICLES SPECIFIC MOTOR ADD ON COVERS

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

1. Battery, Charger and Accessories Cover ☐
2. Electric Motor Cover ☐
3. \*Zero Depreciation Claim for Battery, Charger and Accessories Cover ☐  
\*(can be opted only if cover for Battery, Charger and Accessories cover is opted)

Please provide required details as below:

(It is mandatory to provide relevant details if you have opted for any electric vehicle specific add-ons)

Is battery detachable?	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Battery Details (Make, Model, Type, etc)				
Kilometres Driven Annually	_____ Kms			
Battery Serial No.				
Battery Sum Insured	INR _____			
Charging Accessories Details		Serial No.	Make, Model, type, etc	Sum Insured
	Acc. 1			
	Acc. 2			
	Acc. 3			

### 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 <input type="text"/>	Date of Instrument <input type="text"/>
Branch name / Location <input type="text"/>	Amount <input type="text"/>

## 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.

### 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 15lacs.
- ☐ 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 Proposer: \_\_\_\_\_

Signature of the Proposer: \_\_\_\_\_

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

If you require physical copy of your policy in future, please visit “Help” section on [www.hdfcergo.com](http://www.hdfcergo.com) or contact our customer care.

#### DECLARATION BY INSURED/ REPRESENTATIVE (IN CASE PROPOSER IS DISABLED)

- 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.
- We hereby authorise the Company to share/ verify the information provided by me/us pertaining to my proposal with third party, rating agencies or service provider for the purpose of underwriting the proposal, issuance of a policy or settling of a claim under the policy.
- 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 agree that this declaration and the answers given above shall be the basis of the contract between me/us and the Company and shall be deemed to be incorporated in such contract. And that if any untrue statement be contained therein the said contract shall be absolutely null and void.
- I/We undertake to exercise all reasonable and ordinary precaution for the safety as desired and I/We agree to accept the policy in the form issued by the Company subject to the terms exceptions and conditions prescribed therein or endorsed on the policy.
- “I/We hereby understand, declare, consent and authorize HDFC ERGO General Insurance Company Ltd. that 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”
- I/We hereby also give my/our consent voluntarily to use my PAN for the purpose of evaluating the credit score on my behalf.
- 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.
- I/We hereby confirm that all premiums have been/will be paid from bonafide sources and no premiums have been/will be paid out of proceeds of crime related to any of the offence as listed in Prevention of Money Laundering Act, 2002 & its subsequent amendments thereof I understand that the Company has the right to call for documents to establish sources of funds.
- I hereby authorize the Company to notify me through email, SMS, or any other electronic mode any information pertaining to my proposal, policy document, claim servicing etc.
- I/ We authorize the Company to process my/ our Personal as well as Sensitive information for profiling purposes and to contact me/ us for renewal of my/our policy. I/We also authorise the Company to contact me/us (including overriding my/our registration on NDNC under the extant TRAI Regulations) and to promote products to notify me/us about the services being rendered by the Company.

Place \_\_\_\_\_

Date \_\_\_\_\_

Signature of Proposer \_\_\_\_\_

## INTERMEDIARY DECLARATION

I, \_\_\_\_\_ (Full Name) in my capacity as an Insurance Advisor/ Specified Person of the Corporate Agent/Intermediary/Authorized employee of the Broker/Relationship Officer, do hereby declare that I have explained all the contents of this Proposal Form, Including the nature of the questions contained in this Proposal Form to the Proposer including statement(s), information and response(s) submitted by him/her in this Proposal Form to questions contained herein or any details sought here in will form the basis of the Contract of Insurance between the Company and the Proposer, if this Proposal is accepted by the Company for issuance of the Policy. I have further explained that if any untrue statement(s)/information/response(s) is/are contained in this Proposal Form/ including addendum(s), affidavits, statements, submissions, furnished/ to be furnished, the company shall have the right to vary the benefits which may be payable and further more if there has been a non-disclosure of any material fact, the policy issued to his/her favor pursuant to this Proposal may be treated by the Company as null and void and all premiums paid under the Policy may be forfeited to the company.

Signature of Intermediary \_\_\_\_\_ Date \_\_\_\_\_

Time \_\_\_\_\_ Place \_\_\_\_\_

## FOR OFFICE USE ONLY

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