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



MOTOR INSURANCE (TWO WHEELER) - PROPOSAL FORM

(Please fill in CAPITALS only)			
	CUSTOMER INFORMATION		
For Individual Customers only			
Name of Insured*			
Date of Birth DDMMYYYYY (First Name)	(Middle	e Name)	(Last Name)
For Corporate Customers only			
Name of the Insured (Full Registered Name)*			
Contact Person		PAN	
Corr. Add : Building Name / Block No.*			
Street Name*	Loc	cality*	
City* Pin Code*	Sta	ite*	
Tel.*	Mo	bile*	
STD Code Email *			
elA	Δ20	dhar Card	
CIA	Λαί	unai Gard	
	PREMIUM DETAILS		
Amount Rs.* Rupees*			
	SOURCES OF FUND		
Salary Business Other (Please Specify)			
	BANK ACCOUNT DETAILS		
Name of the Pank Assount Helder			
Name of the Bank Account Holder		Accounts	Savings Current
Bank Account No.		Account:	Savings 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 di  *As per the IRDAI, its mandatory that all payments made to the insured only	-		
, to post the mest till, no managery that an paymonic made to the medical only	-		
	RISK INFORMATION		
Vehicle Manufacturer*	Vehicle Model*		
Registration Location*	Year of Manufacture*	YYYY	
Engine No.*	Chassis No.*		
Colour of the Vehicle	Fuel Type*	Petrol Diesel	CNG LPG
Seating Capacity*	Cubic Capacity(CC)*		
Occupation : (For Individual Customers Only)	Cubic Capacity(CC)		
_ · · · · ·	ence & Paramilitary Services	Teacher in Govt	Recognized Insttutes
	vt. recognized Medical Professionals	Todoloi III Covi.	1000gm20d molldioo
Age of Insured			
Insured Declared Value of Non-Electrical Accessories	Electrical & Electronic Accessories	Cida Car (Tiva Whaalar)	Total Value*
the Vehicle*    Non-Electrical Accessories   Non-Electrical Accessories	fitted to the Vehicle	Side Car (Two-Wheeler)	Total value
₹		₹	₹
Type of Cover required Package Policy			
	ADDITIONAL INFORMATION		
Registration No.*	Date of Registration*	D D M M Y Y Y Y	
-			
Previous Insurer*			
Previous Policy No.*			
Previous Period of Insurance* From DDMMYYYYY	to DDMMYYYY		
Current Period of Insurance* From DDMMYYYYY	to D D M M Y Y Y		
Claims lodged during the preceding year Number*	ınt (₹) (appro	ximate)	
Are you entitled to No Claim Bonus* Yes (%)	No		
(If yes, please submit/attach proof thereof. Please read the declaration below.)			
Whether the use of the vehicle is limited to own premises?			YN
Whether the vehicle is designed for the use of Blind/Handicapped/Mentally-challenged	persons and duly endorsed by RTA?		YN
Is the vehicle proposed for insurance under:			
Hire-Purchase Lease Agreement	Hypothecation A	greement	
If Ves, give the name of the concerned parties			

		00/55405					
Please select the higher deductible if you wish to op		ne compulsory deductible (		er)			
□ ₹500 □ ₹750	□ ₹	1000	□₹	1500	₹3	000	
Do you wish to include the following PA (Personal Ad Pillion Passengers (Two Wheeler)*	, ,	fD			CCI antod for Do		
Fillion Fassengers (Two Wheeler)	I N	o. of Persons :			CSI opted for: Rs.		
In case of named persons, give name and CSI opter	d for:	Maximum (	CSI (Capital Sum Ir	isured) per person	is Rs. 1 lakh in the case of	f Motorized two wheelers.	
Name							
CSI opted for: Rs.							
The policy provides Third Party Property Damage (T	DDD) of Do. 1 Jakh (Tu	vo Whoolor)					
Do you wish to opt for statutory TPPD liability covera	,	•	Ye	s No			
			]				
Legal Liability	No. 0	Persons					
Driver / Conductor / Cleaner Other Employee							
Outor Employee							
		MOTOR A	ADD-ON COVE	RS			
Do you wish to opt for any of the below add on cove							
Zero Depreciation - (Applicable only for new vel	nicles only)						
		TERMS A	AND CONDITIO	NS			
I/We hereby declare that the statements made by me	us in this Proposal for				ere by agree that this decla	ration shall form the basis of the contract between	
me/us and HDFC ERGO General Insurance Company	y Limited.	-	-				
I/We also declare that any additions or alterations are				•		•	
I/We hereby declare that the contents of the form and VERNACULAR DECLARATION	documents have been	iully explained to me/us and	ı ınatı/vve nave iuny	understood trie siç	grillicance of the proposed C	ontract.	
Certification in case the proposer has signed in verr	nacular (Certified by a	person other than agent / e	mployee of the Cor	mpany)			
Name of Translator (The content of this form and its particulars have been	en explained by me in y	vernacular to the Proposer	who has understoo	d and confirmed th	ne same )		
	эл элриштэй эу то т	omacaiai to allo i ropocol		a ana oomminoa a			
Place DDMMYYYYY							
Date D D M M Y Y Y Y						Signature of theTranslator	
Name of the Proposer							
Place							
Date D D M M Y Y Y Y						Circuture of the December	
						Signature of the Proposer	
FRAUD WARNING: This policy shall be voidable at the option of the Com							
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 there to, commits 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.							
Note: The liability of the company does not commence until the acceptance of the proposal has been formally intimated by the insured and full premium has been realized by the company.							
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 the purpose of policy issuance.							
any circumstances whatsoever. However, in instances with any law/regulations or direction from any such go						is directed to share such information in accordance	
DATA PROTECTION:  I/We hereby understand, declare, consent and author	ize the Company that y	ehicle details and financial i	information as prov	ided to the compar	ov may be utilized for proce	ssing the claim made under the Policy I/We hereh	
also understand, declare and consent that the Compa							
Prohibition of Rebates (Section 41 of Insurance Add. No person shall allow or offer to allow, either d		n inducement to any persor	n to take out or rene	w or continue an in	surance in respect of any k	ind of risk relating to lives or property in India, any	
rebate of the whole or part of the commission	payable or any rebate o	f the premium shown on the	e policy, nor shall an	y person taking ou	t or renewing or continuing	a policy accept any rebate, except such rebate as ection with a policy of life insurance taken out by	
	be acceptance of a reb	ate of premium within the m				surance agent satisfies the prescribed conditions	
Any person making default in complying with the state of the stat			alty which may exte	nd to₹10 Lakhs.			
I agree to receive a one pager policy docur							
I hereby declare that I do not hold an effect	tive driving license.						
Diago							
Place D D M M Y Y Y Y							
Date m m i i i i						Signature of Proposer	
		FOR	OFFICE USE				
			Г				
Channel Partner Code			Branch Location				
*Mandatory Information						Signature of Channel Partner	